



# CLIENT SERVICE AGREEMENT

"WE TURN THERAPY INTO PLAY AND SMILES INTO PROGRESS"

W: [WWW.BEHAVIORALTHERHAPPY.COM](http://WWW.BEHAVIORALTHERHAPPY.COM)

E: [INFO@BEHAVIORALTHERHAPPY.COM](mailto:INFO@BEHAVIORALTHERHAPPY.COM)

P: 281-215-3595

## 1 ABA SERVICE AGREEMENT AND CONSENT FORM

Welcome to Behavioral Therhappy! We are thrilled to have you and your little superhero as part of our super alliance. This Parent Service Agreement outlines the terms and conditions of our services and serves as a mutual understanding between you, the parent/guardian, and Behavioral Therhappy. Please read this agreement carefully and let us know if you have any questions or concerns.

## 2 SERVICES OFFERED

Our services revolve around the development and implementation of a functional behavioral assessment and an ABA treatment plan, overseen by qualified professionals such as Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBAs) or Registered Behavior Technicians (RBTs). Supervision is provided by BCBAs. Direct therapy is provided by RBTs. Telehealth services may be provided depending on your insurance policy and availability of telehealth options.

Behavioral Therhappy tailors ABA services to meet the individualized needs of each client, focusing on skill-based, functionally-equivalent, and non-aversive strategies outlined in the treatment plan.

Clients and their families have access to assessment and treatment plan results, as well as daily session notes and data collection via the client's Skills Page on our tablet app. Confidentiality is maintained according to HIPPA and BACB Ethical Standards, with information shared only with authorized personnel and approved parties.

Alongside direct ABA services, our treatment approach includes training and ongoing consultation, involving family members and collaborating with educators and other service providers upon approval.

We are open to collaborating with other evidence-based therapy providers, such as Speech and Occupational Therapy, upon request. However, we adhere strictly to research-based and scientifically established methods in our practice, with the BCBA retaining the discretion to refuse implementation of techniques that fall outside our scope of practice or contradict our principles.

## 3 COORDINATION OF CARE

Please list the providers you would like Behavioral Therhappy to coordinate with:		
Provider	Email/Fax Number	Care Collaboration:
Physician		<input type="checkbox"/> Yes <input type="checkbox"/> No
School/Education Team		<input type="checkbox"/> Yes <input type="checkbox"/> No



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Speech		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupational Therapy		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I'd like to withdraw consent on:			
Date:		Upon Discharge from Services:	
Parent Guardian Name:			
Parent Guardian Signature:			

#### 4 ASSESSMENT, PARTICIPATION, AND STANDARD TREATMENT PROCEDURES

Parent/guardian participation is a mandatory expectation of delivery of services. Participation may involve data collection and/or implementation and involvement in the implementation of recommended strategies. Caregivers are expected to participate in 40% of sessions when in the home setting. Caregivers in a clinical setting are expected to participate in at least one session per month. If there is lack of involvement, Behavioral Therhappy reserves the right to reconsider the appropriateness of services. In order to achieve consistency across settings, generalization of skills, and increased likelihood of success, parent training will be a necessary component for your little superhero's progress and implementation of services. Parent meetings/training is recommended to occur at least monthly. A parent/guardian or designated adult (over the age of 18) is required to be present during all sessions.

Upon authorization by insurance, or written agreement in self-pay cases, an initial assessment will be scheduled. Behavioral Therhappy strives to provide non-aversive care using an integrated treatment approach to create a positive learning experience for any individual. An initial assessment may include observations of clients in the potential treatment setting, interviews with family members, and a clinical assessment. During an assessment interview Behavioral Therhappy also asks that our clients and/or families share information about an individual's preferences, dislikes, and needs that may arise during a clinical assessment as well as to provide input into the treatment plan. Initial interviews may be conducted to make recommendations; however, clinical assessments must be conducted to determine an appropriate and effective course of action regarding treatment. Clinical assessments may include standardized assessments of language, daily living, and social skills as well as 1:1 interaction with the client. Assessments may take upwards of two weeks to complete for submission to insurance.



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Upon completion of the assessments, clients and/or guardians will receive a copy to review prior to submission to insurance. Services will not begin until insurance approval is received or a self-pay agreement is in place. Once authorization is in place, Behavioral Therhappy will assign staff, set a therapy schedule, and begin services. During ABA therapy, you may observe therapists using technology to collect data, write notes, provide instruction, and/or use as reinforcers. The content of therapy sessions will be individualized according to treatment needs. This may include structured table time, toy/ video game play, outside play, contrived and/or casual conversation activities, daily living skills instruction, etc. Therapy services will also include implementation of empirically validated behavior modification procedures. If at any time you have questions about the content/schedule of therapy, contact your assigned supervisor.

Services are implemented by paraprofessional staff and overseen by a Board Certified Behavior Analyst, or a Board Certified assistant Behavior Analyst. Paraprofessional staff are required to be supervised on an ongoing basis. Supervision may occur in person or via HIPAA compliant telehealth platforms. Frequency of contact will be determined by client/staff needs and in accordance with certification board guidelines.

Staff changes may transpire throughout the duration of treatment for clients due to various reasons. However, any staff changes would only be considered and implemented with parent/caregiver notice.

Assessments are typically conducted bi-yearly. An updated treatment plan will be provided per authorization or update period.

### 5 APPOINTMENTS AND CANCELLATION POLICY

Behavioral Therhappy is committed to providing consistent and reliable services as scheduled and agreed upon by the client/family. Upon initial treatment, a preliminary set of hours/days for ABA services are discussed. Changes with this schedule will require notice. Regular attendance is key in seeing progress in your little superhero's therapy session. Please refer to our cancellation policy below:

Please acknowledge that you understand and agree to our cancellation policy below:		
Sessions cancelled with at least 24 hrs. advanced notice will not be charged.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sessions cancelled with less than 24 hrs. due to contagious illness (fever, vomiting, diarrhea, pink eye, contagious rash, etc.) will not be charged.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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If you, your little superhero, or anyone else in the household is experiencing a temperature above 100.4, gastrointestinal distress, productive cough, or other potentially contagious symptom, contact your case supervisor to discuss appropriateness of service delivery that day.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sessions cancelled with less than 24 hrs. due to reasons other than contagious illness will result in a warning letter detailing our policies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If another session is cancelled with less than 24 hrs notice within a 6 month period, you will be charged a \$50 cancellation fee. This fee will be due immediately at the start of the next scheduled session.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
More than 5 cancellations in a three-month period will result in being charged at the regular therapy rate (\$40/hr. for therapist, \$100/hr. for supervisor).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
More than 3 sessions missed with less than 24 hr. notice in a two month period will result in immediate termination of the therapeutic contract.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scheduled family vacations/other scheduled periods of absence will not result in any charges; however, prior notice is required. Vacations that last more than two consecutive weeks may result in loss of your little superhero's therapy spot or behavior technician. Consult with your BCBA or the Executive Director to determine the course of action if you are taking a long break from services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Families and therapists are encouraged to reschedule missed therapy sessions. In any case where an extended period of time must be missed, re-evaluation of the client may be required to best determine the subsequent plan of action.

### 6 CLIENT RIGHTS AND REMEDIES

Clients/Guardians have the right:

1. To be informed of all treatment procedures including risks and benefits
2. To have input on treatment plans including goals, reinforcement, potential aversive protocols, etc. \*
3. To request copies of medical files including treatment plans, progress charts, etc.
4. To ask for staff changes \*\*
5. To refuse treatment suggestions \*



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6. To terminate services without notice \*
7. To consent to release of PHI to medical/educational professionals, other family members, or anyone else you deem essential to treatment fidelity and success

### Grievance Procedure:

Contact your case supervisor if you have concerns regarding your technician, treatment plan, or other concerns relating to your child's programming. The supervisor will meet with you to address your concerns and offer resolutions. Resolutions may include more training for staff, change in provider, change in treatment plan, etc.

If your concern is serious enough to warrant outside intervention, the following entities can be contacted:

1. Behavioral Health Center of Excellence (BHCOE)- <https://bhcoe.org/become-a-bhcoe/report-a-compliance-concern/>
2. Behavior Analyst Certification Board (BACB)- [https://www.bacb.com/ethics/#ethics\\_reporting](https://www.bacb.com/ethics/#ethics_reporting)

\*See Discharge/Termination agreement for more information

\*\* Behavioral Therhappy cannot guarantee immediate availability of new staff

## 7 DISCHARGE/TERMINATION OF SERVICE

As the consumer, you reserve the right to ask for treatment team changes or withdraw from services at any time from these services. This agreement involves an understanding from you the consumer to follow through with treatment plan suggestions to maximize your child's treatment progress. Failure to adhere to the treatment recommendations may contribute to potential discharge and/or transition of services. Furthermore, if disagreement regarding behavior change procedures and/or treatment plan goals occur, you the consumer will work with the supervisor to alter said goals. Justification and clarification for behavior change procedures will be thoroughly explained so you the consumer will understand reasoning for implementation. Upon agreement of plan/goals, failure to adhere to the plan will result in termination of



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treatment. Discharge may also occur if Behavioral Therhappy is unable to meet your scheduling/ treatment needs due to staff availability.

### Reasons for discharge/termination:

1. Caregiver/client request
2. Inadequate progress despite treatment fidelity over a substantial period of time (criteria will be discussed with supervisor prior to discharge)
3. Complete outcome of service: Client's referred excesses and deficits have been addressed and remediated. All problem behaviors identified at entry of service have been addressed and are exhibited within typical ranges. This may also include age appropriate ranges of development on standardized testing in the areas of diagnostic criteria, cognition, language (basic speech and language as well as a pragmatic language), social problem solving, executive functioning, and adaptive skill functioning. Insurance cancellation or changes affecting authorization approval
4. Failure to pay bill according to agreement
5. Disagreement/failure to follow through with treatment plan as agreed
6. Behaviors/challenges are determined to be outside the scope of our expertise
7. Scheduling conflicts resulting in inadequate availability
8. Abusive and/or inappropriate behavior/language towards staff
9. Failure to provide a safe, effective learning environment :Unsanitary conditions
  - A. Parent/spouse conflict
  - B. Substance abuse
  - C. Household pets not contained
  - D. Siblings/outside individuals interfering with session times

Behavioral Therhappy and its employees are considered mandated reporters. If there is suspicion of abuse or neglect, we are required by law to report the concerns to the appropriate authorities. If the circumstance is such that it places our staff in an inappropriate, uncomfortable or dangerous situation, services will be immediately terminated.

If services are terminated by Behavioral Therhappy, you will be provided with a list of alternative providers.



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### 8 COMPANY TRAINING

Behavioral Therhappy strives to continuously strengthen our employee's skills in order to provide the best quality services for our families. In order to make these accommodations, there will be annual trainings held for Behavioral Therhappy employees that will inadvertently interfere with therapy sessions. We will ensure to provide ample notice so you can plan accordingly for therapy sessions missed.

Furthermore, upon signing this contract, you agree to allow fellow Behavioral Therhappy employees and/or future employees to shadow your child during therapy sessions with your designated RBT(s) strictly for training purposes. These individuals are obligated to sign confidentiality agreements prior to entering any family(s) homes in order to maintain privacy. The individuals shadowing may/may not be someone intended to work with your child. Unless otherwise notified by the supervising BCBA/BCaBA, these individuals are solely gaining training experience. The supervising BCBA/BCaBA will notify you of any individuals planning to shadow during therapy sessions.

### 9 INSURANCE AND PAYMENT

Behavioral Therhappy is in network with several insurance companies. Upon approval for services, we will bill insurance directly for services rendered. This requires the release of PHI for the purpose of billing. By agreeing to services covered by insurance, you agree to the release of this information. The client is responsible for co-payments and or deductibles as assigned by the insurance. As part of our provider agreement and your contract with your insurer, Behavioral Therhappy is legally required to collect copays. Copays can be collected at the time of services or billed at a later date. Failure to pay copays without an agreement in place, may result in loss of services. If you have a concern about ability to pay, contact Jazmyn Arrington to discuss payment plan options. There are several grants available to assist with ABA copays.

These include:

ACT Today and ACT Today for Military Families:

<http://www.act-today.org>

Autism Cares:

<https://autismcaresfoundation.org>



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Ezra B Smith Foundation:

<http://www.ebsmithfoundation.org>

Talk About Curing Autism Now:

<https://taconow.org/family-resources/autism-grants/>

United Healthcare Children's Foundation:

<https://www.uhccf.org>

You can also refer to <http://www.autismsupportnetwork.com/resources/autism-grants-unitedstates> for access to a more complete list

If there are insurance payment issues, we will attempt to resolve any disputes with the insurance company. The client will be responsible for any discrepancy that cannot be resolved with the insurance company (i.e., paying for sessions if we go over the allowed amount, insurance denial despite approved authorization etc.).

If your insurance policy changes, you are responsible for notifying the company as soon as possible in order to avoid any lapse in services. Failure to provide sufficient notice and documentation of policy changes, may result in additional charges for services rendered, as well as a suspension of services until new insurance approval is granted. If a suspension in services occurs, we will not be able to guarantee your child(s) therapy schedule will be reserved.

If we are not billing insurance then out-of-pocket cost for services will be \$50 per hour for RBT therapy time, \$70 per hour for BCaBA services, and \$115 per hour for BCBA services. An initial assessment will cost \$500.

For Co-Pay:

Your Co-Pay amount will be determined based upon your specific insurance policy. You will receive a co-pay through Square or PayPal on a monthly basis. You will be notified of your specific responsibilities for rendered services.





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### 10 CONSENT FOR SERVICES

I am consenting to services from Behavioral Therhappy for the following:

Consent to receive ABA services to include the intake assessment and subsequent 1:1 services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent to receive Consultative Services ONLY	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 11 INFORMED CONSENT

Your signature below indicates you have received and read the information in this document. Consent by all parents/legal guardians is required for implementation of ABA services. By signing this agreement, you consent to receiving ABA treatment in the manner in which it's described above.

I have reviewed these policies on (date) and I have had all questions answered in relation to the information provided in this document. I also understand I have the right to withdraw my consent at any time.

I fully and freely give my consent for services to be implemented as proposed.

Parent/Guardian name:

Parent/Guardian signature:

BCBA signature and credential: