



North Academy Corp.

1813 NE 163Rd ST North Miami Beach, FL, 33162

Phone: 305-399-4652 Fax: 305-402-2203

Email: nabebehavior@northacademynmb.com

Behavior Services Agreement, Client Rights and Responsibilities

Recipient: _____ **Medicaid #:** _____

The Agency for Persons with Disabilities is satisfied to offer your assistance from a North Academy Corp, Inc. service provider (Please check the type of services):

___ Behavior Analysis

These costly services are paid by Medicaid or the Agency for Persons with Disabilities. Your contribution to this service is essential for the achievement of the behavioral intervention. Enduring this agreement will allow us to serve more individuals who need this service.

We are about to start a process oriented towards helping you, your child, and/or your family to improved outcomes for issues that may have brought by you to this agency concerning your child's behavior. In the first step, an assessment will be conducted in order to gain a greater understanding of the needs and strengths of the person served. The behavior analyst based on your input and the observations during the assessment will develop an individualized treatment/service plan. This plan will require your approval and the approval of the certified behavior analyst involved with providing you with services. The plan will identify the goals toward the treatment/service will be oriented, but those do not constitute a guarantee or promise that of those goals will be attained or fulfilled.

Whether receiving services as an individual or for your child, or for your family, it is essential that there is cooperation and communication among everyone involved. Below are minimum requirements that will ensure commitment to your success:



1. Sessions dates and times will be pre-arranged; the therapist will be available for you on the day and time that was agreed upon by both of you. Therefore, it will not be necessary to call to confirm appointments.
2. Please call at least 24 hours in advance if you will be unable to keep the appointment; if you have an emergency please contact your therapist as soon as possible to cancel. Please do not cancel appointments unless absolutely necessary.
3. If you or your family arrives late, you may not be able to extend your appointment beyond the scheduled time.
4. If you or your family misses two or more sessions during the treatment process, without a valid reason, the treatment effectiveness will be compromised, and termination of the program may be considered.
5. Family members and individual close to the recipient are expected to participate in treatment.
6. You will be assigned a specific behavior analyst and behavior assistant (if needed) Please be open to your therapist; cooperate and maintain respect accordingly.
7. You are responsible to notify the agency of any changes in your insurance as soon as they happen; not notifying the agency make you responsible for payment of any service provided.

RIGHTS:

1. You will receive professional services not considering religious or political affiliation, national origin, creed, race, ethnicity, age, gender, sexual orientation, economic status, marital status, disability, or veteran status.
2. Information will be provided in relation to our services. Please, if you have any questions answers could be given counting to our best ability.
3. You will have to participate into propose and implementing an individualized support plan.
4. The information you release to North Academy Corp, Inc. is confidential. The exceptions include:
 - 1) In the case of couple or family counseling all participants must give consent for information to be released.
 - 2) If you indicate an intention to harm yourself or someone else.
 - 3) If there is suspicion or knowledge of physical or sexual abuse and/or neglect to a minor, aged person or person with a handicap. The service provider is under ethical obligation and required by law to report the information to the proper authorities and/or professionals.
 - 4) If North Academy Corp, Inc. is placed under a subpoena regarding your records.
 - 5) If North Academy Corp,
 - 6) , Inc. is required by law or a court of law.
 - 7) You may request a change of service provider through a discussion of your request with your service provider.
 - 8) You have to evaluate, in the presence of a staff member, any information about yourself in North Academy Corp, INC. records.
 - 9) You may terminate services at any time.
 - 10) You have the right to referrals to other community services and advocacy on your behalf to ensure the coordination of services and optimal benefits for you.



RESPONSIBILITIES:

1. To be actively involved in the development and implementation of your services.
 - A. Only for Behavior Analysis/Assistant Services must the caregiver actively participate.
Participation means:
 - Be at home at a scheduled time.
(Initial)_____
 - Work with the analyst for the entire session unless directed otherwise.
(Initial)_____
 - Complete assignments as required, make changes in the environment as needed, and follow recommendations given by the service provider.
(Initial)_____
 - Carry out Behavior Plan as written.
(Initial)_____
2. To provide accurate information on all forms and requests for information.
3. To refrain from violent or threatening behavior or language.
4. To refrain from the use of mood-altering substances during the course of service.
5. To accept a referral to another provider of services.
6. To cooperate should your counselor make a referral for a physician consultation.
7. Notify at once if illness or other emergency requires rescheduling.
(Initial)_____
8. If I fail to meet the above conditions, I understand that services may be terminated.
(Initial)_____

RIGHTS of ALL PERSONS WITH DEVELOPMENTAL DISABILITIES

North Academy Corp, Inc will uphold the rights and privileges of recipients with developmental disabilities, as specified in Chapter 393 of the Florida Statutes in its section 393. 13 (also known as “The Bill of Rights of Persons with Developmental Disabilities”) It says that you have the right to:

- Dignity, privacy, and humane care, including the right to be free from abuse, including sexual abuse, neglect, and exploitation.
- Religious freedom and practice.
- Services that personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
- Participate in an appropriate program of quality education and training services. You may be provided with instruction in sex education, marriage, and family planning.
- Social interaction and to participate in community activities.



- Physical exercise and recreational opportunities.
- Be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- Give consent to or refuse treatment.
- Not to be discriminated against because of your disability.
- Vote in public elections.

I have read or been explained a copy of my rights and I have had a chance to talk about them. I know I can ask to talk to them at any time and I will be assisted in understanding them. I have received a copy of my rights and I have had the opportunity to talk about them to a representative of **North Academy Corp, Inc**

Client was present at the time this document was signed and discussed: Yes ___ No ___

Guardian/Representative name

signature

Emergency Demographic Information Form (EDIF)

Insurance Company: _____		Policy: _____	
Date of Birth: _____		SSN: _____	
Address: _____		ZIP: _____	
Email: _____		Home Ph: _____	
Legal Guardian: _____		Phone: _____	
Father's Name: _____		Phone: _____	
Mother's Name: _____		Phone: _____	
Primary Physician: _____		Phone: _____	
Neurologist Name: _____		Phone: _____	
Psychiatrist Name: _____		Phone: _____	
Diagnosis: _____			
Medication: _____			



RBT Name and Credentials: _____
Email: _____ Phone: _____

BCaBA Name and Credentials _____
Email _____ Phone: _____

BCBA Name and Credentials _____
Email _____ Phone: _____

Privacy of Information Policies

This form describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

Our Legal Duties

State and Federal laws require that we keep your medical records private. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and abide by ethical and legal requirements of confidentiality and privacy of records.

Use of Information

Information about you may be used by personnel associated with North Academy Corp, INC. for diagnosis, treatment planning, treatment, and continuity of care. We may disclose it to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with North Academy Corp, INC. such as billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian or personal representative. It is policy of the North Academy Corp, INC. Not to release any information about a client without a signed release of information except in certain emergency situations or exceptions in which information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by the legal requirements.

Duty to Warn and Protect



When a client discloses intentions or a plan to harm another person or persons, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Public Safety

Health records may be released for the public interest and safety for the public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

Abuse

If a client states or suggests that he or she 1) is abusing a child or vulnerable adult, or 2) has recently abused a child or disabled adults, or a disabled child or adult 3) is in danger of abuse, the health care professional is required to report this information to appropriate social service and/or legal authorities. If a client is the victim of abuse, neglect, violence, or a crime victim, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

In the Event of a Client's Death

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

Professional Misconduct

Professional misconduct by a healthcare professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Judicial or Administrative Proceedings

Health care professionals are required to release records of clients when a court order has been placed.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

Other Provisions

When payment for services is the responsibility of the client, or a person who has agreed to providing payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the name of the North Academy Corp, INC. Or collection source.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the client. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed. Some progress notes and reports dictated/typed within the North Academy Corp, INC. by outside sources specializing in (and held accountable for) such procedures.



In the event in which North Academy Corp, INC. The mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please notify us in writing where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of North Academy Corp, INC. The nature of the call, but rather the mental health professional's first name only. If this information is not provided to us (below), we will adhere to the following procedure when making phone calls. First, we will ask to speak to the client (or guardian) without identifying the name of North Academy Corp, INC. If the person answering the phone asks for more identifying information, we will say that it is a personal call. We will not identify North Academy Corp, INC. (to protect confidentiality). If we reach an answering machine or voicemail, we will follow the same guidelines.

Your Rights

You have the right to request to review or receive your medical files. The procedure for obtaining a copy of your medical information is as follows: You may request a copy of your records in writing with an original (not photocopied) signature. If your request is denied, you will receive a written explanation of the denial. Records for non-emancipated minors must be requested by their custodial parents or legal guardians. The charge for this service is up to \$1.00 per page, plus postage.

You have the right to cancel a release of information by providing us a written notice. If you desire to have your information sent to a location different than our address on file, you must provide this information in writing.

You have the right to restrict which information might be disclosed to others. However, if we do not agree, with these restrictions, we are not bound to abide by them.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the medical records in our files you may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your file.

You have the right to know what information in your record has been provided to whom. Request this in writing.

If you desire a written copy of this notice, you may obtain it by requesting it from North Academy Corp, INC. Director.

Complaints

If you have any complaints or questions regarding these procedures, please contact North Academy Corp, INC. We will get back to you in a timely manner. You may also submit a complaint to the U.S. Dept. of Health and Human Services and/or the (therapist's state licensing agency). If you file a complaint we will not retaliate in any way.

Direct all correspondence to

North Academy Corp, INC.

1813 NE 163Rd ST North Miami Beach, FL, 33162

Phone: 305-399-4652 Fax: 305-402-2203

Email: nabehavior@northacademynmb.com



Client was present at the time this document was signed and discussed: Yes___ No___

I understand the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications.

Signature_____

Date:_____

Signed by: Client ___

Guardian ___

Personal Representative ___

POLICY INTERPRETATION AND IMPLEMENTATION:

1. The individual initiating the complaint will complete the Grievance Form (see attachment A). If the individual is not able to write, the verbal complaint will be written for the individual by either direct care staff, the individual’s support coordinator, friend or other advocate. The grievance form will contain the following information:
 - a. The name of the individual initiating the complaint and relationship to the individual receiving services.
 - b. The date the complaint was received.
 - c. A clear description of the complaint.
2. All complaints will be retained in the individual’s file with a copy contained in the grievance log. The grievance log will be maintained in the office North Academy Corp, ,Inc.
3. Upon notification of a grievance in a timely fashion.
4. If the issue cannot be resolved at this level, the grievance will be directed to the individual’s support coordinator as the next step of resolution.
5. Response to grievances will be provided verbally and in writing on the grievance form within 7 days of the complaint received.

HIPAA ACKNOWLEDGEMENT/CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose me protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment).
- Obtaining payment from third party payers (e.g., my insurance company) The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of me protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to



obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Our agency is fully committed with HIPAA Guidelines by abiding by the following:

1. Providing appropriate **security** for our client files.
2. Protecting the **privacy** of our client’s protected health information.
3. Appropriately maintaining our client information and billing processes in compliance with the national **HIPAA Standards**.

Should you have any questions or concerns about the services provided or changes, you can contact our office at 305-256-1653. For additional information you could review the website below.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpltext.pdf>

Guardian/Parent name

Signature

Date

Promise of Privacy and Consent to Client Records

I _____ was explained and has received a copy of these policies which have been fully explained to the consumer/caregiver/guardian from North Academy Corp, Inc. Representative.

- | | |
|-----------------------------|-----|
| Abuse Reporting Policy | (1) |
| Choice and Empowerment | (2) |
| Bill of Rights | (3) |
| Confidentiality | (4) |
| Grievance Procedure | (5) |
| Marketing Procedure | (6) |
| Outcomes Measurement System | (7) |
| Person-Centered Approach | (8) |



Personal Outcome Process	(9)
Promoting Health and Safety	(10)
Transitioning of Consumers	(11)

(1) _____ (Initials) ABUSE REPORTING POLICY

Abuse is defined as any willful act or threatened act that causes or is likely to cause significant impairment to a vulnerable adult or child’s physical/mental or emotional health. **Neglect** is defined as the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult, or child including but not limited to: food, clothing, medicine, shelter, supervision, and medical service’ that a prudent person would consider essential for the well-being of a vulnerable adult or child. The term neglect also means the family of a caregiver to make a reasonable effort to protect a vulnerable adult of child from abuse, neglect or exploitation by others. Neglect is repeated conduct or single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or substantial risk of death.

Exploitation is defined as but not limited to breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, relating in the unauthorized appropriate, sale or transfer of property, unauthorized taking of personal assets, misappropriate, misuse of transfer of money or belongings to a vulnerable adult from a personal or joint account, or intentional or negligent failure to effectively use a vulnerable adult’s income and assets for the necessities required for that person’s support and maintenance.

Florida statute 415 prohibits abuse of consumer who is developmentally disabled. Any employee who is found to have willfully abused a participant is subject to immediate dismissal and legal action may be taken against him/her.

North Academy Corp, INC. understand that the Department of Children and Families requires providers to immediately report any cases of alleged abuse/neglect/exploitations the Abuse Registry as mandated in Chapter 415 of the Florida Statutes. Allegations of abuse, neglect or exploitation must be reported as an incident to the Department of Children and Families Developmental Disabilities Program Office.

North Academy Corp, INC. Will provide training on abuse, neglect and exploitation to consumers receiving services and/or their guardians annually and provide them with the abuse registry number.

Any person served by North Academy Corp, ; Inc. has the right to report abusive practices. The Abuse number will be conspicuously located at each phone and I will facilitate reporting should a particular wish to place a call to the abuse registry.

The toll-free abuse line: 1-800-96-ABUSE (1-800-962-2873)

Emergency line: 911

(2) _____ (Initial) CHOICE AND EMPOWERMENT



As a provider, North Academy Corp., Inc. recognizes the need for consumers to be encouraged to make their own decisions. North Academy Corp, INC. View consumers we serve and their families as partners in meeting the person's service needs. North Academy Corp, Inc. committed to creating opportunities for consumers to make choices throughout the services we provide. The choice-making ability of each consumer served by me will be reviewed at the time of the first meeting with the person, throughout the annual report (3rd quarter) thereafter during the consumer's behavior plan meeting. Training will be provided in those areas that are identified as needed.

The consumer is encouraged to identify his/her choices and needs and share them with the Analyst. Through meetings with the person, and other consumers, the consumer wishes to invite, priority outcomes are determined. An implementation plan is developed within 30 days of beginning a new service and within 30 days of the effective date of the outcome from the behavior plan for the service we provide. The implementation plan will include specific plans of how to assist the person in meeting their stated outcomes as well as those that ensure health and safety. The implementation plan may be changed throughout the support plan year as personal outcomes are met, the person's preferences change, or if a different approach should be used to ensure achievement of the outcome.

All consumers receiving services are expected to fully participate in the community training activities and are given chances to choose where they would like, to go, what they would like to purchase, etc. North Academy Corp, Inc. staff fully inform consumers that they have a right to choose a new provider should we not be able to work out any problems between us.

This policy related to choose and empowerment has been fully explained to the consumer and caregiver/guardian.

(3) _____ (Initial) The Bill of Rights for People with Developmental Disabilities

This policy related to rights and responsibilities has been fully explained to the consumer/caregiver.

1. The right to dignity, privacy, humane care.
2. The right to religious freedom and practice.
3. The right to receive services, within available sources, which protects the personal liberty of the consumer and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
4. The right to participate in an appropriate program of quality education and training services.
5. The right to social interaction and to participate in community activities.
6. The right to physical exercise and recreational opportunities.
7. The right to be free from harm, including unnecessary physical, chemical or mechanical restraint, isolation, excessive medication, abuse or neglect.
8. The right to consent to or refuse treatment, subject to guardianship provisions.
9. No person having a Developmental Disability shall be excluded from participation in, or denied benefits of, or be subject to discrimination under any program or activity which receives public funds.
10. No person having a Developmental Disability shall be denied the right to vote in public elections.
11. The right to communicate.



12. The right to possession and use of his/her own clothing and personal effects.
13. Each consumer will receive prompt and appropriate medical treatment and care for physical and mental ailments and for the preventions of any illness or disability.
14. Each consumer shall have access to consumer storage and space of private use.
15. No consumer shall receive a treatment program to eliminate bizarre or unusual behavior without first being examined by a physician to determine if there is any organic cause for these behaviors.
16. Each consumer in work programs which require compliance with federal wage and hour laws shall be provided with minimum wage protection and compensation for labor in accordance with the federal wage per hour regulation.
17. Each consumer shall have a central record; the record shall be included admission information, historical summaries, a summary of the consumer's present condition and all other required information under the regulations.

North Academy Corp, INC. Staffs have been given a copy of the Bill of Rights for People with Developmental Disabilities. A representative has verbally interpreted the document, and how to exercise it.

Consumer/guardian understands what a consumer who is receiving services from this agency can expect from its staff. North Academy Corp, INC. Directors further understand that should question compliance of any of these rights, we may discuss the issue with an administrative staff from this agency or The Agency for Persons with Disabilities. These rights and responsibilities will be discussed with the consumer/caregiver on an annual basis.

(4) _____ (Initial) CONFIDENTIALITY

This acknowledges that the policy related to confidential information has been fully explained to the consumer/guardian.

As a provider of services, North Academy Corp, Inc. understands that any information we have regarding a consumer/caregivers must be kept confidential. Before providing information, either verbally or in writing, North Academy Corp, . will complete consent for information for the consumer/guardian to sign. This consent will include specific information to be the consumer/guardian to sign This consent will include specific information to be provide, to whom the information will be provided and will be time limited, not to exceed one year, North Academy Corp, Inc. understand that no information about the consumer may be publicly displayed without

express consent from the Consumer/guardian and any records on the consumer will be stored in a secured location and will be under lock and key.

This policy relate to confidential information will be reviewed with the person on an annual basis or more frequently as needed.

(5) _____ (Initial) GRIEVANCE PROCEDURE

North Academy Corp, INC. Expects that the consumer/guardian will always be satisfied with the services provided to the consumer. If, however, you the consumer have any complaints, North Academy Corp, INC. Would ask that the consumer/guardian abide the following procedures. North Academy Corp, Inc. will sit down with the consumer and/or the guardian, to attempt to resolve the problem. Sometimes problems can be worked out simply by sitting down and discussing them. Should



this not solve the problem within 7 days, the concern will be forwarded North Academy Corp, Inc. director for potential resolution. If this matter cannot be resolved on consumer/guardian satisfaction within 30 days, North Academy Corp, INC. Will assist you in contacting the Developmental Disabilities district office the resolution of the grievance will be provided to the consumer/guardian both verbally and in writing. Consumer/guardian may invite anyone who wishes to assist in resolving the grievance. A separate log of grievance will be maintained. This log will include the following:

1. Name of the person making the complaint
2. The provider's relationship to the person receiving service.
3. Date the complaint is received.
4. A clear description on the complaint
5. Date of the final disposition of the complaint.

In addition to the log, this information will also be maintained in the consumer's file.

This procedure will be received with the consumer/guardian within 30 days of beginning services with the consumer and annually thereafter.

This acknowledges that the policy related to the grievance procedure has been fully explained to the consumer/guardian.

(6) _____ (Initial) MARKETING PRACTICE ENSURING SERVICES ARE RENDERED IN AN ETHICAL MANNER

This acknowledges the policy related to the marketing practice has been fully explained to the consumer/guardian. North Academy Corp, Inc. committed to marketing and rendering the services in a professional and ethical manner. North Academy Corp, INC. Recognizes the following are prohibited activities:

1. Possessing or using for the purpose of solicitation, lists or other information from any source that identifies consumers receiving services from the Department.
2. Soliciting consumers directly, or through an agent, through the use of fraud, intimidation, undue influence, or any form of overreaching or vexatious conduct, including offering discounts or special offers that include prizes, free services or other incentives.
3. Unduly influencing and consumer to request a support or service, select a support or
4. Service vendor or participate in an activity, regardless of whether or not the consumer's request, selection or participation results in any benefit to the provider.
5. Being named as a beneficiary of a life insurance policy, bank account or other account that would result in financial gain of the staff.
6. Borrowing or using money from the consumer or their personal funds.
7. Marketing of services will occur through developmental of letters, brochures/pamphlets which will be sent directly to the waive support coordinators in our service area, neurologists, psychiatrists, pediatrician, etc.
8. If consumers are interested in interviewing North Academy Corp, Inc. directors as a potential provider, North Academy Corp, Inc. will coordinate
9. These activities through the waiver support coordinator if apply or/and with the consumer/guardian.



(7) _____ (Initial) PERSONAL OUTCOMES MEASUREMENT SYSTEM (survey)

North Academy Corp, Inc. promotes self-sufficiency and productivity of the consumer serves. In order to determine if services are being provided in the defined manner, an outcome measurement system has been established for the services outcomes of each services outcome of each service. (Survey)

Data on each service outcome will be collected on an annually basis. Results of data are reviewed to ensure that service outcome percentages are being met. If data indicates that service outcomes are not at the required minimum percentage, a plan of action will be implemented to ensure this is correct. Data will be made available for review at time of annual monitoring to Department as requested and to recipients of services if requested.

(8) _____ (Initial) PERSON CENTERED APPROACH TO SERVICE DELIVERY

North Academy Corp, Inc. embraces the principle of person-centered planning. North Academy Corp, Inc. strongly believes the consumer should drive the service delivery and is fully involved in all aspects of planning and implementation of services. I North Academy Corp, Inc. will implement this policy through the following activities:

1. Fully involving the consumer in the assessment process by asking the consumer about their capacities, needs and desires.
2. Obtaining permission from the consumer before gathering any other information for assessment purposes through other means (staff interviews, review of record, etc.)
3. Ensuring the consumer is fully involved in the development of the implementation plan and that the plan is signed by the consumer before implemented.
4. Providing ongoing review of the implementation plan and modifying the plan as needs, to promote the achievement of outcomes.
5. Reviewing any recommendations of the person-centered reviews related to North Academy Corp, Inc. service with the waiver support coordinator and the consumer, upon his/her approval.
6. North Academy Corp, Inc. will also actively work toward addressing these recommendations and involve the consumer in assuring that his/her issues/concerns are addressed.
7. Soliciting feedback from the consumer/guardian at least annually in the form of a satisfaction survey for services.
8. If concerns are expressed during this survey, North Academy Corp, Inc. will work with the consumer on addressing his/her concerns.
9. Reviewing North Academy Corp, Inc. grievance protocol with the consumer/guardian when services are first implemented and annually thereafter to ensure a full understanding of how issues of concern may be resolved.
10. Participating in support plan and other meetings, when invited, to communicate how services are being provided to ensure they meet the consumer/guardian needs/wants.
11. This acknowledges the policy related to person centered approach to service delivery has been fully explained to the consumer/guardian

(9) _____ (Initials) PERSONAL OUTCOME PROCESS



This acknowledges that the policy related to the personal outcome process has been fully explained to the consumer/guardian.

As a provider, North Academy Corp, Inc. is committed to assisting consumer in achieving their desired outcomes. To do so, North Academy Corp, Inc. will spend as much time necessary with the consumer to determine what those outcomes are.

Like all of us, people with disabilities may change their outcomes of their priorities over time. North Academy Corp, Inc. will continue to assess their progress toward achievement of these outcomes and will make changes to the services as needed. At times, a consumer receives a variety of services. North Academy Corp, Inc. role is to coordinate services, to the best of our ability, with other service providers to reduce disruption with the person. Furthermore, it is our responsibility to learn the consumer's priority outcomes and ensures that our services are geared toward the achievement of these outcomes as indicated on the BASP.

North Academy Corp, Inc. is committed to the principle that consumers should drive the services by choosing their providers and what supports will be provided. If North Academy Corp, Inc. becomes aware of service needs outside of the scope of our work,

North Academy Corp, Inc. will assist that person in advocating on their behalf to the support coordinator or will encourage the consumer/guardian to visit a Physician for referrals to the different specialties. To facilitate the consumer outcome progress, North Academy Corp, Inc. will involve the consumer from initial assessment to developmental and implementation of their plan outcome progress. North Academy Corp, Inc. committed to the principle of person-centered planning and, as such, support the consumer in choosing who will attend all planning meetings. And in being actively involved in discussing whether supports and services are adequately meeting his/her needs. North Academy Corp, Inc. invited, we will also attend the annual support plan meeting, if possible for the waiver consumer, and make staff available to the support coordinator and other circle of support members as needed.

North Academy Corp, Inc. will ensure that we follow up on any recommendations of our services as indicated in person centered review reports if notified of these recommendations.

(10) _____ (Initial) PROMOTING HEALTH AND SAFETY

North Academy Corp, Inc. recognizes the importance of consumers living and working in places and environments that promote their health and safety. North Academy Corp, Inc. view our role to be the following in promoting these efforts:

TRAINING: North Academy Corp, Inc. will maintain certification in HIV/AIDS training, infestation control procedures Cardiopulmonary Resuscitation (CPR). We will also ensure that we fully understand how to recognize sign of abuse and appropriate abuse reporting protocol, incident reporting procedures and how fires and other natural disasters, accidents, illness and injuries should be handled.

INCIDENT REPORTING: North Academy Corp, Inc. will ensure the fully understand the district's operating procedure related to incident reporting and will seek clarification on the procedure as needed. We will ensure that all incident reports are send within required timeframes and to appropriate district personnel on charge.



INFECTION CONTROL: North Academy Corp, Inc. will use universal precautions practices and will teach proper hand washing protocols to consumers we serve. All the person related or involve with eh consumer will be notified of any medical attention of consumer needs outside of our normal scope of service.

SANITATION: North Academy Corp, Inc. will make sure that we use proper sanitation guidelines and provide prompting and assistance to consumers who reside in their own home to ensure that their home maintains sanitary practices.

FIRST AID SUPPLY: North Academy Corp, Inc. will assist consumers residing in their own homes by providing assistance in ensuring that adequate first aid kits are maintained in each person's home.

EMERGENCY EVACUATION PROCEDURES: North Academy Corp, Inc. will ensure that consumer/guardian is fully aware of the evacuation plan for each consumer we serve and that we maintain a copy of each consumer's evacuation plan in each participant's file if the individual is in a supported living arrangement.

PROPER MEDICAL CARE: North Academy Corp, Inc. will notify support coordinators (if apply) of any medical care needed by the consumer/guardian which is outside the scope of routine service provision.

MEDICAL INFORMATION: North Academy Corp, Inc. will ensure that all the consumer's files include up to date medical information including the name, address and telephone number of each medical/dental provider as well as emergency contact information. Medical information will also include any acute/chronic medical conditions or each consumer, allergies and a current listing of all prescribed and over the counter medications use by the consumer.

(11) _____ (Initial) TRANSITIONING OF CONSUMERS

North Academy Corp, Inc. recognizes the importance of good transitioning in order to minimize disruption in a consumer's life. North Academy Corp, Inc. policy includes the transition to our agency as well as transition from our agency to another provider.

This acknowledges that the policy related to the transition policy was fully explained to the consumer/guardian.

Transitioning of consumers to North Academy Corp, Inc. from another agency

- 1- North Academy Corp, Inc. will meet the consumer/guardian and the current support coordinator (if applicable) to discuss issues in the consumer's life, services and support currently in place and how my services can assist the consumer in meeting desired outcomes.
- 2- If another provider is currently serving the consumer, we will request a cancellation services letter from the current provider in this initial meeting.
- 3- North Academy Corp, Inc. with approval from the consumer/guardian and the previous provider will review consumer previous assessment, and annual report, and the current BASP implementation plan and any other important information.
- 4- North Academy Corp, Inc. within 30 days of working with the person, will review our policies and procedures with the consumer and the initials paperwork and policies will be signed.

Transitioning of consumers from our agency to a new agency



- 1- North Academy Corp, Inc. will participate in a transition plan meeting with the consumer/guardian and support coordinator if applicable.
- 2- North Academy Corp, Inc. will provide to the consumer/guardian with a copy of the cancellation letter, current implementation plan, copy of assessment instruments and annual progress notes if applicable.

Consumer/Guardian

Date

North Academy Corp, Inc.

Date

Who needs care? When people get benefits, they don't deserve, or when providers are paid for services that were not supplied, it wastes your tax dollars and takes services away from those who need them.

Behavior Analysis Support Plan Consent

My request for receiving behavior analysis services is documented in my support plan. I understand that by signing, I am giving consent to North Academy Corp, Inc. to implement the treatment procedure specified herein. I am giving my consent of free will and accordingly without coercion. The risks and benefits of the procedure(s) have been clearly stated and I understand them completely. I also understand that I have the right to refuse to give consent without penalty to retract consent at any time. I have received a copy of this Individualized Behavior Program.

Individual Treatment Consent

My request for receiving behavior analysis services is documented in any authorization letter from AHCA. I understand that by signing, I am giving consent to North Academy Corp, Inc. to implement the communication objectives procedures specified by the analyst (Assessment of Basic Language and Learning Skills-Revised) and explained to me. I am giving my consent of free will and accordingly without coercion. I also understand that I have the right to refuse to give consent without penalty or retract consent at any time.

Consumer or Parent's/Guardian's Signature

Date



Consent for Media Recording

I, freely give my permission for my therapy sessions or those for the person represented by me to be recorded (audio tape, video, and pictures) by North Academy Corp, Inc. staff.

- I understand that my name will not be used to identify the recording mentioned.
- I understand that these video/audio tape recordings/pictures will be reviewed by my therapist and supervisor.
- I understand that no one within the aforementioned staff members will discuss my case outside the supervision session.
- I understand that these recordings will be destroyed once the behavior program be changed or following the request of client or client's legal representative.
- I understand that any information that I furnish will be strictly confidential as required by the laws of the State of Florida, and will not be shared with any other person(s) or agencies unless otherwise requested through the proper documentation.

Parent/guardian signature

Date

Reporting Medicaid Fraud

WHY IT IS IMPORTANT?

The Medicaid program is funded with both state and federal tax dollars. It is designed to pay for health care for low-income and vulnerable Floridians (children, pregnant women, disabled adults, and seniors) who need care. When people get benefits, they do not deserve, or when providers are paid for services that were not supplied, it wastes your tax dollars and takes services away from those who need them.

WHAT IS MEDICAID FRAUD?

Medicaid fraud means an intentional deception or misrepresentation made by a health care provider with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under federal or state law related to Medicaid. To report suspected Medicaid Fraud, please call the Attorney General toll-free at



1-866-966- 7226. Find out if you are eligible for a reward. Callers may request to remain anonymous.

HOW TO REPORT FRAUD:

You can help protect your tax dollars by reporting suspected fraud by phone, through the Internet or by regular mail. You can do this without giving your name, but if you agree to give your name and other contact information, that helps the investigators to obtain future information.

BEFORE YOU MAKE A REPORT, TRY TO GET AS MUCH INFORMATION AS POSSIBLE, INCLUDING:

- The name of the person you suspect of committing fraud. This might be a person receiving medical benefits or a health care professional hospital, nursing home, or other facility that provides Medicaid services
- The Medicaid ID number
- The date of services
- The amount of money involved, and/or
- A description of the acts that you suspect involve fraud

Recipient's/Legal Guardian signature: _____

Date: _____



Consumer Consent to Services

Consumer's Address: _____

Email: _____

Home Phone _____ Work Phone: (____) _____

Father's Name _____

Address _____

Phone _____ Work Phone: (____) _____

Mother's Name _____

Address _____

Phone _____ Work Phone: (____) _____

I hereby consent to and authorize North Academy Corp, INC.to provide treatment care, therapy/supervised or exchanges which may consider necessary/advisable for the treatment.

By signing this form, I consent to comply with treatment recommendations that will be made as a result of the assessment. I also consent to allow North Academy Corp, Inc. to communicate with services providers to obtain services and information while I am attending under treatment.

I _____, agree to participate in the assessment and/or treatment process.

Guardian's Signature _____ Date _____



Discharge Process

The agency reserves the right to discontinue services or discharge individuals from their services under the following conditions:

1. Individual achieves all of his or her established goals and the parent/caregiver/individual agrees that graduation from services is warranted.
2. Parent/caregiver/individual refuses to follow the mutual agreed upon treatment plan after repeated reminders and attempts to resolve barriers to implementation.
3. Individual ages out of coverage (e.g., at the individual's 21st birthday and/or no longer enrolled in school. Note: this applies to ABA therapy through insurance and Medicaid only, other rules vary based on funding sources.
4. Individual is not achieving the goals of treatment despite exhaustion of all known interventions, procedures, and research-based strategies.
5. The agency and its staff become aware of circumstances (e.g., drug use, illegal activities, hostile behavior of caregivers) that may place them at risk.
6. Individual/caregiver decides to terminate services for any reason.

If at any time the agency/caregiver/individual determines that service must be terminated, we will notify the other party immediately and establish a discharge plan to be provided to the caregiver/individual within 15 business days. The agency will not discharge, or discontinued treatment based on race, creed, sexual orientation, or socio-economic characteristics.

*Please read and discuss the above rules with your therapist and sign below.

I have read the rules of North Academy Corp and I agree to abide by them.



Medication Log

Allergies: _____

Date	Medication Name & Dosage	Prescribed by	Reason	D/C Date

Signature: _____

Date: _____



Individual Satisfaction and Survey and Validation of Individual Outcome

	Disagree 1	Slightly Disagree 2	Neutral 3	Slightly Agree 4	Agree 5
1. The behavior analyst spoke with me about my rights and gave me choices and opportunities regarding my preferences and goals.					
2. The behavior analyst explained the benefits and risks of services to me.					
3. The behavior analyst listened to my concerns.					
4. I choose my behavior therapy date, time and place.					
5. The behavior analysis plan was clearly explained to me.					
6. All North Academy Corp, INC. Forms were clearly explained to me.					
7. The behavior analyst gave me a copy of the Hotline abuse and neglect					

Comments:

Date _____ Client Name: _____

Name of Behavior Service Provider:

North Academy Corp Signature _____ Date _____

Name of Person Completing the Survey:

_____ Signature _____ Date _____