



Consent for Treatment

Harmony House ABA Services provides Applied Behavior Analysis (ABA) therapy designed to improve skills and behavior in individuals with developmental and behavioral challenges. This Consent for Treatment form outlines the proposed treatment and seeks your informed consent to proceed with ABA services.

Description of Services:

ABA therapy involves individualized assessment and intervention based on principles of behavior analysis. Services may include, but are not limited to:

Skill-building activities

Behavior modification strategies, parent and caregiver training, progress monitoring and reporting

Risks and Benefits:

Benefits: ABA therapy aims to improve communication, social skills, adaptive behaviors, and overall quality of life.

Risks: Possible risks include frustration, temporary increases in challenging behaviors, or emotional discomfort. Our team will work to minimize these risks and address any concerns promptly.

Confidentiality:

All personal and treatment information will be kept confidential in accordance with HIPAA regulations. Information will only be shared with authorized individuals as necessary for treatment and billing purposes.

Right to Withdraw Consent:

You have the right to withdraw consent at any time. To do so, please notify us in writing. Withdrawal of consent may affect the continuation or effectiveness of the therapy.

Emergency Situations:

In cases where immediate treatment is necessary and consent cannot be obtained in advance, we will act in the client's best interests and seek retroactive consent as soon as possible.



Acknowledgment of Receipt:

I acknowledge that I have received a copy of this Consent for Treatment form and that I have read and understood its contents.

Privacy and Confidentiality Policy

Purpose

This Privacy and Confidentiality Policy is designed to ensure that Harmony House ABA Services (hereinafter referred to as “the Company”) maintains the highest standards of privacy and confidentiality in managing and protecting the personal and sensitive information of clients and their families.

Scope

This policy applies to all employees, contractors, and affiliates of Harmony House ABA Services who may have access to client information.

Definitions

Personal Information: Any data that identifies an individual, including but not limited to name, address, phone number, and date of birth.

Sensitive Information: Any information that is more detailed or personal, such as health records, treatment plans, and behavioral assessments.

Collection of Information

The Company collects personal and sensitive information to provide effective ABA services. This information is collected through intake forms, assessments, treatment plans, and progress reports.

Use of Information

Information collected will be used solely for:

- Developing and implementing individualized treatment plans
- Monitoring and evaluating the effectiveness of treatment
- Communicating with clients and their families
- Billing and administrative purposes

Protection of Information

We are committed to protecting your information through:

- Physical Security: Secure storage of paper records in locked cabinets.



- Technical Security: Use of encrypted electronic systems and secure passwords to protect digital records.
- Administrative Security: Restrict access to personal information to authorized personnel only.

Disclosure of Information

Personal and sensitive information will not be disclosed to third parties without the client's or guardian's explicit consent, except in the following situations:

- Emergency Situations: When there is a risk of harm to the client or others.
- Legal Requirements: When required by law or court order.
- Authorized Agencies: When necessary for treatment coordination or billing purposes, with client consent.

Client Rights

Clients and their guardians have the right to:

- Access their personal and sensitive information.
- Request corrections to inaccurate or incomplete information.
- Withdraw consent for the use or disclosure of their information, with the understanding that this may impact the continuation of services.

Confidentiality Agreements

All employees, contractors, and affiliates are required to sign confidentiality agreements and are trained on the importance of maintaining the confidentiality of client information.

Data Retention

Client records are retained for a period in accordance with legal and regulatory requirements. After this period, records are securely disposed of.

Policy Changes

The Company reserves the right to update this Privacy and Confidentiality Policy. Clients will be notified of any significant changes to the policy.

Attendance and Cancellation Policy

Purpose

This policy outlines the procedures and expectations regarding attendance and cancellations for clients receiving services from Harmony House ABA Services (hereinafter referred to as "the



Company”). The goal is to ensure consistent and effective service delivery while accommodating the needs of clients and their families.

Scope

This policy applies to all clients, parents, guardians, and staff involved in scheduling and attending ABA therapy sessions.

Attendance Requirements

Scheduled Sessions: Clients are expected to attend all scheduled therapy sessions as outlined in their treatment plan. Regular attendance is crucial for the effectiveness of the therapy and the achievement of treatment goals.

Punctuality: Clients and their guardians should arrive on time for scheduled sessions. If you anticipate being late, please notify the Company as soon as possible.

Cancellation Policy

Notification: If a client needs to cancel or reschedule a session, please provide at least 24 hours’ notice. This allows the Company to adjust scheduling and offer the slot to other clients in need.
Late Cancellations: Cancellations made with less than 24 hours’ notice are considered late cancellations. Repeated late cancellations may impact the continuity of care and are subject to review.

No-Show Policy

No-Show Definition: A no-show occurs when a client fails to attend a scheduled session without prior notification.

Consequences: Repeated no-shows may result in a review of the client’s treatment plan and scheduling. Consistent no-shows may lead to the termination of services if it affects the effectiveness of the therapy.

Emergency Situations

Emergency Cancellations: In the event of an emergency or unforeseen circumstance, please contact the Company as soon as possible to discuss the situation. Emergency cancellations will be reviewed on a case-by-case basis.

Make-Up Sessions

Eligibility: Make-up sessions may be offered for valid cancellations with prior notice or in cases of emergency. The availability of make-up sessions is subject to the Company’s schedule and



resources.

Scheduling: Make-up sessions should be scheduled as soon as possible to maintain progress in the therapy plan.

Client Responsibilities

Communication: Clients or their guardians are responsible for communicating any scheduling conflicts or changes as early as possible.

Commitment: Clients are encouraged to adhere to the therapy schedule and collaborate with the Company to achieve treatment goals.

Staff Responsibilities

- Record-Keeping: Staff will maintain accurate records of attendance, cancellations, and no-shows.
- Follow-Up: Staff will follow up with clients or guardians regarding missed sessions and reschedule as appropriate.

Policy Review

This policy will be reviewed annually or as needed to ensure it remains effective and aligned with the Company's operational needs and client service standards.

Client Rights and Responsibilities

Purpose

This policy outlines the rights and responsibilities of clients receiving services from Harmony House ABA Services (hereinafter referred to as "the Company"). These guidelines ensure that clients and their guardians are treated with respect and dignity while maintaining their responsibilities to ensure effective and ethical care.

All clients have the following rights:

Respect and Dignity

Clients have the right to be treated with respect, compassion, and dignity at all times. Clients will receive care without discrimination based on race, color, religion, sex, national origin, age, disability, sexual orientation, or any other characteristic.

Privacy and Confidentiality

Clients have the right to privacy regarding their personal health information. The Company complies with all federal and state privacy laws, including HIPAA, and ensures confidentiality in



all client communications and records.

Clients have the right to review their records upon request and request amendments if inaccuracies are found.

Informed Consent

Clients have the right to receive information in clear, understandable terms about their diagnosis, treatment options, and the benefits and risks of those options.

Clients or their legal guardians have the right to consent to or refuse treatment at any time.

Clients must provide informed consent prior to the implementation of services, assessments, and behavior intervention plans (BIPs).

Access to Services

Clients have the right to access high-quality ABA services, delivered by trained and qualified professionals.

Clients have the right to timely access to services, and services should be provided in a manner that is consistent with their individual treatment plan.

Clients can request information about the qualifications and credentials of their ABA service providers.

Participation in Treatment Planning

Clients and their guardians have the right to be actively involved in the development, review, and modification of treatment plans.

Clients have the right to make informed choices and decisions regarding the care they receive.

Safety

Clients have the right to receive care in a safe, supportive, and non-threatening environment.

Any form of abuse, neglect, or exploitation will not be tolerated, and clients have the right to report such behavior without fear of retaliation.

Freedom from Coercion

Clients have the right to receive services that respect their autonomy and individuality without the use of unnecessary restraint, seclusion, or coercive practices.

All interventions will be based on evidence-based practices and used with respect for the client's needs and well-being.



Complaint and Grievance Process

Clients have the right to express concerns or file a complaint about the services they receive without fear of retribution. Clients have the right to a prompt and fair resolution of complaints and will receive a timely response from the Company regarding any grievances.

Termination of Services

Clients have the right to terminate services at any time, with appropriate notice, and to receive information about alternatives if services are discontinued. Clients have the right to terminate services at any time, with appropriate notice, and to receive information about alternatives if services are discontinued.

Client Responsibilities

Alongside these rights, clients (and their guardians) have the following responsibilities to ensure the effectiveness and smooth delivery of services:

Providing Accurate Information

Clients must provide accurate and up-to-date information about their health, behavior, and history during assessments and treatments. It is the client's responsibility to inform the Company about any changes in their condition or circumstances that may affect treatment.

Active Participation

Clients should actively participate in their treatment, including following through on agreed-upon strategies and recommendations from their provider.

Consistent attendance and punctuality for scheduled sessions are required to maintain progress.

Respect for Providers

Clients and guardians are expected to treat all staff members and service providers with respect and courtesy. Threatening, abusive, or inappropriate behavior towards staff members will not be tolerated.

Adherence to Treatment Plan

Clients are responsible for following the agreed-upon treatment plan, including any at-home tasks or exercises assigned by their provider.

If clients or guardians do not understand any part of the treatment plan, they must ask the provider for clarification.



Safety and Health

Clients must notify the provider of any health changes, including illness or injury, which may affect treatment. Guardians are responsible for ensuring that the client is in a safe and appropriate environment for the provision of services, whether at home or in a clinic setting.

Reporting Concerns

Clients are responsible for promptly reporting any concerns regarding treatment, safety, or staff behavior to the Company. Open communication with the provider regarding challenges or dissatisfaction is essential to finding solutions that benefit the client's care.

Follow-up on Referrals

Clients are responsible for following up on any referrals or recommendations for additional services that are outside the scope of ABA therapy (e.g., speech therapy, occupational therapy).

Scope of Services

The Provider agrees to provide ABA therapy services, including but not limited to:

- Functional Behavior Assessments (FBA)
- Development of Behavior Intervention Plans (BIP)
- Direct therapy services provided by Registered Behavior Technicians (RBTs)
- Supervision of therapy services by a Board-Certified Behavior Analyst (BCBA)
- Parent/Caregiver training and consultations
- Progress monitoring and regular assessments
- The frequency and duration of services will be determined by an initial assessment of the Client's needs and documented in the treatment plan.

Client Rights and Responsibilities Client Rights:

- The Client has the right to receive services in a safe and supportive environment.
- The Client has the right to access their records and treatment plan upon request.
- The Client has the right to confidentiality as outlined in the Provider's Privacy and Confidentiality Policy.
- The Client has the right to receive ABA services based on individual needs and goals.

Client Responsibilities:

- The Client (or Guardian) agrees to actively participate in the treatment process, including attending scheduled therapy sessions and following through with recommended interventions at home or school.



- The Client (or Guardian) agrees to provide accurate and current information, including medical history and any changes in health, behavior, or medication.
- The Client (or Guardian) agrees to notify the Provider of any cancellations or changes in scheduled services in accordance with the Attendance and Cancellation Policy.

Attendance and Cancellation Policy

Consistent attendance is critical for the effectiveness of ABA therapy. The following policies apply:

- The Client must notify the Provider at least 24 hours in advance of any cancellations or rescheduled sessions.
- If less than 24-hour notice is given, the Client may be charged for the missed session unless it is due to an emergency.
- Repeated cancellations or no-shows without valid reasons may result in the discontinuation of services.

Consent for Collaboration Policy

The Consent for Collaboration Policy at Harmony House ABA would outline the procedures for obtaining and managing client consent when collaborating with other professionals or service providers (such as schools, therapists, physicians, or social workers). The purpose is to ensure that information sharing between parties is conducted ethically and with the client's or their guardian's full permission. Below is an example of how such a policy might be structured:

Purpose: The purpose of this policy is to establish guidelines for obtaining informed consent from clients or their legal guardians for collaboration with external professionals. Collaboration ensures a comprehensive and coordinated approach to client care, enabling multiple service providers to work together in the client's best interests while maintaining confidentiality and complying with privacy laws.

Definition of Collaboration: Collaboration involves the sharing of relevant client information between Harmony House ABA staff and external parties, which may include, but is not limited to:

- Schools and educational professionals (teachers, special education coordinators); medical professionals (physicians, psychiatrists, pediatricians)
- Other therapy providers (speech, occupational, or physical therapists)
Social workers, case managers, and other human service providers
- Family members or legal guardians involved in the client's care

Informed Consent Requirements: Before any collaboration occurs, written consent must be obtained from the client (if of age) or the client's legal guardian. This consent should:



Be given voluntarily, without any form of pressure or coercion.
Be specific regarding the nature of the information to be shared.
Include the purpose of the collaboration.
Identify the external parties with whom the information will be shared.
Specify the method of information sharing (e.g., phone, email, in-person meetings).
Include a time limit for how long the consent is valid, typically for the duration of the client's ABA services or as legally required.

Process for Obtaining Consent:

Initial Consent:

Upon intake or when the need for collaboration arises, the client or guardian will be provided with a Consent for Collaboration Form.

The form will explain which external parties may be involved, the type of information that will be shared, and the reasons for the collaboration.

The client or guardian must sign the form to provide written consent.

Ongoing Consent:

Consent will be revisited if the scope of collaboration changes (e.g., new professionals are added, or more detailed information is required).

Ongoing consent will also be required for regular or long-term collaborations, such as for clients who are working with a school team over several years.

Termination Policy

At Harmony House ABA Services, we are committed to providing high-quality, individualized care to support the development and well-being of our clients. Termination of services may occur under certain circumstances, whether initiated by the client, their guardians, or the service provider. The purpose of this policy is to establish clear guidelines for when and how termination may take place.

Grounds for Termination

Harmony House ABA Services may terminate services for the following reasons:

- **Goal Achievement:** When the client has met all outlined therapeutic goals and further ABA services are no longer deemed necessary.
- **Non-Compliance:** Repeated non-compliance with treatment recommendations, refusal to follow behavior intervention plans, or failure to participate in scheduled sessions.
- **Lack of Progress:** If the client is no longer making progress despite modifications to the treatment plan or if services are no longer beneficial for the client.
- **Absenteeism:** Failure to attend or excessive cancellations of scheduled sessions without reasonable cause (e.g., missing more than 25% of scheduled sessions in each period).
- **Behavioral Concerns:** If the client or family engages in behaviors that endanger staff or disrupt the therapeutic environment.



- **Financial Obligations:** Failure to meet financial responsibilities, such as paying for services in accordance with the agreed-upon payment plan.
- **Change in Services:** If Harmony House is no longer able to provide the appropriate level of care due to changes in the client's needs or staffing availability.

Notice of Termination

When termination is initiated by Harmony House ABA Services, the following procedures will apply:

- **Written Notice:** Clients or their guardians will receive a written notice of termination, specifying the reason(s) for termination and the effective termination date.
- **Transition Period:** Whenever possible, a transition period will be offered to allow for a smooth handover of care. This transition period may last up to 30 days, depending on the client's situation and availability of alternative services.
- **Referrals:** Harmony House ABA Services will provide referrals to alternative ABA providers or relevant services, where appropriate, to ensure continuity of care.
- **Final Session:** A termination session will be scheduled to review progress, provide feedback, and discuss future steps for the client.

Client-Initiated Termination

Clients or their guardians may also terminate services at any time, with the following guidelines:

Notice Requirement: Clients or guardians are requested to provide at least 30 days' notice if they intend to terminate services, except in cases of immediate necessity (e.g., relocation or significant health concerns).

Exit Interview: An optional exit interview will be offered to discuss the reasons for termination and ensure proper closure of services.

Outstanding Payments: All outstanding payments must be settled before the termination date. Failure to do so may result in legal action or the involvement of a collection agency.

Emergency Termination

In cases of significant safety concerns (e.g., threats of violence or abuse), Harmony House ABA Services reserves the right to immediately terminate services without prior notice to ensure the safety of staff and other clients.

Documentation and Record Keeping

Upon termination of services:

Treatment Summary: A treatment summary will be provided upon request, detailing the client's progress and the services rendered during their time with Harmony House.



Confidentiality: All client records will remain confidential and stored in accordance with HIPAA regulations. Records will be retained for the legally required duration following termination.

Reinstatement of Services

Clients who have previously terminated services may request reinstatement under the following conditions:

- **Re-Evaluation:** A re-evaluation of the client's current needs and goals may be required prior to reinstatement of services.
- **Availability:** Reinstatement is subject to the availability of staff and resources.

Supervision and Observation Policy

At Harmony House ABA Services, supervision and observation are integral to maintaining high standards of service delivery and professional development. This policy outlines the procedures for supervising staff, observing sessions, and ensuring the quality and effectiveness of our ABA services.

The purpose of this policy is to:

Ensure that staff adhere to best practices and ethical guidelines. Monitor and evaluate the quality of services provided to clients. Support staff development through regular supervision and feedback. Identify and address any issues or concerns promptly.

Supervision Structure

Supervision will be provided by Board Certified Behavior Analysts (BCBAs) or other qualified supervisors as designated by Harmony House ABA Services.

Frequency: Supervision will occur regularly, at least once a week for behavior technicians (BTs/RBTs) and as required for other staff positions, based on individual needs and program requirements. **Content:** Supervision sessions will include discussions on client progress, review of data, assessment of treatment plans, and staff performance. Supervisors will provide guidance, support, and training to staff during these sessions.

Supervision Responsibilities

Ensure that all staff are competent in their roles, provide constructive feedback, and address any performance issues. Maintain up-to-date knowledge of best practices and regulatory requirements.

Staff: Actively participate in supervision sessions, implement feedback and recommendations, and seek guidance or clarification as needed.



Observation

Purpose of Observation

Quality Assurance: Monitor the effectiveness of interventions and ensure that they are being implemented as planned.

Training: Identify areas where additional training or support is needed for staff.

Client Progress: Evaluate client responses to interventions and make necessary adjustments to treatment plans.

Observation Procedures

Frequency: Observations will be conducted regularly by supervisors or designated observers.

The frequency of observations will be based on the needs of the client and staff performance.

Methods: Observations may include live monitoring of sessions, review of recorded sessions, and analysis of data collected by staff.

Feedback: After observations, supervisors will provide feedback to staff, highlighting areas of strength and opportunities for improvement. Feedback will be constructive and aimed at enhancing staff performance and client outcomes.

Telehealth Supervisions:

The BCBA will provide oversight and guidance via Telehealth. The session will be conducted through a secure video platform, enabling the BCBA, parents, and BTs to collaborate on the client's progress, goals, and any areas of concern. The client's performance will be reviewed, any necessary adjustments made, feedback provided, and strategies outlined to support their ongoing development. This format also ensures that you, as the parent, remain informed and involved in the treatment process. In-person supervision will be conducted as needed, particularly in cases involving novel behaviors, increases in maladaptive behaviors, or unexpected changes in the client's affect. Additionally, RBT/BT trainings may also require in-person supervision. These are just a few examples, though other situations may also necessitate in-person visits as needed.

Documentation and Record Keeping

Supervision Records: All supervision sessions will be documented, including date, time, topics discussed, and action items. These records will be maintained confidentially and stored in accordance with Harmony House's record-keeping policies.

Observation Records: Observations will be documented with detailed notes on the observed session, including any issues identified and recommendations for improvement. These records will be used to track progress and inform future supervision.



Confidentiality

All information obtained during supervision and observation will be treated with the utmost confidentiality. Access to records will be limited to authorized personnel only. Any discussions regarding client or staff performance will be conducted in a private and professional manner.

Performance Evaluation

Staff Performance: Regular performance evaluations will be conducted based on observations and supervision sessions. These evaluations will inform decisions regarding staff development, promotions, and any necessary corrective actions.

Program Effectiveness: Program effectiveness will be evaluated based on client progress, adherence to treatment plans, and overall satisfaction of clients and their families.

Illness Policy for Behavior Therapy Sessions

If a child is staying home from school due to illness, their behavior therapy session will also be canceled for that day. Sessions will not resume until the child is feeling well enough to participate. Additionally, if a child has a temperature of 100.4°F (38°C) or higher, sessions will be canceled and may resume only after the child has been fever-free for at least 24 hours without the use of fever-reducing medication. This policy is in place to ensure the health and safety of all children, families, and staff. Behavior technicians have been instructed to follow this guideline. We appreciate your cooperation.

Review and Updates

This policy will be reviewed annually or as needed to ensure that it remains current and effective. Updates will be made based on changes in best practices, regulatory requirements, or organizational needs.

Acknowledgment

By signing this Agreement, the Client or Guardian acknowledges that they have read and understood the terms and conditions outlined above and agree to comply with the policies of the Provider.

Client/Guardian Signature: _____

Date: _____

Printed Name of Client/Guardian: _____

Harmony House LLC _____ **Print Name** _____