

Chrysalis Center for Change
1173 Spring Center South Blvd, Suite B.
Altamonte Springs, FL 32714
Voice 321-422-4171 ~ Text 352-988-7723

CONSENT FOR APPLIED BEHAVIOR ANALYSIS SERVICES INVOLVING ACCEPTANCE AND COMMITMENT TRAINING

This document describes the nature of the agreement for professional ABA services involving Acceptance and Commitment Training (ACT), the agreed upon limits of those services, and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysts. I understand I will receive a copy of this document to retain for my records. All fees for services and payment arrangements will be reviewed separately. I further understand that Carmen McGuinness hold's Masters degrees in Health Psychology/Behavioral Medicine, Health and Nutrition Education, a Doctorate in Special Education, and has received specialized training in Acceptance and Commitment Therapy.

name of client

street address

city, state, zip

cell phone

I give my consent for non-sensitive texts to be sent to my cell phone Y___ N___

email

I prefer to receive secure video conferencing links via email___ text___

I, the above named, agree to participate in applied behavior analysis (ABA) assessment and/or treatment services provided by Carmen McGuinness, EdD, BCBA-D (BACB Certificate #1-13-14988). I understand that the specific activities, goals, and desired outcomes of these ABA services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of service delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (e.g., custodial or non-custodial parent, school, insurance plan, state agency), I am aware that the third party has the rights associated with their relationship with the above named. I also understand that:

The above named is the primary client of the behavior analyst in regard to the services described here. Services will be designed primarily for the above named and to his/her benefit. Any other individuals or agencies (e.g., family, school professionals) who may be affected by the ABA services are not party to this consent. If other family members are also receiving therapy from Dr. McGuinness, separate consent will be obtained.

I understand that services will be focused on development of and implementation of procedures and/or a behavior intervention. Prior to implementation, I will receive a printed copy of the

Chrysalis Center for Change
1173 Spring Center South Blvd, Suite B.
Altamonte Springs, FL 32714
Voice 321-422-4171 ~ Text 352-988-7723

results of any assessment and thorough explanation of any proposed instructional procedures or behavior intervention plans for my approval. These will be explained to me fully and any questions I have will be answered to my satisfaction. Subsequent implementation will involve training that is important for the intervention, details about the specific components of the intervention, and direct practice in the components of the intervention. Full participation in these implementation and training activities is critical for a successful outcome. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made to ensure a good outcome. When goals of the procedure/s or behavior plan/s are achieved, we will discuss the discontinuation of services as we will have achieved our therapeutic objectives. In addition, at regular progress reviews we may also discuss whether continuation of services would be beneficial, and any barriers to continuation.

Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective. I am aware that other interventions that I am pursuing may affect the client's response to ABA treatment. Thus, it is important to make the behavior analyst aware of those interventions and to partner with the behavior analyst to evaluate any associated therapeutic or detrimental effects of those interventions.

I understand that the procedures and outcomes of all assessment and treatment services are strictly confidential and will be released only to agencies or individuals specifically designated by me in writing. In addition, the fact that the above named receives any services is protected and private information. I am aware that Carmen McGuinness may release information without my prior consent if so ordered by a court of law. I am also aware that providers are legally required to report suspected occurrences of abuse or neglect to the above named, or if the above named present clear and present danger to self or to others.

I reserve the right to withdraw at any time from these services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In addition, I reserve the right to refuse, at any time, the treatment that is being offered.

I am aware that the relationship between provider and client is a professional one that precludes ongoing social relationships, giving of gifts, or participation in personal events. In addition,

I agree to provide cancellation or reschedule notice for any and all appointments a minimum of 24 hours in advance of cancellation or request to reschedule.

I will receive a copy of Carmen McGuinness's current professional credentials upon request. In addition, any concerns that I have about Carmen McGuinness's professional performance can be directed to the Behavior Analysts Certification Board.

These policies have been fully explained to me, and I fully and freely give my consent and permission for my myself or the above named dependent minor child.

Client or Parent or Guardian if a minor

Date of Consent

Carmen McGuinness, EdD, BCBA-D
BACB Certificate #1-13-14988

Date