



Client Intake Packet



Consent For Applied Behavioral Analysis Services

This document describes the nature of the agreement for professional services, the agreed upon limits of those services, and the rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct for Behavior Analysts. I will receive a copy of this document to retain for my records. All fees for services and payment arrangements will be reviewed separately.

1. I, the undersigned (parent/Legal guardian), hereby agree to have my child to participate in Applied Behavior Analysis (ABA) through Arizona Institute For Autism, LLC. I agree to have my child participate in an evaluation in order to develop an individualized intervention plan that meets the client's needs.
2. I understand that I have the opportunity to ask questions before signing this document. I understand that the initial session will include an assessment to evaluate a child's current skills to develop an effective treatment plan and procedures the most appropriate. I understand that if the child has any challenging/maladaptive behaviors, a Functional Behavior Assessment may be included in the evaluation as well as behavior reduction plan.
3. I understand that the child's parents will be provided with training in the basics of ABA and direct practice in the components, which will support positive and effective participation in the program. Ongoing collection of data will ensure the effective implementation of the intervention. Arizona Institute For Autism will discuss the discontinuation of services when a client reaches mastery of targeted goals and achieves the objectives of the treatment plan.
4. I understand that the case BCBA who is licensed by the Behavioral Analyst Board will complete an assessment of the client that will be used to develop the treatment/behavioral plan and make any updates or changes to meet the client's needs. The BCBA will be supervising the proper implementation of the treatment goals. I will receive the following reports: Assessment results, Treatment Plan, progress reports. I understand that I reserve the right to withdraw my child at any time from the evaluation or/and treatment program.



5. I understand that the Assessment and Treatment procedures and outcomes are confidential. Release of information to third parties shall only occur upon obtaining a signed agreement from a client's parents/legal guardians.
6. I understand that Arizona Institute For Autism may release information without my prior consent if ordered by a court of law. I understand that I may contact Arizona Institute For Autism Clinical Director, Rula Diab at (480) 707-2195 to discuss concerns related to the treatment program.
7. I am also aware that providers are legally required to report suspected occurrences of child abuse or neglect or if I or my child present clear and present danger to ourselves or to others.
8. I understand that Arizona Institute For Autism hires individuals with Bachelor's or Master's degrees supervised by BCBA's. All components of the program will be conducted under the supervision of a Board Certified Behavior Analyst. I understand that payment for services must be paid upon receipt of services invoice.
9. I understand that under the code of ethical conduct developed by the Behavior Analyst Board, Arizona Institute For Autism staff and providers should maintain professional relationship and confidentiality for client's information unless a consent form is obtained.
10. I understand that parents/legal guardians should give advance notification for cancellation (24 hour) and parents should be present for sessions that are conducted in the home setting.
11. I understand that I can be contacted via Phone Text or Email to communicate with matters related to client and treatment implementation.
12. I understand that In the unlikely event of a behavioral crisis, weather or medical emergency, Client's ABA supervisor can be called via cell phone as well as his parents. Parents will have the ABA supervisor's phone number. Our agency has a policy to call 911 if necessary. Parents can also contact 911 or bring the member to the local emergency room in a medical or mental health emergency.



13. I hereby assign and request payment directly to Arizona Institute For Autism LLC, of any insurance or other authorized health benefits otherwise payable to me for treatment rendered, and to release any information required to the insurance company for consideration of payment for services.

These policies have been fully explained to me, and I fully and freely give my consent and permission for my dependent.

Date:

Member Name (first name, last name):

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:

Date:

BCBA (legally authorized provider):

BCBA Certificate #:



Authorization to Release Information

This form is used to release your protected health information as required by federal and state privacy laws. Your authorization allows your providers to obtain and release your protected health information to a person or organization that you authorize. You can revoke this authorization at any time by submitting a request in writing to the provider. Revoking this authorization will not affect any action taken prior to receipt of your written request to revoke.

Member Name:

Date of Birth:

Street Address:

City:

State:

Zip Code:

I understand this release is voluntary and applies to all programs and services operated under Arizona Institute For Autism, LLC. I understand that I may revoke this authorization at any time by notifying Arizona Institute For Autism, LLC in writing but if I do, it will not have any effect on any taken before receipt of the revocation.

I, the undersigned, authorize Arizona Institute For Autism to release of, exchange or request access to the information specified below for the above-named client. I hereby authorize Arizona Institute For Autism, LLC. to exchange / release / obtain information both verbally and in writing,

From Organization/Individual:

Contact Number:

Organization/Individual:

Contact Number:



Description of information to be exchanged / released / obtained:

- Education records
- Medical records
- Evaluation/assessment/eligibility records
- Other
- Clinical records (including behavior analytic, psychological, physical, occupational, and speech therapies)

Duration of release (check one):

This release will remain in effect for five (5) years unless otherwise stipulated or revoked in writing.

From _____ (MM/DD/YYYY) To _____ (MM/DD/YYYY)

The purpose of this release is to (please list):

Date:

Client or Legally Authorized Representative Print Name:

Client or Legally Authorize Representative Signature:

Relationship to Member:



Parent/Legal Guardian Participation Agreement

Parent/Guardian Participation: Parent/guardian understands that Arizona Institute For Autism, LLC program is a parent participation model. This means that the Parent/Guardian's participation during in-home sessions is mandated by Arizona Institute For Autism, LLC. as well as our funding sources. The Client's case supervisor will review with the Parent/Guardian in detail the expectations for participation

The Parent/Guardian agrees to participate in the program as requested by the case supervisor when clinically necessary or as mandated by the funding source. Please note that Arizona Institute For Autism is required to report parent participation in the Client's progress report that is submitted to necessary parties.

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:

Date:

BCBA (legally authorized provider) Print Name:

BCBA Certificate #:



Notice of Privacy Rights

Parent/Guardian Participation: Parent/guardian understands that Arizona Institute For Autism, LLC program is a parent participation model. This means that the Parent/Guardian's participation during in-home sessions is mandated by Arizona Institute For Autism, LLC. as well as our funding sources. The Client's case supervisor will review with the Parent/Guardian in detail the expectations for participation

The Parent/Guardian agrees to participate in the program as requested by the case supervisor when clinically necessary or as mandated by the funding source. Please note that Arizona Institute For Autism is required to report parent participation in the Client's progress report that is submitted to necessary parties.

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:

Date:

BCBA (legally authorized provider) Print Name:

BCBA Certificate #:



Financial Responsibility

Arizona Institute For Autism, LLC. require Client's parent/Legal Guardian who receive insurance funded services to complete this form. Please contact Arizona Institute For Autism, Clinical Director at (480) 707-2195, if you have any questions.

1. I, understand that Arizona Institute For Autism, LLC. will make all reasonable attempts to bill my insurance company first. If my insurance company does not pay for any portion of the services provided, I agree and acknowledge that I am responsible for the outstanding fees remaining.

2. I, authorize Arizona Institute For Autism, LLC. to release information requested by my insurance company to complete my claim.

3. I, authorize payment from the insurance company to be directly sent to Arizona Institute For Autism, LLC. This allows Arizona Institute For Autism, LLC. to file claims on my behalf.

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:



Client Communication

I agree to allow Arizona Institute For Autism, LLC. to contact me in the following methods regarding my Private Health Information (PHI), evaluation, and treatment.

COMPLETE THE FOLLOWING AND CIRCLE YES OR NO:

Home Phone:

Leave a message if unavailable: Yes No

Cell Phone:

Leave a message if unavailable: Yes No

Work Phone:

Leave a message if unavailable: Yes No

Alternate Phone:

Leave a message if unavailable: Yes No

Text Message: Yes No

Email: Yes No

Is there Wi-fi in your home? Yes No

If yes, do you permit Arizona Institute For Autism, LLC staff to use your Wi-Fi for work-related purposes? Yes No

When contacting Arizona Institute For Autism, LLC. we will make every effort to respond within 24 hours (except for weekends and holidays). If you cannot reach Arizona Institute For Autism, LLC employees and are experiencing an emergency, call 911 or go to the nearest emergency room and ask for the psychiatrist on call.



By my signature below I acknowledge that a copy of the Notice of Privacy Practices for Arizona Institute For Autism, LLC. has been made available to me and I understand the information provided on this consent form. I understand the risks associated with the different methods of communication (especially email and text messaging), and consent to the conditions, restrictions, and patient responsibilities outlined within the Guideline.

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:



Videotape/Photograph Release

In order to track your child's progress more effectively, Arizona Institute For Autism, LLC. will periodically videotape and/or photograph your child during an intervention. The specific purpose of the photographs and/or videos is to enable members of the clinical leadership at Arizona Institute For Autism, LLC. including directors and clinical management, to review your child's program, your child's progress, our staff members' performance, and to ensure that the quality of our program is constantly maintained and advanced. Neither the name of your child nor any information regarding your family will be revealed to anyone except Arizona Institute For Autism, LLC staff.

Arizona Institute For Autism, LLC. would appreciate your permission to include videos and/or photographs of your child for the following specific and limited purposes.

1. Workshop presentations, training other professionals (i.e., school personnel, psychologists, regional center staff).
2. Presentation to parent groups/parent workshops.
3. Presentation of data at conferences.
4. Arizona Institute For Autism published manuals, book chapters, and/or research articles.
5. Arizona Institute For Autism in-house staff training.
6. Arizona Institute For Autism in-house parent training.
7. Arizona Institute For Autism promotional materials (brochures, videos, website, etc.).

By signing below, *I give Arizona Institute For Autism permission to videotape and/or photograph my child for the purposes detailed above unless stated otherwise.*

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:



By signing below, *I decline* to provide Arizona Institute For Autism permission to videotape and/or photograph my child for any of the purposes detailed above, unless stated otherwise.

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:



Grievance Policy

Arizona Institute For Autism, LLC, intends to foster relationships with consumers and their families that thrive on respect, professionalism, and care. Because of this, our desire is that open communication exists between the consumer/consumer's family and the Arizona Institute For Autism's team assigned to that consumer. Arizona Institute For Autism desires that families voice concerns with their assigned team as they arise. Assigned staff will make every attempt to validate and address concerns immediately. Should a consumer or their family encounter a situation in which they do not think their concern has been adequately addressed, they may follow the steps below to file a grievance with the agency:

1. Contact the assigned Case Supervisor/BCBA and voice their concern.
If the Case Supervisor/BCBA is not able to adequately address the concern, continue as follows.
2. Contact the Clinical Director, Rula Diab at (480) 707-2195 and voice their concern. Families should note that if the nature of the grievance is such that they would prefer to immediately contact the Business Manager (e.g. If the grievance involves an issue regarding the assigned Direct Interventionist, Case Supervisor, BCBA, etc.), their correspondence will be received and addressed as quickly as possible.

Please sign below to indicate your understanding of the grievance policy above:

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature:



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Arizona Institute For Autism, LLC, is dedicated to maintaining the privacy of our client's (the Client") individually identifiable health information (also called protected health information, or PHI). In conducting our business, we will create records regarding the Client and the treatment and services we provide. We are required by law to maintain the confidentiality of health information that identifies Clients. We also are required by law to provide this notice of our legal duties and the privacy practices that we maintain in our practice concerning Client's PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose a Client's PHI,
- Privacy rights in PHI,
- Our obligations concerning the use and disclosure of PHI.

The terms of this notice apply to all records containing a Client's PHI that are created or retained by Arizona Institute For Autism, LLC, We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of records created or maintained in the past, and for any records that we may create or maintain in the future. Arizona Institute For Autism will always post a copy of our current Notice in our offices in a visible location, and you may request a copy of our most current Notice at any time.

I. HOW Arizona Institute For Autism WILL USE AND DISCLOSE PHI.

Arizona Institute For Autism Behavioral Services Inc. will use and disclose a Client's PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Prior Written Consent.

Arizona Institute For Autism may use and disclose a Client's PHI without consent for the following reasons:



1. **For treatment.** Arizona Institute For Autism may disclose PHI to physicians, psychiatrists, psychologists, behavior interventionists, and other licensed healthcare providers who provide a Client with health care services or are otherwise involved in his or her care. Example: If a psychiatrist is treating a client, Arizona Institute For Autism may disclose PHI to her/him in order to coordinate services.
2. **For health care operations.** Arizona Institute For Autism may disclose PHI to facilitate the efficient and correct operation of the services it provides. Examples: Quality control – Arizona Institute For Autism might use PHI in the evaluation of the quality of services that a Client receives or to evaluate the performance of the behavior interventionists who provided these services. Arizona Institute For Autism may also provide PHI to company attorneys, accountants, consultants, and others to make sure that Arizona Institute For Autism follows applicable laws.
3. **To obtain payment for treatment.** Arizona Institute For Autism may use and disclose PHI to bill and collect payment for the treatment and services Arizona Institute For Autism has provided. Example: We might send PHI to the Client's Regional Center or insurance company in order to get payment for the services that Arizona Institute For Autism has provided. Arizona Institute For Autism could also provide PHI to business associates that provide services for Arizona Institute For Autism.
4. **Other disclosures.** Examples: Consent isn't required if a Client needs emergency treatment if Arizona Institute For Autism attempts to get consent after treatment is rendered. If Arizona Institute For Autism tries to get consent, however, you are unable to communicate with us, but Arizona Institute For Autism thinks that you would consent to such treatment if you could, Arizona Institute For Autism may disclose PHI.

B. Certain Other Uses and Disclosures Do Not Require Consent. Arizona Institute For Autism may use and/or disclose PHI without consent or authorization for the following reasons:

1. **Required by Law.** When disclosure is (a) required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement; (b) compelled by a party to a proceeding before a court, arbitration panel or an administrative agency pursuant to its lawful authority; (c) required a search warrant lawfully issued to a government law enforcement agency; or (d) compelled by the patient or the patient's representative pursuant to Arizona Health and Safety Codes or to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.



2. **To avoid harm.** When disclosure: (a) to law enforcement personnel or persons may be able to prevent or mitigate a serious threat to the health or safety of a person or the public; (b) is compelled or permitted by the fact that the Client is in such mental or emotional condition as to be dangerous to him or herself or the person or property of others, and if Arizona Institute For Autism determines that disclosure is necessary to prevent the threatened danger; (c) is mandated by the Arizona Child Abuse and Neglect Reporting law (for example, if we have a reasonable suspicion of child abuse or neglect); (d) is mandated by the Arizona Elder/Dependent Adult Abuse Reporting law (for example, if we have a reasonable suspicion of elder abuse or dependent adult abuse); and (e) if disclosure is compelled or permitted by the fact that you or your child tells us of a serious/imminent threat of physical violence against a reasonably identifiable victim or victims.

3. **For public health activities.** When disclosure is for: (a) maintaining vital records, such as births and deaths; (b) preventing or controlling disease, injury or disability, (c) notifying a person regarding potential exposure to a communicable disease; (d) notifying a person regarding a potential risk for spreading or contracting a disease or condition; (d) reporting reactions to drugs or problems with products or devices; or (e) notifying individuals if a product or device they may be using has been recalled.

4. **For health oversight activities.** Arizona Institute For Autism may disclose PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example: investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

5. **For specific government functions.** Examples: Arizona Institute For Autism may disclose PHI of military personnel and veterans under certain circumstances.

6. **For Workers' Compensation purposes.** Arizona Institute For Autism may provide PHI in order to comply with Workers' Compensation laws.

7. **Appointment reminders and health-related benefits or services.** Arizona Institute For Autism permitted to contact you, without prior authorization, to provide an appointment reminders or information about alternatives or other health-related benefits and services that may be of interest.



C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends or others. Arizona Institute For Autism may provide PHI to a family member, friend, or another individual who you indicate as involved in the Client's care or responsible for the payment of health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections I.A, I.B, and I.C above, Arizona Institute For Autism will request written authorization before using or disclosing any of the PHI. Even if you have signed an authorization to disclose PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (if Arizona Institute For Autism has not taken any action subsequent to the original authorization) of PHI by Arizona Institute For Autism.

II. RIGHTS REGARDING PHI

These are your rights with respect to PHI:

A. The Right to See and Get Copies of PHI. In general, you have the right to see PHI that is in Arizona Institute For Autism possession, or to get copies of it; however, you must request it in writing. If Arizona Institute For Autism does not have the PHI, but Arizona Institute For Autism knows who does, Arizona Institute For Autism will advise you how you can get it. You will receive a response from Arizona Institute For Autism within 30 days of receipt of your written request. Under certain circumstances, Arizona Institute For Autism may deny your request, but Arizona Institute For Autism will give you, in writing, the reasons for the denial. Arizona Institute For Autism will also explain your right to have the denial reviewed. Arizona Institute For Autism may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of PHI. You have the right to ask that Arizona Institute For Autism limits how it uses and discloses PHI. While Arizona Institute For Autism will consider your request, Arizona Institute For Autism is not legally bound to agree. If Arizona Institute For Autism does agree to your request, Arizona Institute For Autism will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that Arizona Institute For Autism is legally required or permitted to make.



C. The Right to Choose How Arizona Institute For Autism Sends PHI to You. It is your right to ask that PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Arizona Institute For Autism is obliged to agree to your request providing that Arizona Institute For Autism can give you the PHI, in the format you requested, without undue inconvenience.

D. The Right to Get a List of the Disclosures Arizona Institute For Autism Has Made. You are entitled to a list of disclosures of PHI that Arizona Institute For Autism has made. The list will not include uses or disclosures to which you have already consented. i.e., those for treatment, payment or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel,, disclosure records will be held for six years. Arizona Institute For Autism, LLC, will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Arizona Institute For Autism will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Arizona Institute For Autism will provide the list to you at no cost, unless you make more than one request in the same year, in which case Arizona Institute For Autism will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that Arizona Institute For Autism correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of the receipt of your request. Arizona Institute For Autism may deny your request, in writing, if Arizona Institute For Autism find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records or (d) written by someone other than you. Arizona Institute For Autism denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and Arizona Institute For Autism denial be attached to any future disclosures of your PHI. If Arizona Institute For Autism approves your request, Arizona Institute For Autism will make the change(s) to your PHI. Additionally, Arizona Institute For Autism will tell you that the changes have been made, and Arizona Institute For Autism will advise all others who need to know about the change(s) to your PHI.



F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

III. HOW TO FILE A COMPLAINT ABOUT Arizona Institute for Autism PRIVACY PRACTICES

If in your opinion, Arizona Institute For Autism, LLC, may have violated the Client's privacy rights, or if you object to a decision Arizona Institute For Autism has made about access to PHI, you are entitled to file a complaint with the person listed in the Section IV below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about Arizona Institute For Autism' privacy practices, Arizona Institute For Autism will take no retaliatory action against you.

IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN

ABOUT Arizona Institute For Autism' PRIVACY PRACTICES

If you have any questions about this notice or any complaints about Arizona Institute For Autism' privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at: Arizona Institute For Autism, LLC, (480) 707-2195.

V. EFFECTIVE DATE OF THIS NOTICE OF PRIVACY PRACTICES. This Notice of Privacy Practice is effective as of August 1, 2019.

I acknowledge receipt of this notice

Date:

Parent or Guardian (legally authorized representative) Print Name:

Parent or Guardian (legally authorized representative) Signature: