



Basic Information and Parent Contact Form

Client's name: _____ Birthdate: _____

School (if applicable): _____

Please list any special programs received at school: _____

Other service providers (if applicable): _____

Individuals the child lives with: _____

Please list any medical conditions or allergies your child has: _____

Please list all current medications and any dietary concerns/restrictions: _____

Parents' name(s): _____

Address: _____

Home phone number: _____

Workplace & phone #: _____

Cell phone #: (Mom) _____ (Dad) _____

Email Address _____

Alternate emergency contact: _____ Phone #: _____

Parent signature: _____ Date: _____



Cancellation Policy

In order to serve our clients better, we have instituted a firm cancellation policy. If you are unable to make it to a scheduled session or appointment please contact us to cancel or reschedule 24 hours in advance of your appointment. If you cancel an appointment with less than 24 hours notice, or fail to show up, you will be charged a no-show fee of \$50.

Please note: Insurance will not pay for missed appointments, so you will be responsible for the full \$50 fee.

*I have read and understand the terms of this cancellation policy.

Signature _____ Date _____



Automatic Draft Agreement

I hereby authorize Focus On Behavior, Inc. to automatically draft my credit card account on a (circle one) daily/ weekly/ monthly basis for services rendered.

Client Name: _____ StartingDate: _____

(circle one) VISA/ MASTERCARD/ AMERICAN EXPRESS/ DISCOVER

Name (exactly as it appears on card): _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

Zip Code as Listed on Credit Card Bill: _____

Draft Amount: _____

*Please note the maximum amount to be drafted without prior authorization.
Charges may vary based on additional services. (eg. Reassessment, Treatment Plan Updates, etc. as specified in Focus On Behavior's Policies and Procedures)

Signature: _____ Date: _____

**Cancellation of this arrangement must be given in the form of written request at least 10 days in advance of draft



General Therapy Consent

An important part of your child's therapy involves teaching them to apply what they are learning to group situations, settings similar to the classroom, social interactions, and situations with additional distractions.

I, _____, consent for my child,
(parent's name)

_____, to receive therapy in the small
(child's name)

group setting or other situations with one or more other children and/or therapists present. I understand that these sessions may at times be viewed by caregivers of the other children present.

Signature: _____

Date: _____



Permission to Share/Obtain Information

I, _____, give permission for Focus on Behavior, Inc.
(Parent's name)

to share and obtain information regarding my child, _____
(child's name)

with/from _____.
(Name of other agency, for example, Bay District Schools)

This information may include, but is not limited to: IEP's, treatment plans, therapy notes, data, behavior plans, and evaluation reports.

Parent signature: _____ Date: _____

Patient Name: _____ DOB: _____



PATIENT CONFIDENTIALITY CONTACT FORM

Patient confidentiality is a priority. Therefore, it is important that you provide us with the following information to ensure there is no violation of your privacy.

In the event that I, _____, am unable to be reached, Focus on Behavior, Inc. may leave information with the following:

- _____ Other Adult in Household (Name): _____
- _____ On Home Answering Machine (#): _____
- _____ On Cell Phone (#): _____
- _____ I may be reached at my work number: _____
- _____ May leave a message at work on my voicemail: _____
- _____ May send a text message to this number: _____
- _____ Other (Please describe): _____

OPT OUT (Initials) _____ in the event that I am unable to be reached, Focus on Behavior, Inc **MAY NOT** leave information with anyone but myself. **I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at Focus on Behavior, Inc.**

Patient's Signature: _____ **Date:** _____

Parents Signature: _____ **Date:** _____



I, _____ authorize the following people to pick up
my child _____ from Focus on Behavior, Inc.

(Please list the following people who you approve to pick up your child along with their relationship and a contact number.)

Name	Relationship	Phone #

Please specify below any custodial or other child safety concerns:

Signature _____ Date _____



Please help us get to know your child by answering the following questions.

- 1. Favorite food(s)?**

- 2. Favorite toys/activities?**

- 3. Favorite character(s)?**

- 4. Favorite TV show/movies?**

- 5. List any moving activities your child enjoys (i.e. being chased, horsey ride, swinging, jumping, riding in a wagon, being spun in a chair, etc)**

- 6. List any tactile activities your child enjoys (being tickled, hugs, squeezes, etc)**

- 7. List any visual activities your child enjoys (flashing lights, toys that spin, bubbles, slinky, etc)**



- 8. List any auditory activities you child enjoys (musical toys, the radio, someone singing, etc)**

- 9. Is there anything that your child particularly does not like or does not like others to do?**

- 10. What would you like to see your child do more often?**

- 11. What would you like to see you child do less often?**

- 12. In what setting do the undesirable behaviors generally occur?**

- 13. Are there any concerns with your child's skills or behavior at school or other settings (when not with you)? Please explain.**



Consent and Agreement for Assessment

I, _____, agree to allow Focus on Behavior, Inc. to perform the following services:

- X Educational, language and/or behavioral assessment
- X Report writing

For my child, _____ (DOB: _____)

I understand that these services may include direct, face-to-face contact, interviewing, or testing. They may also the time required for the reading of records, consultations with other psychologists and professionals, scoring, interpreting the results, and any other activities to support these services.

Though my health insurance may cover the cost of this service, I understand that I remain fully responsible for payment for any services not covered by my insurance.

I understand that this evaluation is to be done for the purpose(s) of:
Recommendations for educational, social, emotional, language, and behavioral planning

I also understand that Focus on Behavior, Inc agrees to the following:

1. Maintain confidentiality regarding the administration, reviewing, and recording of the assessments.
2. Assessments will be chosen that are suitable for the purpose described above.
3. Tests and test results will be kept in a safe place.

I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate.

Signature of parent/guardian

Date



VIDEO & PHOTO RELEASE

I, _____, authorize Focus on Behavior to
take photographs or video of my child,
_____ and to use video or
photo images of my child for promotional, educational, or training purposes.

Child's Name: _____

Parent Signature: _____

Printed name: _____

Date: _____

Client Rights

The following information is taken from the Behavior Analyst Certification Board Guidelines for Responsible Conduct and summarizes the rights you have as a client.

2.0 The Behavior Analyst's Responsibility to Clients.

The behavior analyst has a responsibility to operate in the best interest of clients.

2.01 Definition of Client.

The term client as used here is broadly applicable to whomever the behavior analyst provides services whether an individual person (service recipient), parent or guardian of a service recipient, an institutional representative, a public or private agency, a firm or corporation.

2.02 Accepting Clients.

The behavior analyst accepts as clients only those individuals or entities (agencies, firms, etc.) whose behavior problems or requested service are commensurate with the behavior analyst's education, training, and experience. In lieu of these conditions, the behavior analyst must function under the supervision of or in consultation with a behavior analyst whose credentials permit working with such behavior problems or services.

2.03 Responsibility.

The behavior analyst's responsibility is to all parties affected by behavioral services.

2.04 Consultation.

(a) Behavior analysts arrange for appropriate consultations and referrals based principally on the best interests of their clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations.

(b) When indicated and professionally appropriate, behavior analysts cooperate with other professionals in order to serve their clients effectively and appropriately. Behavior analysts recognize that other professions have ethical codes that may differ in their specific requirements from these Guidelines.

2.05 Third-Party Requests for Services.

(a) When a behavior analyst agrees to provide services to a person or entity at the request of a third party, the behavior analyst clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the behavior analyst (such as therapist, organizational consultant, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of the behavior analyst being called upon to perform conflicting roles because of the involvement of a third party, the behavior analyst clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with these Guidelines.

2.06 Rights and Prerogatives of Clients.

(a) The behavior analyst supports individual rights under the law.

(b) The client must be provided on request an accurate, current set of the behavior analyst's credentials.

(c) Permission for electronic recording of interviews and service delivery sessions is secured from clients and relevant staff of all other settings. Consent for different uses must be obtained specifically and separately.

(d) Clients must be informed of their rights, and about procedures to complain about professional practices of the behavior analyst.

(e) The behavior analyst complies with all requirements for criminal background checks.

2.07 Maintaining Confidentiality.

(a) Behavior analysts have a primary obligation and take reasonable precautions to respect the confidentiality of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships.

(b) Clients have a right to confidentiality. Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) In order to minimize intrusions on privacy, behavior analysts include only information germane to the purpose for which the communication is made in written and oral reports, consultations, and the like.

(d) Behavior analysts discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

2.08 Maintaining Records.

Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Behavior analysts maintain and dispose of records in accordance with applicable law or regulation, and corporate policy, and in a manner that permits compliance with the requirements of these Guidelines.

2.09 Disclosures.

(a) Behavior analysts disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

(b) Behavior analysts also may disclose confidential information with the appropriate consent of the individual or organizational client (or of another legally authorized person on behalf of the client), unless prohibited by law.

2.10 Treatment Efficacy.

(a) The behavior analyst always has the responsibility to recommend scientifically supported most effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

(b) Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client).

(c) Behavior analysts are responsible for review and appraisal of likely effects of all alternative treatments, including those provided by other disciplines and no intervention.

(d) In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, but not limited to, efficiency and cost-effectiveness, risks and side-effects of the interventions, client preference, and practitioner experience and training.

2.11 Documenting Professional and Scientific Work.

(a) Behavior analysts appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.

(b) When behavior analysts have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum.

(c) Behavior analysts obtain and document: (1) Institutional Review Board (IRB), and/or local Human Research Committee approval; and/or (2) confirmation of compliance with institutional requirements when data gathered during their professional services will be submitted to professional conferences and peer reviewed journals.

2.12 Records and Data.

Behavior analysts create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws or regulations and corporate policy and in a manner that permits compliance with the requirements of these Guidelines.

2.13 Fees, Financial Arrangements and Terms of Consultation.

(a) As early as is feasible in a professional or scientific relationship, the behavior analyst and the client or other appropriate recipient of behavior analytic services reach an agreement specifying compensation and billing arrangements.

(b) Behavior analysts' fee practices are consistent with law and behavior analysts do not misrepresent their fees. If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible.

(c) Prior to the implementation of services the behavior analyst will provide in writing the terms of consultation with regard to specific requirements for providing services and the responsibilities of all parties (a contract or Declaration of Professional Services).

2.14 Accuracy in Reports to Those Who Pay for Services.

In their reports to those who pay for services or sources of research, project, or program funding, behavior analysts accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and other required descriptive data.

2.15 Referrals and Fees.

When a behavior analyst pays, receives payment from, or divides fees with another professional other than in an employer-employee relationship, the referral shall be disclosed to the client.

2.16 Interrupting or Terminating Services.

(a) Behavior analysts make reasonable efforts to plan for facilitating care in the event that behavior analytic services are interrupted by factors such as the behavior analyst's illness, impending death, unavailability, or relocation or by the client's relocation or financial limitations.

(b) When entering into employment or contractual relationships, behavior analysts provide for orderly and appropriate resolution of responsibility for client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client.

(c) Behavior analysts do not abandon clients. Behavior analysts terminate a professional relationship when it becomes reasonably clear that the client no longer needs the service, is not benefiting, or is being harmed by continued service.

(d) Prior to termination for whatever reason, except where precluded by the client's conduct, the behavior analyst discusses the client's views and needs, provides appropriate pre-termination services, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client needs one immediately.

Guidelines for Observation Area

- You may only observe your own child.
- Please turn off the television when you are finished watching.
- This area is for observing your child's session only. Please use the general lobby area for waiting if you are not observing.
- This area is for parents only. Please help siblings to remain in the waiting area.
- We want to make sure that all parents who are observing are able to hear, so please be courteous to other observers and remain quiet in this area. Take phone calls to the general waiting area or outside.
- Please no food or drinks at the observation table.
- Please use the provided headphones when observing.
- Recording of sessions from the observation area is not allowed. (If you would like video of parts of your child's session, you are welcome to make advance arrangements with the Clinical Director to video.)
- Unless otherwise requested prior to the session, any individuals who bring a child or pick them up from therapy will be allowed to observe that child.

I have read the Guidelines for Observation, and all questions have been answered to my satisfaction. My signature below indicates my agreement with these Guidelines.

Parent signature: _____ Date: _____

Guidelines for Observation Area (parent copy)

- You may only observe your own child. (with the exception of a group session)
- Please turn off the television when you are finished watching.
- This area is for observing your child's session only. Please use the general lobby area for waiting if you are not observing.
- This area is for parents only. Please help siblings to remain in the waiting area.
- We want to make sure that all parents who are observing are able to hear, so please be courteous to other observers and remain quiet in this area. Take phone calls to the general waiting area or outside.
- Please no food or drinks at the observation stations.
- Please use the provided headphones when observing.
- Recording of sessions from the observation area is not allowed. (If you would like video of parts of your child's session, you are welcome to make advance arrangements with the Clinical Director to video.)
- Unless otherwise requested prior to the session, any individuals who bring a child or pick them up from therapy will be allowed to observe that child.