

Benhaven Children's Behavioral Services - Consent for Services

Child: _____

Date: _____

Date of Birth: _____

Welcome to Benhaven's Program for Children's Behavioral Services (CBS)! This consent form contains important information about our professional services and our business policies. This form outlines the rights and responsibilities of the clients (the child served and his/her family) and of Benhaven, Inc. By signing this document, you are indicating that you consent for your child to receive assessment and/or treatment services and that you are in agreement with our business policies.

Assessment and Treatment Services

I have been informed by the CBS Program Director or her representative about the services provided. They have explained what Applied Behavior Analysis (ABA) is and how the principles of ABA will be used in the assessment and treatment process for my child.

- I consent for my child to receive the assessment and treatment services provided by Benhaven CBS. I understand that all services are directed by a Board Certified Behavior Analyst (BCBA) who is certified by the Behavior Analysts Certification Board (BACB) and licensed in the State of Connecticut. The BCBA will be responsible for conducting our intake, Functional Behavior Assessment (FBA), and construction of a Behavior Intervention Plan. The BCBA will also supervise our behavior technicians.

Confidentiality

- I understand that all services provided are confidential. Benhaven CBS is required to obtain my informed written consent before releasing any information except where required by law. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection, informing someone in a position of authority if a client is in imminent danger of harming themselves or others, or providing information as directed by the courts through subpoena, search warrant, or other legal order.

Treatment Services

- I have been informed that the assessment and treatment services are based on the principles of Applied Behavior Analysis and positive behavior support techniques. I understand that the goal of services is to help my child function as independently as possible and to provide training for responsible caregivers.

Assessment Procedures

- Before starting treatment services for my child, several assessment procedures will be used. These may include:

- An intake interview during which I may be asked about my child's current and past levels of language, motor skills, play skills, self-help skills, interest in peers, and behavioral concerns.
 - Behavioral and curriculum-based assessments.
 - Behavioral observation of my child.
 - Review of reports from school or past assessments or other evaluations.
- I understand that Benhaven CBS may request a medical evaluation if a behavior appears to be caused by an underlying medical issue or to rule any underlying medical issues.
 - I authorize Benhaven CBS to carry out clinical and behavioral assessments to help direct the development of treatment services for my child. I understand that assessments may involve participation of members of my family. I understand that the results of all assessments are available to me at any time.

Data Collection

- In order to monitor my child's learning throughout the program, the behavior team will complete specific data collection forms. I understand that the services provided by Benhaven CBS rely heavily on the collection of data and that any data collected is confidential.

Family Participation

- My participation in the treatment program is essential for my child's learning. I understand that, in addition to targets for behavioral change and learning for my child, caregiver goals will be identified. I understand that I will have to participate in the following ways:

- A parent/guardian or previously identified responsible adult MUST be on premises for the entire time services are being provided by a BCBA or behavior technician.

- A parent/guardian or previously identified responsible adult is encouraged to participate in ABA therapy sessions.

- I understand that the involvement of all family members will aid in generalization of learned skills and will increase the likelihood of positive outcomes for my child. I can discuss with the BCBA how to best have family members involved.

- I understand that if I have questions or concerns should be directed to the supervising BCBA or the Benhaven CBS Program Director. Behavior Technicians will provide program implementation designed by the BCBA and do not have permission to modify or create programming.
 - I understand that all Benhaven CBS staff will adhere to the BACB Professional Ethics and Compliance Code. A copy of this code may be accessed at BACB.com.

Agreement for Programming

- I understand that I will need to agree to the treatment curriculum and programs that are developed for my child. Each treatment program will be designed by the supervising BCBA and revised when required.

Business Policies

- I understand that Benhaven CBS provides a range of assessment and treatment services. I understand that following initial evaluation the supervising BCBA will develop a comprehensive curriculum and program plan that will be reviewed with me.
- I understand that I do not have to continue working with Benhaven CBS.
- I agree that if Benhaven CBS does not think it is the appropriate program to best serve my child's needs, they will attempt to help me identify more appropriate services and will make my child's assessment information available upon request.

Session Times and Site Requirements

- I agree to work with Benhaven CBS to determine the appropriate number of hours for my child's treatment. I also understand that regularly scheduled sessions are important for consistency and that there is a greater the likelihood of positive outcomes when sessions are scheduled regularly.
- I understand that if I need to cancel a session, I will do my best to contact Benhaven CBS at least 24 hours in advance. Benhaven CBS will also attempt to contact me within 24 hours if a session needs to be cancelled.
 - I understand that emergency cancellation or time changes to scheduled services will be communicated via email, text and/or phone contact between the responsible adult and Benhaven CBS staff.
 - I understand that Benhaven CBS staff must be informed if my child has a temperature of over 100 degrees or other illness that would preclude staff from being in my home. Benhaven CBS staff will attempt to reschedule any missed sessions as soon as my child is symptom free of 24 hours or a doctor has provided necessary documentation.
 - I understand that the responsible adult will be asked to review and provide signature documenting that services have been rendered at the conclusion of each ABA session.

I understand that a sanitary and appropriate space needs to be preserved in my home, in which therapy can be conducted. All pets should be contained during therapy times.

Husky/Medicaid and Insurance

- I am aware that Benhaven CBS may be required to provide information on my child's services to my insurance company and that the information required may include personal information. I understand that Benhaven CBS will make every effort to release only the minimum information about my child that is necessary for the purpose requested.

- By signing this consent form, I agree that Benhaven CBS can provide any requested information about my child and his/her assessment and treatment services to my designated payer/insurance company.

- I understand that if, at any time during treatment I become aware of a change in insurance coverage, be it to a private carrier or Husky B, that I must immediately inform the Benhaven CBS director. This is necessary in order to limit chances of interruption of services or reimbursement for services provided by Benhaven CBS.

Contacting Benhaven CBS

- I understand that emails are not a confidential way to contact Benhaven CBS and that personal information contained in emails may be accessible to third parties. Benhaven CBS will provide a code number that can be used in the event that I choose to use standard email instead of the Benhaven CBS's secured communication provider.

Professional Protocol

I understand that Benhaven employee's providing services are expected to dress and behavior appropriately and professionally per Benhaven policy. In particular, Benhaven employees are not permitted to accept gifts, food or other personal items for any reason.

- Benhaven staff are never permitted to transport clients or family members in their vehicles or any other vehicles.
- Benhaven staff are not permitted to receive or make phone calls during sessions unless they have an identified emergency. Mobile phones may be used to enter data during the last 15 minutes of a session.
- Benhaven staff are not permitted to make changes in behavioral protocol. All suggestions of changes or other issues should be discussed with the supervising BCBA.

Professional Records

- I understand that the law requires that my child's Protected Health Information (PHI) be kept in his/her clinical record for 6 years. The clinical record contains information about the assessments, the curriculum, individual programs, and any treatment records obtained from other providers.

- I understand that I have access to my child's clinical record at any time.

- I understand that HIPPA provides me with rights regarding my child's personal health records (PHI). I understand that Benhaven CBS is required to provided me with a copy of these rights and obtain my signature attesting that they have been received.

Confidentiality

- As discussed above, I understand that my child's information will be confidential and will not be shared with others unless required by law or with my written permission.

- I understand that should I wish my child's information to be shared with other practitioners or educators, I will need to complete a Request/Authorization to Release Confidential

• I understand that Benhaven CBS may be required to share some information about my child with others for professional reasons, such as billing or scheduling. I understand that all of these individuals will be held to the same confidentiality expectations as Benhaven CBS.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS CONSENT FORM AND AGREE TO ITS TERMS. ALL OF THIS INFORMATION HAS BEEN EXPLAINED TO ME. I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS, AND I HAVE HAD ALL OF MY QUESTIONS ANSWERED.

Child Name: _____ Date of Birth: _____

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____