

Welcome Letter

Dear Parent/Guardian,

Thank you for choosing Adams Behavioral Consulting LLC for your child's ABA therapy. We are excited to work with your family and committed to providing evidence-based, compassionate, and collaborative care. Please complete the following forms and provide any additional documents requested.

1. Client Demographics & Health Info

Client Name:

Date of Birth:

SSN:

Gender:

Home Address:

School:

Grade:

Teacher:

Emergency Contact Name:

Relationship:

Phone Number:

Pediatrician Name:

Pediatrician Phone:

Medical/Developmental Diagnoses:

Allergies or Safety Concerns:

Prescribed Medications:

2. ABA Therapy History

Is this your child's first ABA provider? (Yes/No):

Previous ABA provider (if any):

Other current therapies (OT, PT, SLP):

What goals would you like to be addressed through ABA therapy? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Maladaptive Behaviors | <input type="checkbox"/> Communication and Language Skills |
| <input type="checkbox"/> Toilet Training | <input type="checkbox"/> Food Selectivity |
| <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Community and Social Skills |
| <input type="checkbox"/> Daily Living Skills | |

Please list any additional goals or concerns:

Additional Notes:

3. Educational History

Current school:

Grade:

IEP or 504 Plan (Yes/No):

Preferred Subjects:

Least Preferred Subjects:

Communication device use (Yes/No):

4. Family & Home Info

Parent/Guardian Names

Contact:

Custody details (if applicable):

Any history of: ☐ Abuse ☐ Legal issues ☐ Cultural factors ☐ Community supports

Household members and pets:

Weapons or environmental hazards:

5. Availability Form

Indicate preferred therapy schedule (M–Sun), and:

Gender Preference for Therapist: ☐ Male ☐ Female ☐ No preference

Language Preference: ☐ English ☐ Bilingual ☐ Other

6. Consent and Authorizations

Please sign for each:

- | | |
|---|--|
| <input type="checkbox"/> ABA Treatment Consent | <input type="checkbox"/> HIPAA Notice & PHI Authorization |
| <input type="checkbox"/> Parent Participation Agreement | <input type="checkbox"/> Media/Recording Release (Internal Use Only) |
| <input type="checkbox"/> Direct Billing & Insurance Authorization | |
| <input type="checkbox"/> Policy Acknowledgments (attendance, sick policy, grievances, etc.) | |

Explanation: Gives permission for Adams Behavioral Consulting LLC to begin ABA therapy with your child.

This section ensures parents are aware of their rights and responsibilities and authorize ABA to provide services and communicate with insurers.

ABA Treatment Consent – Signature Page

By signing this section, you are granting Adams Behavioral Consulting LLC permission to provide Applied Behavior Analysis (ABA) therapy to your child. ABA is a science-backed treatment approach designed to improve social, communication, and learning skills through positive reinforcement.

This therapy may be conducted in your home, in the clinic, or in the community, and is tailored to meet your child's unique needs and developmental level. Services are supervised by a Board Certified Behavior Analyst (BCBA) and may involve a Registered Behavior Technician (RBT).

Parental participation is vital in the success of ABA therapy, and ongoing input will be requested to guide and support your child's progress.

You have the right to ask questions, seek clarification, or revoke your consent at any time by contacting us in writing.

Signature of Parent or Legal Guardian:

Date

HIPAA Notice & PHI Authorization – Signature Page

HIPAA (Health Insurance Portability and Accountability Act) protects the privacy of your child's health information. By signing, you acknowledge receiving our Notice of Privacy Practices, which outlines how your child's information may be used and shared for treatment, payment, and healthcare operations.

This authorization allows us to communicate with your insurance company or healthcare providers as necessary to coordinate care, verify eligibility, and process payments.

We will only disclose the minimum amount of information needed and will ensure all staff comply with confidentiality requirements.

You may revoke this authorization in writing at any time, and your child's services will not be affected if you choose not to authorize non-essential disclosures.

Signature of Parent or Legal Guardian:

Date

Parent Participation Agreement – Signature Page

ABA therapy is most successful when families are actively involved. Signing this agreement indicates that you understand the importance of participating in training sessions, applying strategies at home, and communicating with your child's therapy team.

Parent training helps generalize skills outside of therapy sessions and creates consistency for your child. This collaboration ensures we are targeting meaningful goals and adapting plans as your child develops.

Your involvement may include observing sessions, completing activities with your child, attending parent trainings, and reviewing progress with the BCBA.

Failure to participate may impact your child's progress and eligibility for continued services.

Signature of Parent or Legal Guardian:

Date

Media/Recording Release (Internal Use Only) – Signature Page

With your consent, we may record therapy sessions to support staff training, clinical documentation, and treatment planning. These recordings will be used exclusively by Adams Behavioral Consulting LLC.

This internal review process enhances the quality and accuracy of our service delivery by allowing supervisors to monitor interventions and ensure treatment fidelity.

No images, audio, or video will be shared outside of the clinical team unless you sign an additional release form.

You may opt out of this at any time without any negative effect on your child's services.

Signature of Parent or Legal Guardian:

Date

Direct Billing & Insurance Authorization – Signature Page

This form authorizes Adams Behavioral Consulting LLC to submit claims and receive payments directly from your child's health insurance provider.

It ensures timely and consistent reimbursement for services rendered and allows us to manage all billing and documentation with the insurance company.

You are still ultimately responsible for any co-pays, deductibles, or balances not covered by insurance.

We recommend confirming your benefits and coverage to avoid unexpected charges. This authorization can be revoked in writing at any time.

Signature of Parent or Legal Guardian:

Date

Policy Acknowledgments – Signature Page

By signing here, you acknowledge that you have received and reviewed the policies and procedures of Adams Behavioral Consulting LLC.

These policies include attendance requirements, cancellation policies, behavior expectations, confidentiality guidelines, grievance procedures, illness protocols, and more.

They are designed to ensure a safe, respectful, and effective environment for both your child and our staff.

Understanding and following these policies allows us to maintain a high standard of care. If you need clarification or updates, you may request a copy at any time.

Signature of Parent or Legal Guardian:

Date

Basic Policy Requirements

These policies are essential for maintaining a safe, effective, and respectful therapeutic environment. Please read each carefully and ask your BCBA if you have any questions.

Attendance Requirements

Clients are expected to attend all scheduled sessions. Consistent attendance is crucial for treatment success. Excessive absences without valid reason may result in discharge from services.

Cancellation Policy

A minimum of 24 hours' notice is required for all cancellations. Failure to provide adequate notice may result in a cancellation fee. Repeated last-minute cancellations or no-shows may lead to review of service eligibility.

Behavior Expectations

Clients and families are expected to treat staff with respect. Aggressive or threatening behavior will not be tolerated and may result in termination of services.

Confidentiality Guidelines

We are committed to protecting your child's private information. All records and communications are handled according to HIPAA regulations. Information will only be shared with your written consent unless required by law.

Grievance Procedures

If you have a complaint or concern, please speak directly with your BCBA. If the issue is not resolved, you may request a meeting with leadership. A written grievance form is available upon request.

Illness Protocols

If your child is sick (fever, vomiting, diarrhea, contagious condition), please cancel the session. Sessions may be rescheduled once the child is symptom-free for 24 hours without medication.