



Dear Prospective Clients and Families,

You have likely reached out because you have had a different experience than others. Your child or a loved one is amazing, and either not everyone gets to experience it, or those moments are brief and inconsistent. You've been trying, and want things to get even better. While I never want anyone to have a difficult time, I am glad that your experiences have led you to Blue Skies, where we may be able to embark on a new journey together.

Established in Summit County, Colorado, Blue Skies Behavioral Group aims to support the children, families, and communities both in and surrounding our beautiful ski country. At Blue Skies, we work together to make child-centered changes that empower and improve the lives of all our families. We want to push through any clouds, turbulence, and bad weather to arrive in a space where continued growth has no limit.

Whether you are new, or long involved in the world of Applied Behavior Analysis (ABA), there may have been many different ways you've gotten here, along with different ideas, anecdotes, and stories you've gathered along the way. At Blue Skies we emphasize the child, and not only honor what makes them unique, but makes them *them*. We will not "fix" a child, but help them to learn how to be *themselves* in a neurodiverse world. We celebrate differences, and teach skills to make those differences be the reason that someone may both stand out and fit in at the same time. And we will do this all together.

Thank you for considering Blue Skies Behavioral Group to help with your child's needs. Please reach out with any questions you may have either now, or on the way. The following information will be used to initiate the process to establish services. Let's get to Blue Skies, Together.

*Sincerely,*

***Kyle Kahnweiler***

Founder, Director, Board Certified Behavior Analyst  
***Blue Skies Behavioral Group***

***Declaration of Practices and Procedures***  
**Blue Skies Behavioral Group**

## **For My Prospective Clients and Client's Family**

*This document has been written to inform you on my background, practices, and procedures to outline our professional relationship.*

### **About Blue Skies Behavioral Group and Applied Behavior Analysis**

Applied Behavioral Analysis (ABA) is a scientific field that has been deemed a medically necessary intervention for individuals with Autism, and has been shown to be impactful for individuals with developmental disabilities and individuals with additional needs. *Applied* means that the practice intervenes in areas that matter. *Behavior* is working with actions and outcomes that are observable and measurable. *Analysis* is using scientific methods and data to guide interventions. ABA interventions involve assessment, observation, creating intervention based on need, teaching new skills, and transferring all progress to an individual's naturally occurring environment.

### **Areas of Expertise**

I have been a practicing Board Certified Behavior Analyst (BCBA) since July of 2018. I obtained my undergraduate degree in Severe Needs Special Education from Vanderbilt University. Following graduation, I stayed at Vanderbilt's Peabody College to pursue my Masters of Education in Mild and Moderate Special Education, where I became an Intervention Specialist and completed my supervision and internship requirements to obtain my Behavior Analyst Board Certification. Following my move to Breckenridge, Colorado, I worked jointly as an elementary Severe Needs Special Education teacher and District BCBA.

As a result of my studies that included working with students aged 3-21 across a wide spectrum of abilities, my professional and supervised opportunities in clinics and home settings, as well as my work in the school district, my areas of expertise range from intensive behavioral intervention upwards to individuals who have less severe needs. Individuals I work with include, but are not limited to, those who engage in severe and moderate aggression, self injurious behavior, demonstrate difficulty in communication, and following directions. I work with caregivers, multidisciplinary teams, parents, and children, ranging from early intervention to 21 years of age. I specialize in working with individuals with Autism Spectrum Disorder, Downs Syndrome, and individuals with multiple and severe needs.

Our staff is made up of Behavior Technicians and Registered Behavior Technicians who are overseen by Board Certified Behavior Analysts. Everyone is held to a high standard of integrity, respect, and best practices and closely supervised throughout therapeutic opportunities.

## **Professional Relationship, Limitations, and Risks**

### *What we do.*

Applied Behavior Analysis is a method of treatment that is based on the idea that *all behaviors serve a purpose*, and these behaviors have been *learned* and *reinforced* in their environments. My job as a behavior analyst is to work with you to identify strengths and areas of treatment, and together, create ways to help everyone be successful in their environments. We will conduct interviews, observations, and assessments to identify the purpose (or function) of behaviors and create an individualized and unique plan that will lead to skill acquisition and improvement for the client and everyone in their immediate surroundings.

### *How We Work.*

As a behavior analyst, we do not make any judgements on behaviors or the systems that surround them. To us, nothing is good or bad, but rather functional or not. We make changes accordingly to the individuals we work with to decrease any pain, suffering, or anxiety, and increase overall success and happiness for our clients and those they are most often surrounded by.

We will not be working alone. We will rely on family members and caregivers to participate throughout the process. Participation will include honest communication on how things are going: if things are not working, we will make changes. You will be consulted throughout the entirety of the process. Together we will come up with goals, we will share data and assessment results, plan for intervention, and ask for your approval. We're in this together! Any success is *our* success!

Please know that we cannot guarantee any specific outcomes. However, together we can get closer and closer to our goals each time we meet. If we believe that at any points our sessions become unproductive, we will discuss terminating therapy and providing referral information for a transition. If at any point you want to terminate our relationship, we will cooperate fully.

## **Client Responsibilities**

When any members of Blue Skies Behavioral Group are working in the home with your child, an adult or caregiver must be present in the home and available throughout the entirety of the session. It is not appropriate to use that time leave the house for an errand, regardless how long it takes.

A strong belief of behavior analysis is that behavior occurs within naturally occurring contexts. As such, we will rely on you at different points to participate in meetings, parent training, observe sessions,

and eventually put into practice the plan that we create together. We will rely on you to collect data outside of sessions that we can use to inform us if what we are doing is successful or not, and make changes accordingly.

Communication will be essential to our success. It will be necessary for families and team members to communicate if something is not working, regardless of the reason. Please inform us of all other therapies that you are involved in so we may ensure we do not create any competing treatment plans. We will need a list of any prescribed or over-the-counter medications and/or supplements in addition to any medical or mental health conditions; this information is kept confidential.

If you need to CANCEL or RESCHEDULE, please let us know at least 24-hours in advance. If you fail to notify us or show up to an appointment, then you may be charged for the appointment. Please let us know of any cancellations or conflicts as soon as they come apparent so that we can potentially use that time to meet the needs of another client.

By providing Signature below, the parent/guardian acknowledges that we have read the information in *Client Responsibilities*, and agree to the information and responsibilities, as summarized below:

- If client is under 16 years old, a parent or caregiver must be at the home and available throughout the whole session
- Clear communication of all existing and additional therapies
- Parent/caregiver participation in training and implementation
- Data collection outside of therapy sessions
- Clear communication on successes and challenges
- At Least 24-hour notice for cancellations

**Parent/ Guardian Signature:** \_\_\_\_\_

## **Conduct Code**

Blue Skies Behavioral Group ensures that our services will be provided in a professional, ethical, and dignified manner aligned with accepted ethical standards. We are required to adhere to the *Professional and Ethical Compliance Code for Behavior Analysts* issued by the Behavior Analyst Certification Board. A paper copy of this Compliance Code is available upon request, and a digital copy is available on the Behavior Analyst Certification Board (BACB) website.

Although we will be working together and having very personal interactions, it will be important for us both to defer to maintaining a professional relationship, and not a social one. In our professional

relationship, according to our professional code of ethics, **we may not accept any gifts, meals, or invitations, or any additional items from you.** We do love a handmade card or written note, but we will have to awkwardly return anything beyond that...

If at any time and for any reason you are not satisfied with our professional relationship, please let us know by sending an Email immediately. We would love to hear any concerns and come up with a solution. If we are unable to resolve any concerns, you may report these to the following:  
Behavior Analyst Certification Board, 1-720-438-4321, [info@bacb.com](mailto:info@bacb.com), <http://bacb.com>

By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Conduct Code*.

**Parent/ Guardian Signature:** \_\_\_\_\_

## Notice of Privacy Practices

In Colorado, clients and their therapists have a confidential and privileged relationship. Blue Skies Behavioral Group does not share any information related to our clients and their families, including, but not limited to, interventions, observations, or assessment results. We will store all information in accordance with best practice and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

### *Your Rights.*

The medical and billing records that Blue Skies Behavioral Group and any of their providers collect is their property, but the information in them belongs to you. You have the right to make requests regarding this information. All requests must be submitted to Blue Skies Behavioral Group in writing. You have the right to:

- Request restricted uses and disclosures of health information. Blue Skies Behavioral Group is not required to grant the requests but will comply if they deem it is in the client's best interest.
- Request to inspect and copy your health record and billing record. This includes all data collected, graphs, protocols, and any additional treatment data available.
- Request that your record be amended to correct incomplete or incorrect information.
- Request that communication of health information be made by alternative means or at an alternative location.
- Revoke authorizations that you made previously to use or disclose information except if the information or action has already been taken.

### *Limitations.*

Please be aware that confidentiality has limitations. Blue Skies Behavioral Group will use and disclose your information in certain special circumstances, such as:

- We have your written consent to release information.
- We determine that there is a serious threat to the health and safety of you, your family, or the public.
- We have reasonable grounds to suspect abuse or neglect.
- We are ordered by a judge or a law enforcement official to disclose information.
- To Public health authorities and oversight agencies that are authorized by law to collect information.



By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Notice of Privacy Practices*.

**Parent/ Guardian Signature:** \_\_\_\_\_

## **Appointments, Fees, and Emergencies**

Please come or be prepared for appointments, with the client fed and any additional items or data that had previously been discussed. Appointments will be scheduled up to 12 weeks out via Email, telephone, or in-person communication. Billing and Payment will be handled through insurance or by check, Venmo, or Cash.

When discussing scheduling, we will try to identify consistent times and settings to provide services. It is the client's responsibility to identify times that they / their child are available on a consistent basis.

If a cancellation is required, it is the clients responsibility to notify Blue Skies Behavior Group no less than 24 hours prior to cancellation and identify a time to reschedule. Failure to notify cancellation outside for 24 hours will be considered a "No Show." A "No Show" fee of \$50/ session hour will be charged to clients who do not provide at least 24 hour notice for cancelations (with the exception of emergencies). If there are Three (3) No Shows in a 6 month period, a notice will be provided, and any additional No Shows in the following 6 months may result in termination of services.

If there is an emergency during a session, Blue Skies Behavioral Group will provide first aid and mitigate the emergency to the best of their abilities. If an emergency occurs, parents/guardians will be notified immediately and be responsible for responding in a timely manner. If parents/guardians are unable to be reached, the staff will use provided emergency contact information provided by the client/family.

By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Appointments, Fees, and Emergencies*.

**Parent/ Guardian Signature:** \_\_\_\_\_



## Financial Responsibility

*Private Pay.* Clients who do not have insurance coverage will pay on the 1st and 15th of every month. The client will receive an invoice at the beginning and middle of each month following services with the expectation that payment is received within 15 days of services. Failure to pay within 30 days of an invoice will result in the halt of services until payment is remitted or a payment plan is established. If using private pay, a billing schedule is as follows:

- Initial Consult- *Free*
- Initial Assessment and Behavior Plan Creation-\$200
- Home visit in Summit County-\$150 / hr
- In Clinic
  - BCBA: \$135/ hr
  - RBT: \$85 / hr
- Telehealth / Parent Training -\$120 / hr
- Home visit outside of Summit County-\$150 / hr

*Insurance Pay.* Blue Skies Behavioral Group currently accepts Medicaid, Anthem (Blue Cross Blue Shield), Evernorth (Cigna), Beacon, and Rocky Mountain Health Plans (RMHP), and Building Hope Scholarships. If you have another insurance provider, we can work to get in the network together.

While Blue Skies Behavioral Group will do their best to get in-network and work with billing sources (such as insurance plan, state of federal service plan, etc.), there may be instances that the full payment is not covered for the services provided. By signing below, you acknowledge that you will be billed for any services not covered by an outside billing source, and are *personally and fully responsible for payment* of these services provided to self, child, family, or team.

### Insurance Information:

Name of Insurance Provider: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insured DOB: \_\_\_\_\_

Policy #: \_\_\_\_\_ Medicaid Identification #: \_\_\_\_\_

By providing signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Financial Responsibility*, and that Blue Skies Behavioral Group may directly



bill provided insurance carrier for services rendered and that private information may be shared with insurance carrier for billing purposes

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Informed Consent

By signing this form, \_\_\_\_\_ (Name of parent or guardian) agrees to have their child \_\_\_\_\_ evaluated and treated through Blue Skies Behavioral Group, LLC. They understand that these services will be based on the Applied Behavior Analysis (ABA), and have read through the possible components of a treatment process/ package below:

*Assessment.* Blue Skies Behavioral Group will use observations, interviews, informal assessment, and standardized assessments to identify a client's strengths and areas for intervention.

*Individualized Programming.* Using data from the assessment process, individualized goals and programming will be developed. Development will be based on the location of service delivery and planning for the highest impact for acquisition of new skills.

*Continuous Progress Monitoring.* All interventions will be closely monitored and be used to inform treatment effectiveness and student progress. If a treatment plan does not show that it is making sufficient progress, changes will be made.

*Functional Behavior Assessment.* If needed, a Functional Behavior Analysis (FBA) will be conducted. The ABA literature widely accepts that all behaviors have specific functions, that can be paired down to just four specific functions: access to attention, access to tangible(s), escape from a demand/ attention, or is for sensory input. The purpose of an FBA will be to identify behaviors for increase or behaviors to decrease and identify a *functionally appropriate* skill acquisition program.

*Generalization.* All the skills that we work on with a client will need to be transferred to the naturally occurring environment. Generalization consists of applying skills across people, places, and things. Therefore, there will be planned opportunities for training to other caregivers and family members.

By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Informed Consent*.

**Parent/ Guardian Signature:** \_\_\_\_\_

## Authorization for Telehealth Services

Instances may arise in which it is beneficial to do video conferencing, or Telehealth, sessions. Reasons may include, but not be limited to, transfer of skills to parents / caregivers in the home environment, supervision, inclement weather, illness, and scheduling. While there are many benefits to Telehealth services, there are potential limitations and needs, such as:

- A child/client responding differently over the screen versus when being in person
- Unplanned internet and technology difficulties or failures
- High levels of parent/caregiver involvement at the direction of the therapist
- Unplanned responses from child towards the parent/caregiver providing care

Blue Skies Behavioral Group will provide telehealth services only after a conversation with parents and caregivers, and when Telehealth is deemed to be effective and necessary for the continuation of care and intervention provided by the therapists. When receiving Telehealth support, it is asked that the environment is prepared ahead of time for success, such as: removing all distraction from the immediate area, limiting background noise and traffic, and preparing for parent/caregiver participation throughout the session.

Please Initial One:

\_\_\_\_\_ I provide consent for Telehealth Services to be provided

\_\_\_\_\_ I DO NOT provide consent for Telehealth Services to be provided

By providing Signature below, the parent/guardian acknowledges that they have read, understand, and agree to the information in *Telehealth Services* as indicated above.

**Parent/ Guardian Signature:** \_\_\_\_\_

## Authorization for Email Correspondence

Blue Skies Behavioral Group and their representatives will use reasonable means to protect all information sent and received by Email and ensure confidentiality. There are known and unknown risks to privacy when communicating with Email, which can include, but are not limited to:

- Email can be forwarded, printed, or otherwise stored by anyone who receives the Email, whether they are the intended or unintended recipient
- Sensitive information can be available when Emails are forwarded to additional individuals and providers
- Email delivery is not guaranteed
- Email may be sent to the wrong address by any sender or receiver
- Email copies may exist even after copies have been deleted

It is the client's responsibility to inform Blue Skies Behavioral Group of any changes in Email Address. The client has the right to withdraw consent to communicate over Email at any time by providing the request in writing by Email.

By providing Signature, parent/guardian agrees to the use of Email communication with Blue Skies Behavioral Group. Communication may include personal health care, insurance, treatment and program information, and other personally identifiable information. Parent/Guardian understands the risks of using Email and agree that we may use Email to communicate as outlined above.

**Parent/ Guardian Signature:** \_\_\_\_\_

## **Inclement Weather Policy**

Blue Skies Behavioral Group defines inclement weather as any weather that prohibits a provider or caregiver to travel safely. This can be due to excessive rain, hail, snow, wind, temperatures, or any outstanding conditions that create an unsafe circumstance.

If there is what is deemed inclement weather, there will be communication from the provider to notify families for the sessions that day. If possible, the team will schedule a virtual telehealth session in lieu of in-person sessions.

As a general rule, if the school district is closed, then services will likely be cancelled. If a telehealth session is offered and it is denied due to participation in extracurricular activities (such as skiing), then typical cancellation policy and payment expectations will be in effect.

By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Inclement Weather Policy*.

**Parent/ Guardian Signature:** \_\_\_\_\_

## Health and Wellness Policy

Blue Skies Behavioral Group reserves the right to deny treatment to a client if they are showing signs of illness on a given day. It is important that we prioritize the long term care and wellness of all clients and staff, and ask that parents keep their children at home if they are showing any signs of illness which include, but are not limited to:

- Fever of 100 degrees fahrenheit or higher within the last 24 hours prior to the session
- Vomiting within the last 24 hours prior to the session
- Diarrhea or abnormal bowel movements within the last 24 hours prior to the session
- Cough or Runny Nose that have been present for more than 24 hours and requires consistent attention and/or discomfort
- Sore throat
- Unusual behavior or symptoms that will inhibit the child and therapists to make progress towards goals and treatment plans

By providing Signature below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Health and Wellness Policy*.

**Parent/ Guardian Signature:** \_\_\_\_\_

## Authorization for Photographs and Videos

Photographs, Videos, and other methods of recording may be used for training, presentations, and marketing purposes. No personally identifiable information will be attached to any images that may be used. Please provide Signature in all areas that you consent for pictures and videos to be used.

\_\_\_\_\_ Parent/Caregiver/Staff Training

\_\_\_\_\_ Blue Skies Behavioral Group Training, Presentations, Research, Conferences, Community events, or the like

\_\_\_\_\_ Promotional Materials for Blue Skies Behavioral Group, such as brochures, websites, and marketing tools

\_\_\_\_\_ WE DO NOT GIVE CONSENT FOR PHOTOGRAPHS OR VIDEOS TO BE USED UNDER ANY CIRCUMSTANCES

Authorization can be revoked at any time. If you feel that you would like to revoke authorization for Photographs and Videos, please submit the request in writing and it will be honored within 30-days of receipt.

By signing below, the parent/guardian acknowledges that we have read, understand, and agree to the information in *Authorization for Photographs and Videos*.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



**Authorization to Release and Obtain Information**

The purpose for the obtaining and/or release of information is to help achieve the best possible therapeutic outcomes, which may involve collaborating with additional team members who work with you/your child, and may include but not be limited to other related syndromes, diseases, psychiatric or psychological conditions, test results, assessments, progress reports, treatment plans, therapy, and non-medical information.

Client Information:

Name:	DOB:	
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I authorize **Blue Skies Behavioral Group** to *obtain* and *release* protected information with the following organization(s) (which may include healthcare providers, insurance, employer/school, government agencies, clinics):

	Provider Name	Therapy Type	Address	Contact Information
1				
2				
3				
4				
5				

This permission shall be valid beginning on the date that this is signed by client/parent/guardian until the date that consent is revoked in writing. All releases of information must be renewed every 12 months. By signing, you acknowledge that you understand that consent is voluntary and may be revoked at any time in writing.

**I hereby authorize the transfer of information as indicated above.**

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

