



ABA SERVICE AGREEMENT AND CONSENT FORM

This document contains important information about The Speech and Language Center, PLLC (SLC) applied behavior analysis (ABA) professional services and practice policies. It is important that you read through this information carefully and ask questions for clarification at any time. When you sign this document, it will represent an agreement between you and SLC to provide ABA services. You, the consumer, reserve the right to withdraw at any time from these services. Again, please feel free to contact SLC with any questions or concerns about SLC's ABA Services at any time.

SLC abides by the Behavior Analyst Certification Board Guidelines and Virginia State Law for Responsible Conduct

Services Offered

- Admission into ABA services will be available to children, adolescents, and adults with or without a diagnosis based on the need/desire to modify established behaviors. Certain provisions may apply in regard to diagnosis if someone is seeking funding for the service through a third party, such as private insurance or Medicaid.
- When needed, SLC will provide the client/family with contact information for other professionals who may be better able to assist with the needs of the client if SLC is unable to meet specific treatment needs.
- Services will focus on the development and implementation of a functional behavior assessment and an ABA treatment plan. ABA services will be provided by a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) or a highly trained Behavior Technician under the supervision of a BCBA or LMHP (Licensed Mental Health Professional).
- SLC provides ABA services based on the client's current level of individualized needs. The treatment plan will structure antecedent and consequence based strategies that are skill based, functionally equivalent, and non-aversive.
- Behavioral assessment results are available to the client and/or family, and a preliminary treatment plan meeting will be scheduled with the client and ABA professionals to review the proposed service type(s), treatment plan goals and objectives, recommended duration and length of treatment, and a discharge plan for the client.
- Upon discharge, recommendations will be provided as a way to support continued progress or address persisting concerns.
- The contents of both the assessment and treatment plan will be explained to the client and/or family, and SLC staff will willingly answer any related questions about the assessment or proposed service. SLC understands that this information is confidential, and will abide by established confidentiality policies and procedures.
- In addition to direct ABA treatment, ABA services also include training and ongoing consultation in the principles of applied behavior analysis as they pertain to the client's treatment plan with family, educators, and any related service providers.

Assessment, Preparation, and Participation

SLC asks that our clients and/or families share information about an individual's preferences, dislikes, and needs that may arise during a clinical assessment. An initial assessment may be conducted in order to make recommendations, but the complete assessment process may take additional time depending on the specific assessment procedures needed.

Additionally, parent/caregiver participation is an expectation of service. Participation may include team meeting, data collection, and implementation and involvement in the implementation of recommended strategies. If there is lack of involvement, SLC reserves the right to reconsider the appropriateness of service. Team meetings will focus on progress monitoring, level of service needed, and barriers in treatment as a way to strive toward positive results.

Appointments

See SLC Clinical Services Agreement

Communication

See SLC Clinical Services Agreement

Consent

Your signature below indicates that you have received and read the information in this document. Consent by all parents/legal guardians is required prior to the implementation of ABA services.

These policies have been fully explained to me and I fully and freely give my consent for service to be implemented as proposed.

Patient Name (Printed)

Patient / Guardian Signature

Date

SLC Representative

Date