



Applied Behavior Analysis

Program Guidelines & Policies

Thank you for choosing us to provide behavioral consultation services for your child. The following guide will outline program guidelines and administrative policies and procedures. Please read it thoroughly and sign the necessary pages. Let your program Supervisor know if you would like physical copies of consent forms or handbooks for future reference.

Teaching Technique

Applied Behavior Analysis (ABA) is a behavioral therapy that is a comprehensive instructional program to structurally learn new behaviors and has a particular focus on children with autism and related disabilities. ABA is conducted by a team of behavioral specialists comprised of: Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA) who will be responsible for creating and maintaining the individualized treatment plan and program creation, and Certified Behavior Technicians (CBTs) who implement programming designed by the LBA/LABA. All interventions used with your child will be governed by the ethics and protocols set forth by the Behavior Analyst Certification Board.

Curriculum

The particular curriculum used with your child is based on your child's current skill level, developmental standards, barriers to learning (e.g. severe problem behavior, trauma history, etc.), and current priorities and goals of your family, home, or community. The curriculum will be determined by ongoing assessment conducted by a Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA) and will be individualized based on this assessment.

Parent Participation

Parent/guardian(s) will be trained to implement instructional techniques, to demonstrate understanding of generalization programs, and to generalize the child's skills, behaviors and behavior plans to the natural environment. Parent/Guardian(s) is/are expected to carry out all recommendations made to the best of their ability and are encouraged to ask clarifying questions of their LBA/LABA and ABA team. Parent/Guardian shall remain informed about the child's current program status on a regular basis in order to demonstrate knowledge of the concepts being taught and to assist with generalization across environments.

Behavioral Techniques

Procedures such as extinction and differential reinforcement are methods that are designed to reduce behaviors that interfere with learning at any stage of therapy. Some of these methods are more restrictive than others such as: time-outs, over-corrections, extinctions, and physical prompting procedures, and will only be implemented if the behaviors significantly interfere with learning or if the behaviors are dangerous to your child or someone else, and only if less restrictive measures have not been effective. These procedures will not be implemented without the approval of the parent/guardian. The goal of ABA is to utilize least restrictive measures and methods to facilitate a positive and more naturalistic learning environment,

and all necessary measures will be taken to avoid injury to the therapist or child from self-injurious behavior, aggression or tantruming. Any injury to the child or therapist will be reported to the LBA/LABA within 24-hours so as to determine whether the current behavioral plan is sufficient to address the child's behavioral concerns.

Reinforcement/Rewards

In order to help the child differentiate appropriate and inappropriate responses and behaviors, rewards may be used. Which rewards will be used will depend on the child's individual preference. Some examples of common rewards include, food (crackers, candy, juice), toys, (bubbles, tops, wind-up toys), music, tickles and breaks. If the child correctly responds to an instruction that they have not previously performed, the child will receive a reward that is meaningful to them and is equitable to the level of instruction asked of them; for example: an immediate break, a treat, or a toy to play with at the table. Initially the child will be rewarded more frequently for correct or appropriate responses. Over time, the child will earn greater rewards for demonstrating new and harder skills than for mastered/known skills. Occasionally, parent/guardian(s) may be asked to withhold specific toys or treats upon the request of the LBA/LABA. Requests for withholding food, or drink items will not be made on the child's meal items, but rather on items that would be considered a treat. Parent/Guardian may be asked to prevent access to these items that they have approved.

Peer Play

If your child has clinic-based sessions, they may engage in peer play sessions. The children will be closely monitored by one-on-one staff and if more than one child is working in a group, each child will have specific peer play goals that are being targeted.

Home Based Programming

In many cases, behavioral therapy will be provided within a family's home setting to those that live within our Bellingham based service area. Exceptions to our Bellingham-based service area are made on a case-by-case basis and are considered temporary accommodation based on the current proximity and availability of direct staff members and the case supervisor. We make every effort to ensure consistency of support and develop a plan for alternatives if we are unable to continue providing direct services in your location.

Home-based ABA services can be particularly effective because services take place within a natural environment/context for the child. When ABA services are provided within a family's home, a supervising adult must be present and available in case of emergencies at all times during the scheduled session. Some items necessary for ABA therapy sessions will typically be stored at the family's home, such as a binder containing client progress notes and data, or therapy specific items procured for that specific client. In some cases, the ABA team may make requests for aspects of the home to be modified in some way during ABA sessions. For example: keeping other children or pets away from the immediate work space, or providing a space suitable to work tasks such as table and chairs. Such modifications will be individualized to the client's program and discussed in detail with the parent/guardian(s) as relevant situations arise.

If primary caregivers appear visibly impaired or intoxicated during home services to the point that it impacts ability to successfully care for their child, participate in programming, or respond in an emergency, then we may be required to notify emergency contacts and/or CPS. Drinking and smoking/ vaping (marijuana or tobacco) during session should be minimized due to potential impact on caregiving and therapy participation. Client homes are considered places of work when our staff are present, and smoking/vaping indoors is not permitted at any time during the duration of sessions. We ask that families minimize smoking/vaping indoors immediately prior to the session as well.

Clinic Based Programming

Clients may receive services in our clinic who live out of our service area or have barriers to receiving services in their homes. These services are considered on a case-by-case basis and subject to change according to program duration (e.g., short term early intervention services), client relocation, and clinic availability.

Caregivers are responsible for transporting children safely and are expected to be sober of all substances at drop off and pickup. If a caregiver appears to be visibly impaired, intoxicated, or smells strongly of alcohol or marijuana when picking up a child from session, staff reserves the right to refuse to release the child into that person's care due to safety concerns. Alternative arrangements will need to be made via emergency contacts and/or CPS.

Community Based Programming

Community outings may be recommended by the LBA/LABA as deemed appropriate for the child. The LBA/LABA will recommend the frequency at which community outings should occur. The community outings are not intended for personal shopping trips or errands. Please note that a Parent/Guardian must provide transportation for the child and accompany them on all community outings.

School Based Programming

The LBA/LABA may complete classroom observations and/or consultations when deemed appropriate. Such observations will be done with permission of both the Parent/Guardian and school administration. Every attempt will be made to have the school fund these observations; however, if the school is unwilling to do so and the Parent/Guardian still wishes the observation to take place, then funding may be the responsibility of the Parent/Guardian.

Collaboration With Other Professionals or Specialized Interventions

The LBA/LABA will make every possible effort to collaborate with all professionals involved in working with the child. It is the Parent/Guardian's responsibility to inform the LBA/LABA of all professionals currently working with the child, as well as to keep the LBA/LABA informed of any new professionals who provide the child with therapeutic services in the future. Additionally, a signed release of information will be required in order to correspond with all professionals outside of the child's home therapy team.

Determination of Staffing

Client and staff geographical locations are considered when determining client services and staffing. Services may be subject to change according to client or staff relocations. Exceptions to our Bellingham-based service area may be made on a case-by-case basis and are considered temporary accommodations based on the current proximity and availability of direct staff members and case supervisor.

Parents/Guardians will be informed at the beginning of treatment of the roles and responsibilities of each member of their child's ABA team. It is preferred that the members of the ABA team providing services remains consistent and on-going as possible, however it is likely that staffing can change over time due to a variety of reasons. New staff brought onto an ABA team have the skills to immediately work with your child as a behavior technician and receive additional training specific to working with your child and their programs until the LBA/LABA have determined their skills are of highest quality.

In all cases, Parents/Guardians will be given the opportunity to review the professional qualifications for any member of their child's ABA team. Disclosures outlining all staff's professional qualifications will be signed at the beginning of treatment and will be available via the electronic medical record for the reference of Parents/Guardians

Confidentiality

The LBA/LABA will only share information regarding the child with the written permission of the Parent/Guardian. However, it is understood that information may be shared with other members of the child's direct care intensive behavioral therapeutic staff (e.g., CBTs, PhD level LBA, and/or in-training LBA/LABAs) without prior written permission.

Confidentiality is also limited when staff members are mandated by law to report information that may indicate that Parent/Guardian is in danger of harming themselves, or another person, or that indicates that Parent/Guardian currently is at risk of physically, emotionally, or sexually abusing a child. Reports may also be necessitated in instances of neglect, such as improper supervision or monitoring. Please note that the circumstances surrounding any report will likely be discussed with the Parent/Guardian prior to or immediately after the report is made, however there may be certain situations in which this discussion does not take place.

Quality Control

Parent/Guardian has the right to inform (in writing) the LBA/LABA and/or Clinical Director of any concerns that they have regarding staff performance. The LBA/LABA and/or Clinical Director will make every attempt to ensure that all staff members working with the child have adequate training. Overlapping sessions for the purposes of staff training may occur at the request of the parent/guardian and upon the availability of the LBA/LABA.

Accessing Staff Information

Below are ways to gain access to our agency roster and credentialing information for your child's ABA team:

- Credential Search: Go to the Department of Health website and search for a person's credentials through the DOH's Provider Credential search. Go to <https://fortress.wa.gov/doh/providercredentialsearch/> - enter in the first and last name of the staff member to run a search on.
- Upon Request: The front desk can provide an agency roster with a complete list of ABA employees. The supervisor managing client treatment may also provide team member information upon request.

Definition of Roles

Parent/Guardian

- Receives training from the LBA/LABA, or other team members under LBA/LABA supervision, on running generalization procedures for all programs,
- Conducts generalization procedures for specified programs,
- One parent/guardian will attend all clinical review meetings.
- Follow through with appropriate behavior plans as specified in home environment,
- Maintain open communication with the LBA/LABA challenges with behavior interventions,
- Meet clinical competencies through assessment and observation by LBA/LABA, and
- Maintain professional relationships with all staff members,

Certified Behavior Technician (CBT)

- Maintain current credentialing as a Certified Behavior Technician (CBT) through WA DOH
- Deliver direct (1:1) ABA services,
- Implement treatment plan developed by LBA/LABA,
- Attend all Clinical Review meetings (team meetings),
- Meet clinical competencies through assessment and observation by LBA/LABA, and
- Maintain professional relationship with parents/guardians and all other staff members.

Behavior Specialist in Training

- Maintain current credentialing as a Certified Behavior Technician (CBT), Licensed Assistant Behavior Analyst (LABA) or Licensed Behavior Analyst (LBA) through WA DOH,
- Deliver direct (1:1) ABA services,
- May provide staff overlap/supervision as needed and appropriate,
- May provide Parent/Guardian overlap and training as needed and appropriate,
- Complete administrative work as required,
- Monitor and track acquisition rates and program progress,
- Monitor and track rates of problem behavior,
- Contact LBA/LABA to resolve programmatic issues
- Monitor CBT responsibilities,
- Collect and prepare summary notes for clinical review meetings,
- Provide training on terminology and procedures for new trainees,
- Attend all clinical review meetings (team meetings),
- Meet clinical competencies through assessment and observation by LBA/LABA, and
- Maintain professional relationship with Parents/Guardians and all other staff members.

Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA)

- Maintain current credentialing as a Licensed Assistant Behavior Analyst (LABA) or Licensed Behavior Analyst (LBA) through WA DOH,
- Conduct monthly clinical review (team meetings),
- Develop behavioral and skill-acquisition programming,
- Assess child periodically using behaviorally based assessments (e.g. PEAK, VB-MAPP, AFLS, ABLLS) to determine necessity of new programming,
- Monitor acquisition rates,
- Monitor program progress,
- Provide supervision to each CBT at least once every 6 weeks, providing quantifiable assessments of progress,
- Create treatment plans,
- Observe client in school or other settings as needed and relevant to treatment goals,
- Meet clinical competencies, and
- Maintain professional relationships with parents/guardians and all other staff members.

Clinical Director

- Provide monthly consultation to all LBAs and LABAs
- Supervise and assist in behavioral and educational program development,
- Supervise assessment of the child to determine necessity of new programming,
- Supervise monitoring of acquisition rates and program progress,
- Attend school meetings or discuss child's progress with other professionals working with the child at the request of the Parent/Guardian and/or the LBA/LABA, and
- Maintain professional relationships with parents/guardians and all other staff members.

Details of Service

Our service model is based upon a research-proven approach, providing supervision to staff, high levels of training and a dynamic approach, allowing for constant evaluation, change and progress monitoring. The following outlines the process for beginning in ABA. The specifics of service may vary depending on your child and their specific program.

Initial Intake

- The initial intake interview will typically occur in the location where services will be provided, with the child present. Sometimes, the determination will be made to conduct this interview in an alternative location, via video conferencing, or without the child present. The LBA/LABA will conduct a structured interview with the Parents/Guardian and observe the child in their home environment.
- Following the intake interview, your child will begin a direct assessment with the LBA/LABA which will take place in your home or in the clinic. The assessment will typically take 5-15 hours depending on the age of the child and the extent of the assessment.

- Following the direct assessment, there will be one to two weeks of program and behavior plan writing. During this week, the LBA/LABA will create a comprehensive treatment plan, behavior plan, and skills to target.
- If you are using insurance to fund ABA services, and your insurance provider requires a pre-authorization for ABA services, there will be an additional period of time used to write a treatment plan and submit any relevant documentation to the insurance provider. Approval must be obtained from the insurance company before ABA services begin. This approval process typically takes 1-3 weeks.

On-going Services

While services will be individually tailored to meet the needs of individual clients, generally services will include:

- 2-4 hours of overlap training within the home per month,
- 2-4 hours of observation in the school setting (where applicable) per two months,
- Monthly team meeting (approximately 1 hour) with LBA/LABA and CBTs present. Team meetings may be lead via web conferencing, if necessary.
- Additional programming and administrative time as required. This will vary from program to program due to the individualized nature of services, and
- Additional clinic meetings will take place between the LBA/LABA on an as-needed basis. These meetings will be brief and be used to discuss progress and to allow for quality monitoring.

The frequency of services will be based upon consultant availability, staff experience and training, child's rate of progress, and/or financial situation of the Parent/Guardian. However, regardless of the situation, it is recommended that consultation take place at least once per month.

Safety Plans

Individualized safety plans outline when a staff member will leave the premises due to client safety concerns:

- If the child is persistently assaultive and is not able to be contained in the home safely. Included but not limited to hitting, kicking, scratching, biting, and throwing items,
- If the child is persistently destructive of property that is resulting in safety concerns and is not able to be contained in the home safely. Included but not limited to knocking things off shelves, throwing items, breaking items, and sticking items into light sockets,
- If the child is unable to be redirected after engaging in unsafe behaviors for longer than 5-minutes and unable to be contained safely in the home, and/or
- An emergency responder will be called with parent permission when dangerous behaviors occurs in excess of 10-minutes and cannot be contained in the home safely.

Accessing Documents

Raw data is collected from client binders and scanned into client's medical record on Lumary, our clinic's ABA practice management software. Clients can request hard copies of documents from team supervisors. If raw data is potentially lost the last available data will be used to guide treatment decisions.

Internet Access

Accurate data collection and analysis are crucial components of our evidence-based practice. Sendan ABA employees may need access to client's home Wi-Fi information for data collection, data review, and program updates via our HIPAA compliant online platforms, Microsoft Teams and HiRasmus. You may type your passwords directly into staff devices if you are not comfortable sharing your password. Please refer to the supervisor assigned to your case if you have any questions or concerns.

Emailing/Texting

Parents/Guardians and the ABA team will often use email or text as a form of communication. Parents/Guardians should be aware that these forms of communication though convenient are technically not secure. All efforts will be made to maintain confidentiality via email or text communication (e.g., only using initials to refer to clients in email communication), however Parents/Guardians may choose to opt out of email or text communication or have a third-party secure encryption site used to encrypt all email communication.

Billing Policies

Payment is due by the 15th of the month, following the month in which the invoice was issued (e.g. payments due on February 15th for invoices issued in January). Payments that have not been received by the end of the next billing cycle (i.e., one month after the initial bill) will be considered late and are subject to a \$5 late charge on the unpaid balance. If payment is not received within three months, services will be temporarily suspended until the account is paid in full.

Operating Hours

General operating hours for treatment and assessment related services are 8 AM to 7 PM Monday through Friday. Though phone calls and emails may be returned outside of these hours, a response should not be expected until the next business day for communication that happens outside of business hours. Additionally, it may take up to 48-hours for phone calls or emails to be returned, depending on the volume of correspondence that has been received during that time period. If an emergency occurs outside of regular business hours, emergency services should be sought through your local hospital.

Gift Policy

Sendan employees are unable to accept gifts from a family that are valued at over \$10. Sendan employees are also unable to give gifts to a client, including family members of the client. Gifts include anything of monetary value including but not limited to food, clothing, and gift cards. This policy is in compliance with the BACB Ethical Code.

Sickness Policy

If a client has a fever of over 100.4, vomiting or diarrhea twice within a 24-hour period, sessions will be cancelled or rescheduled. Sessions will not resume until the fever, vomiting, or diarrhea has been absent for at least 24 hours without the aid of fever or symptom-reducing medication. If clients are OK for session (by their own assessment or caregiver accounts) but other symptoms such as congestion, cough, sneezing, runny nose, sore throat, or other

symptoms are present; we may ask clients to take a rapid COVID test and wear a mask (if able to) during sessions until symptoms are no longer present. If client is unable to mask, staff will wear a mask during session to help prevent spread of illness.

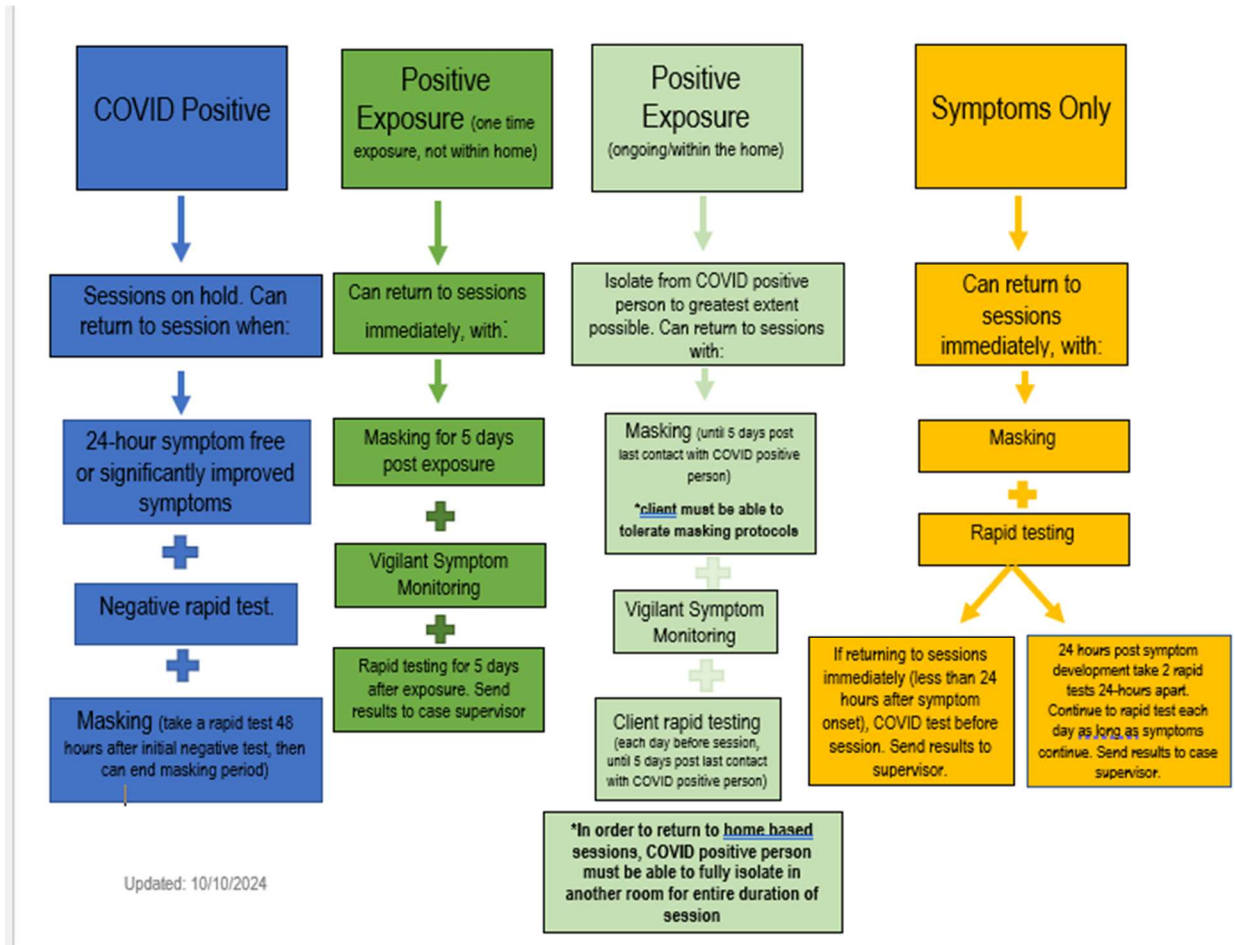
COVID exposures: Please contact your case supervisor immediately if you have recently been around anyone who is known COVID-positive or significantly ill. If a client or household member has a COVID exposure, decisions to hold sessions or implement household masking and/or quarantine requirements before proceeding with sessions will be made on a case-by-case basis.

Please see the Sickness Flow Chart for more information.

Additional Health Precautions: Air purifiers with HEPA filtration are used throughout our building and are available upon request for indoor face-to-face contact outside of our clinic setting. They may stay at client's homes to run during sessions but should be considered Sendan Center property and be returned when services locations change or are discontinued. Replacement filters will be provided as needed by the Sendan Center.

Vaccinations: Sendan Center requires proof of immunization at the initiation of services, but other vaccinations are not required for your child to receive ABA services. We recommend that all clients and their families be vaccinated against COVID-19, if medically appropriate and age-appropriate. We encourage annual COVID boosters and flu vaccinations for ongoing protection as well.

Sendan Center ABA Client & Family Sickness Flow Chart



Other information & definitions:

<p>Masking</p> <p>client masks if able to tolerate in a high quality (N95, KN95, KF94, etc.) mask.</p> <p>If client is unable to fully comply with masking policy (e.g. takes off mask frequently, can only tolerate surgical mask, etc.), client masks to the best of their ability and staff also masks.</p>	<p>Testing</p> <p>If you are unable to test after an exposure or a client/family member is positive, client can return to session 10 days after symptom onset or positive test (whichever is later). If multiple family members tested positive, it is from the date of the last family member's positive results</p>	<p>Access to rapid tests</p> <p>Please order free rapid tests when available. There are currently free COVID rapid tests at the Bellingham Public Library or the Whatcom County DOH. If you need assistance with accessing tests, contact your case supervisor.</p>	<p>Counting "days"</p> <p>Always count from day 0. The first day of symptoms, testing positive, day of isolation if not testing, is day 0. Count from there to get return date.</p> <p>Return date is the day after the required days post. For example, it would be return to session on the 6th day or 11th day. But can test on the 5th day or 10th day.</p>
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Cancellation Policy

If a staff member has an emergency or is ill, he/she shall notify the family as soon as possible. A substitute will be provided if possible. If that is not possible, the session will be cancelled.

If the Parent/Guardian needs to cancel a session, they shall notify the CBT or LBA/LABA as soon as possible. Parents/Guardians are asked to provide at least 24-hours' notice of cancellation for ABA sessions. Cancellation within 24 hours of the scheduled session may result in the charge of a cancellation fee of up to 50% of the typical session cost. Client cancellations upon staff arrival without prior notice are also subject to cancellation fees. Late fees may also apply under the following circumstances:

- Notice of late arrival is communicated after the scheduled session start time, and
- Clients' arrival exceeds 30-minutes after scheduled session start time.

Late Policy

Late Arrival: All regular caregivers who participate in pick up and session arrival will be contacted if you are 5 minutes late for an appointment by the direct staff leading your session and including the case supervisor in the form of a text message. This text will state when the appointment began, that you are now late for the appointment, and that with or without contact back, your session time will be canceled if you do not arrive in the next 10 minutes, and you will be charged the late cancellation fee.

If you have prearranged a session time to begin later than the usual scheduled time due to a scheduled appointment elsewhere (i.e., doctor, dentist, school, etc.), please give yourself enough time and account for any unexpected delays. The above criteria will be applied to the new session time.

Late Pick Up: All regular caregivers who participate in pick up and drop off will be contacted if you are 5 minutes late for pick up by the direct staff leading your session and including the case supervisor in the form of a text message. This text will state when the appointment has ended, that you are now late for pick up, and that if you do not arrive in the next 10 minutes, staff will begin calling emergency contacts.

If you are late for pick up, you will be contacted 5 minutes after the end of session time. If you have not arrived within 10 minutes, this will count towards no shows or late arrivals, which may result in a fee.

Late Pick Up Past 15 Minutes: All emergency contacts will be called and texted that CPS will be notified if no contact is made within the next 15 minutes. At the 30-minute mark of no contact, no show, and all attempts to contact parents and emergency contacts have failed, then we will be obligated by state regulations to contact CPS.

A meeting with your child's supervisor will occur after 2 occurrences of late arrival or pick up in a 6-month time frame to address the issue and assess if services will continue in the future.

Discharge Criteria

The child has met discharge criteria when the LBA/LABA has determined one or more of the following ways:

- The child has met ABA Treatment Plan goals and is no longer in need of ABA,

- The child has made no measurable progress toward meeting goals identified on the ABA Treatment Plan after successive progress review periods and repeated modifications to the Treatment Plan,
- ABA Treatment Plan gains are not generalizable or durable over time, and do not transfer to the larger community setting (to include school) after successive progress review periods and repeated modifications to the Treatment Plan,
- The child can no longer participate in ABA (due to medical problems, family problems or other factors that prohibit participation),
- The child has missed more than 80% of appointments in a one-month period for two consecutive months due to cancellations,
- The child is transitioning services to another provider or moving out of the service area,
- The learner no longer qualifies for services according to funding source (i.e., insurance denials), and/or
- Completion of short-term programs such as EIBI (early intensive behavior intervention).

Discharge documents will be reviewed and signed by caregivers and the LBA/LABA. If a final meeting is not possible, discharge documents will be available upon request. Hard copies may be requested, otherwise they will be available via the client's electronic medical record. If a former client wishes to reenter services with Sendan Center, the child will be considered a new client and placed at the bottom of the current waiting list.

Sendan ABA Services Statement of Individual Rights

WAC 246-341-0600 Clinical—Individual rights.

You have the right to:

- (a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
- (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
- (c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
- (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
- (e) Be free of any sexual harassment;
- (f) Be free of exploitation, including physical and financial exploitation;
- (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
- (h) Participate in the development of your individual service plan and receive a copy of the plan if desired;
- (i) Make a mental health advance directive consistent with chapter 71.32 RCW;
- (j) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and
- (k) Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.
- (l) Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated.

Emailing

Informed Consent for using email, text message, and detailed voicemails to communicate with staff at Sendan Center

Patient name:

DOB:

Requested email address:

Requested phone number(s):

Check this box if you consent to detailed voicemails

Sendan:

- will not put protected health information as defined by HIPAA in emails or text messages.
- will use HIPAA compliant tech. for file storage and transfer as identified by Sendan.

I, the undersigned, certify that I am requesting communication with Sendan Center staff via electronic mail (email). Risk definitely exists that any protected health information contained in such email may be disclosed to, or intercepted by, authorized (e.g. Google in the case of Gmail) and unauthorized third parties. By signing this document, I acknowledge and understand this risk. I also acknowledge and understand that other, more secure methods of communication with Sendan Center staff exist, including communication via telephone, fax, or non-electronic written communication. Finally, I acknowledge and understand that Sendan Center staff does not guarantee response within a certain period of time and that any urgent or emergent needs must be communicated via telephone.

Sendan Center staff will use the minimum necessary amount of protected health information to respond to your query.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



Declaration

I have read, understand, and agree to all of the above guidelines and policies and have had an opportunity to discuss them with a Licensed Behavior Analyst or Licensed Assistant Behavior Analyst. By signing below I am acknowledging that I have received a copy of this manual, including a statement of consumer rights, for my reference.

Print Name

Print Child's Name

Relationship to child

Signature

Date