

Declaration of Consent for ABA Services

I, _____, agree to have my child/dependent, _____, participate in applied behavior analysis (Sometimes called “ABA”) assessment and/or treatment services provided by Nash Therapeutic Services (Sometimes referred to as “NTS”). 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 right to determine covered services and review documentation of sessions, results of assessments, and all written reports. I also understand that my child/dependent is the primary client of the behavior analyst and that services will be designed primarily for my child’s benefit. Any other individuals or agencies (e.g., family, school professionals) that may be affected by the ABA services are considered secondary clients.

If the ABA services focus on increasing the child’s skills, I understand that the first several 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 1-2 weeks 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. If there is evidence of repeated lack of involvement, Nash Therapeutic Services reserves the right to revisit and reconsider the appropriateness of services. 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 all goals and objectives have been achieved, we will discuss the discontinuation of services. In addition, at regular progress reviews we may also discuss whether continuation of services would be beneficial, and any barriers to continuation.

Behavior analysts are ethically obligated to provide treatments that have been scientifically supported as most effective for autism spectrum disorders. 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 Nash Therapeutic Services 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 recognize that none of the services provided by Nash Therapeutic Services are forensic in nature and are not developed or intended to meet the needs of any legal proceedings. I acknowledge that our family is not currently involved in any legal actions for which Nash Therapeutic Services will be asked to participate. Should our family enter into any legal proceeding or arbitration associated with this case; I hereby acknowledged that Nash Therapeutic Services will not be obligated to serve in the role of professional witness nor be required to testify. Should Nash Therapeutic Services, by my actions or the actions of my representative(s) be obligated to attend any legal engagement; I will accept full responsibility for providing financial compensation at a rate of \$250 / hourly including drivetime in addition to a \$500 retaining fee to cover 2-hour case review prior to engagement.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect my child'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.

I may request a copy of my behavior analyst's current professional credentials upon request. If at any time and for any reason you are dissatisfied with our professional relationship, please let me know. If I am not able to resolve your concerns, you may report these to the following:

Behavior Analyst Certification Board, Inc.
288 Remington Green Lane, Ste C
Tallahassee, Florida 32308
(850) 765-0902
www.bacb.com

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

Parent or Guardian (Printed)

Parent or Guardian (Signed) or Enter SSN for Digital Signature

Date

NTS Representative

Date