



Ascent Behavioral Analysis Behavioral Analysis, PPLLC

2685 Airport Rd, Helena, MT 59601

CONSENT FOR APPLIED BEHAVIOR ANALYSIS SERVICES

This document describes the nature of the agreement for professional services, the agreed upon limits of those services, and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of 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.

I, _____, agree to have my child/dependent, _____, participate in applied behavior analysis (ABA) assessment and/or treatment services provided by Ascent Behavioral Analysis. I understand that the specific activities, goals, and desired outcomes of these ABA services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of service delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (e.g., school, insurance plan, state agency), I am aware that the third party has the following rights: _____. I also understand that my child/dependent is the primary client of the behavior analyst and that services will be designed primarily for _____'s benefit. Any other individuals or agencies (e.g., family, school professionals) who may be affected by the ABA services are considered secondary clients.

If the ABA services focus on increasing _____'s skills, I understand that the first three sessions will consist of assessment activities designed to (a) evaluate his/her current skills (e.g., curricular assessments) and (b) determine which instructional strategies and interventions are likely to prove most effective (e.g., preference assessments, assessment of prompting strategies). The time allocated to these assessments will result in improved intervention. If the services are designed to improve ongoing problem behaviors, I understand that the beginning of those services will include functional assessment and/or functional analysis activities (e.g., interviews, checklists, direct observations) that are designed to provide information critical to the development of effective treatment procedures. I may be asked to assist in gathering some of this information by recording problem behavior as it occurs. This process may take three sessions prior to implementing intervention but will increase the likelihood of effective intervention.

The subsequent services will be focused on development of and implementation of instructional procedures and/or a behavior intervention plan. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures or behavior intervention plans for my approval. The contents of those documents will be explained to me fully and any questions I have will be answered to my satisfaction. Subsequent implementation will involve training in the basics of ABA that are important for the intervention, details about the specific components of the ABA intervention, and direct practice in the components for the family, educators, and/or other service providers. Full participation in these implementation and training activities is critical for a successful outcome. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made to ensure a good outcome. When therapeutic objectives are achieved, we will discuss the discontinuation of services as we will have achieved our therapeutic objectives. In addition, at regular progress reviews we may also discuss whether continuation of services would be beneficial, and any barriers to continuation.



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Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective for Autism Spectrum Disorder, I am aware that other interventions that I am pursuing may affect my child's response to ABA treatment. Thus, it is important to make the behavior analyst aware of those interventions and to partner with the behavior analyst to evaluate any associated therapeutic or detrimental effects of those interventions.

I understand that the procedures and outcomes of all assessment and treatment services are strictly confidential and will be released only to agencies or individuals specifically designated by me in writing. In addition, the fact that my child/dependent receives any services is protected and private information. I am aware that Shelley Burbank, BCBA may release information without my prior consent if so ordered by a court of law. 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.

I understand that the provider agency employs individuals at the Registered Behavior Technician who are supervised by a master's-level BCBA. I understand that _____'s assessment and treatment services may be observed by supervisors or other employees as part of ongoing training and quality assurance activities. Events occurring in those sessions will be discussed in closed supervision meetings of clinic faculty and staff. All individuals attending these staff meetings are bound by the same confidentiality guidelines as Shelley Burbank, BCBA, in order to protect my privacy and that of my child/dependent. I am aware that a record of the treatment will be maintained, and this record is available to me in written form upon request.

I understand that it may be necessary to audio- or videotape assessment and/or treatment sessions for supervision purposes. In the event that audio- or videotaping is necessary, I will be informed and asked to give written consent prior to taping. I understand that the recorded material will be used only by clinic staff and only for purposes of professional training, assessment or treatment evaluation. If the assessment or treatment involves formal research that goes beyond normal evaluation or clinical procedures, I reserve the right to consent or refuse to participate.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect _____'s right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In addition, I reserve the right to refuse, at any time, the treatment that is being offered.

I am aware that the relationship between provider and client is a professional one that precludes ongoing social relationships, giving of gifts, or participation in personal events such as parties, graduations, etc. In addition, I understand that parents are welcome at all sessions.

I may request a copy of Shelley Burbank's current professional credentials upon request. In addition, any concerns that I have about Shelley Burbank's performance can be directed to Montana State Board of Psychologist or the BACB.



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

Parent or Guardian (legally authorized representative)

Date

Parent or Guardian (legally authorized representative)

Date

Shelley Burbank, BCBA
BCBA Certificate # 1-17-27450

Date