



Initial Consent for Assessment & Treatment

INDIVIDUAL: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN: _____ PHONE NUMBER: _____

PARENT/GUARDIAN: _____ PHONE NUMBER: _____

BEHAVIOR ANALYST: _____ PHONE NUMBER: _____

Welcome to Thrive Therapy, LLC. The following material is provided to clarify the features of our program and ensure informed consent for participation of the above named individual (referred to as the “individual” throughout this document) in the assessment and subsequent intervention. Please review this material and initial each section and then provide your signature at the end of the document.

Overview of Services

Thrive Therapy is an agency serving individuals with disabilities and behavioral challenges in the state of Texas. We utilize behavior analysts and behavior assistants as independent contractors, providing supervision to ensure adherence to our model. Our services are designed to meet the unique needs of the individuals we serve and are subject to availability of qualified staff.

Thrive Therapy’s goal is to produce lasting changes in the quality of life of the people we serve. Our approach involves conducting a comprehensive assessment to develop interventions in collaboration with family members, educators and direct services providers and others caring for the individual. The following chart provides an overview of our process.

Initial Consultation	<ul style="list-style-type: none"> Meet with individual and parent/caregiver to identify family centered needs
Assessment (typically 8-10 hours including direct and plan design)	<ul style="list-style-type: none"> Identify goals and individual’s behaviors of concern Complete record reviews and interviews with caregivers Conduct observations across activities and settings
Plan Design (this process often takes several weeks)	<ul style="list-style-type: none"> Identify patterns surrounding behaviors Develop interventions to prevent problems, teach skills, and respond effectively Create comprehensive written behavior plan
Intervention	<ul style="list-style-type: none"> 1:1 Provide training for caregivers using modeling and feedback Gradually fade assistance, coach implementation
Evaluation	<ul style="list-style-type: none"> Gather data on child behavior, skill development and life changes Monitor and report on progress, adjusting strategies as needed Graduate from service once goals are achieved

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Expectations for Participation

To achieve the best possible outcomes for the individuals we serve, we believe it is essential to fully engage and empower families and other caretakers to carry interventions over into homes, schools, and communities. Instead of simply providing direct services, much of our work occurs in collaboration with others supporting the individual. As a partner in this process, you are agreeing to work closely with us and assume mutual responsibility for the individual's success. That means communicating with us regarding your goals, needs and challenges. It also means taking an active role in the process. Specifically, you agree to:

- a. Communicate with members of the individual's support team (e.g., teachers, therapists)
- b. Gather information to track the individual's behavior and circumstances surrounding it (e.g., data collection)
- c. Help us to design a behavior support plan that is feasible for you and your family/agency
- d. Actively participate in the coaching sessions to practice the support plan strategies
- e. Make your best effort to implement the strategies on an ongoing basis, providing the behavior analyst feedback on the plan's effectiveness
- f. Participate in evaluating our program by responding to caregiver surveys when administered

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Settings/Participants

Intervention is most effective when developed based on patterns across all settings in which there are concerns and involving support providers in those settings. Please complete the following table on the locations in which you would like the assessment and subsequent intervention to occur. Please provide the address and names of participants in each setting and circle **yes** or **no** to indicate your consent to access these sites and individuals.

Location	Address	Participants	Consent
Home			Yes No
School			Yes No
Other			Yes No



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Requested Schedule

At Thrive Therapy, we do our best to schedule services around the needs and preferences of our clients. What days and times would work best for you? Thrive Therapy’s clinic is open 8:00-6:00pm. Any requests outside of this time frame would be considered in-home ABA therapy. We accept clients on the hour with the last client accepted at 4:00pm for clinic hours. In-home ABA therapy is subject to availability and individual therapist’s schedules. For in-home, you may request any start time and any end time and we will try our best to accommodate your preferred schedule. This in no way guarantees a schedule for either clinic or in-home hours.

Day	Start Time	End Time	In-Home or Clinic
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday (in-home)			
Sunday (in-home)			

Maintaining the safety of our clients and contractors is critical to service delivery. For this reason, our behavior analysts and assistants will not enter or work in environments that pose significant risks; these include settings with environmental hazards (e.g., weapons, dangerous chemicals, broken glass, unsafe structures, etc.) or in which the residents or participants are using narcotics or engaging in violent or threatening behavior. Therapists may utilize an environmental safety checklist to identify potential risks prior to beginning services.

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Release of Records

In order to complete a comprehensive assessment and ensure that our services are coordinated with other program supporting the client, we may need access to the following records:

Insurance information
 Individualized plans (IFSP, IEP)
 Previous behavior programs
 Medical evaluations

Psychological or educational assessments
 Progress notes or quarterly/annual reports
 Psychosocial histories
 Other: _____

I understand that information received by Thrive Therapy may include confidential medical data, including psychiatric and/or drug and alcohol usage and references to blood-borne pathogens (e.g., HIV, AIDS). I understand that I may revoke this consent at any time; however, I cannot revoke consent for action that has already been taken and therefore the records may have already been reviewed by Thrive Therapy staff. Thrive Therapy will adhere to HIPAA Privacy and Security Standards in accessing and storing confidential information and will ask you to sign a release and update it annually should direct therapy begin.

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Confidentiality

Maintaining strict confidentiality of client assessment and intervention information is a particular concern for Thrive Therapy staff. Thrive Therapy will maintain records at both 2825 Valley View Lane #100 Farmers Branch, TX 75234 and electronically.

Records may only be accessed by authorized personnel and will be protected via locked file cabinets and encrypted passwords on computers. No information related to an individual who is receiving services, either verbal or written, will be released to other agencies or individuals without the express written consent of the individual's legal guardian.

By law, however, the rules of confidentiality do not pertain under the following conditions:

1. If abuse or neglect of a minor, disabled, or elderly person is reported or suspected, the professional involved is required to report it to the local law enforcement office or child welfare office for investigation.
2. If, during the course of services, the professional involved receives information that someone's life is in danger, that professional has the duty to warn the potential victim.
3. If our records and staff testimony are subpoenaed by court order, we are required to produce records or appear in court to answer questions regarding the individual.
4. If you choose to break confidentiality by sharing private information through conversations or an unsecured communication medium (e.g., email, telephone), Thrive Therapy cannot be held liable for the outcome.

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Payment for Services

Payment for our services is expected to occur in a timely manner. If paying privately for services, a written agreement the fees and billing schedule will be established. Insurance coverage is subject to eligibility and availability of funds (e.g., policy lapses and deductible renewal). Once our services begin, if at any time the client becomes ineligible for insurance, it is your responsibility to notify Thrive Therapy to postpone or cancel services until eligibility has been restored. Hours billed to insurance that are not reimbursed due to ineligibility will be directly billed to the parent/guardian/individual and will become their responsibility. Payment plans are available.

It is inappropriate for our independent contractors to accept money or gifts from clients. Therefore, Thrive Therapy strongly discourages parents/guardians/individuals from offering behavior analysts or behavior assistants any additional rewards, including, but not limited to cash, gift cards, gas money, tickets or admission to events, or any other costly items.

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Cancellation Policy

Regular attendance is required for our services to be effective. Irregular attendance costs both the assigned staff member and overall program time and money. It is therefore the responsibility of the individual and his or her legal guardian to attend and participate fully in all scheduled appointments. It is expected that caregivers will be present at all times, unless otherwise specified on the behavior support plan (e.g., for community outings).

If you are unable to make a scheduled appointment, please contact your staff person immediately. If you reach the staff member 24 hours or more prior to your scheduled appointment, it will be considered a “cancellation.”

If you cancel immediately prior to your appointment or are not present when the staff member arrives, it will be considered a “no show.” If you no show or cancel more than twice in one month, your assigned staff member will contact you to explore options for improving attendance such as a change in schedule. If you cannot be reached or the pattern of cancellations or no shows continues, your services will be discontinued. You will receive a letter from Thrive Therapy confirming termination. Services can only be resumed if you provide a written request offering a resolution of the barriers to consistent attendance.

Caregivers are required to notify Thrive Therapy providers and cancel sessions ASAP if anyone in the place of service presents a fever over 100°F or is diagnosed with a contagious illness. Sessions will be continued once the fever is gone and the individual is no longer contagious. Cancellations due to fever or illness will be considered a “cancellation”. *Thrive Therapy Providers are also required to cancel any sessions they may have if they present with a fever, vomiting, or contagious illness in the last 24 hours.*

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Crisis Management

Given the nature of the challenges individuals who participate in our services face, it is not uncommon for an individual to engage in behavior that puts him/her or others at risk. If this occurs, the crisis will be managed using the least intrusive and safest strategies to curtail the behavior. Thrive Therapy makes every effort to avoid provoking this type of behavior unnecessarily and to respond quickly to address problems as soon as they arise (e.g., through prompting communication, presenting choices or assistance, clarifying expectations, or using redirection). If the individual becomes aggressive or self-injurious, these behaviors may be managed by blocking strikes, removing the person or others, changing the surroundings, or restraining the individual briefly using an approved crisis management procedure. If the caregivers and staff are unable to manage the behavior safely, they will call 911 and/or seek assistance from another Thrive Therapy professional. If medical attention is required, the parent/guardian/caregiver will need to provide transportation. Specific crisis management procedures will be incorporated into the individual’s behavior support plan.

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Discharge Process

Thrive Therapy reserves the right to discontinue services or discharge individuals from their services under the following conditions:

1. Individual achieves all of his or her established goals and the parent/caregiver/individual agrees that graduation from services is warranted.



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2. Parent/primary caregiver/individual refuses to follow the mutually agreed upon treatment plan after repeated reminders and attempts to resolve barriers to implementation.
3. Individual is not achieving the goals of treatment despite exhaustion of all known interventions, procedures, and research-based strategies.
4. Thrive Therapy staff become aware of circumstances (e.g., drug abuse, illegal activities, hostile behavior of caregivers) that may place them at risk.
5. Individual, parent, or guardian decides to terminate services for any reason.

If at any time Thrive Therapy or the parent/guardian/individual determines that services must be terminated, we will notify the other party immediately and establish a discharge plan to be provided to the parent/guardian/Individual within 14 business days. If a client is discharged from Thrive Therapy, it is the policy of our agency to provide a list of other providers and professionals in the area with the background and expertise to provide effective support services to the client and their family. Our staff does not provide services or recommendations outside our area of expertise.

Thrive Therapy will not turn down a family for coverage nor will we discharge or discontinue treatment on the basis of race, creed, sexual orientation, or socio-economic characteristics.

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Rights of Our Clients

Individuals with disabilities (and behavioral challenges) have the same rights as everyone else. Thrive Therapy embraces the Bill of Rights for the Developmentally Disabled and does everything in its power to uphold these rights. These rights specify that individuals and their families must be treated with dignity and that behavioral procedures must be explained in user-friendly terms. Individuals also have the right to be free from abuse. If someone suspects that an individual is being abused or neglected, this should be reported to the abuse hotline at the following number: **1-800-962-2873**

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Infectious Disease Reporting

Thrive Therapy adheres to state and federal guidelines outlined by the department of health in reporting confirmed and suspected cases of infectious disease(s). If any member of Thrive Therapy's team – or a caregiver - suspects or confirms infectious disease in an individual, they are obligated to notify Thrive Therapy providers ASAP and report it to their local or regional health department at the following number: **1-800-705-8868**. If the infectious disease suspected or confirmed is deemed a health hazard for Thrive Therapy staff, sessions will be cancelled and services put on hold until the individual is cleared to resume services by a Medical Doctor.

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Grievance Procedures

Thrive Therapy makes every effort to meet the needs of its clients and be responsive to concerns. If you are not satisfied with the services you are receiving from the staff assigned to you, please first address your concerns with the behavior analyst assigned to your client. If the issue cannot be resolved adequately, please contact the owner **Charity Purcell, (214) 736- 8376** or via email charity@ThriveTherapyTX.com . We will investigate the concern thoroughly within 30 days and propose a solution. Grievances and their resolutions will be documented and maintained in the client files.

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Risks and Benefits

Participating in any treatment has numerous benefits, but also certain inherent risks. For example, individuals receiving services from Thrive Therapy may experience disruptions in daily life (e.g., due to professionals entering the setting or suggesting changes in routines), stress associated with identifying problematic patterns or learning to respond differently to the individual's behavior, or frustration at delays in progress or the necessity to modify approaches periodically. These are, of course, in addition to risks to privacy and confidentiality that occur when sharing information. Thrive Therapy will make every effort to minimize these risks and make services optimally beneficial and enjoyable.

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Information about BCBA and the Health Services Provided by Thrive Therapy:

The type of service being provided by Thrive Therapy and its therapists under the guidance of a Board Certified Behavior Analyst (BCBA) is applied behavior analysis to address challenging behaviors. Services will be provided within the ethical and professional guidelines of the Behavior Analyst Certification Board Ethical Guidelines. Board Certified Behavior Analyst (BCBA®):

The Board Certified Behavior Analyst is an independent practitioner who also may work as an employee or independent contractor for an organization. The BCBA conducts descriptive and systematic (e.g., analogue) behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBAs supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions. Further information on the BCBA certification and applied behavior analysis may be found at www.bacb.com



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Please let the BCBA or Clinical Director know if you have any questions.

Acknowledgement and Consent

I certify that I have authority to legally consent to assessment, treatment, release of information, and all legal issues involving _____. Upon request, I will provide Thrive Therapy with proper documentation of guardianship. If my status as legal guardian should change, I will immediately inform Thrive Therapy and provide the name, address, and phone number of the person(s) who have assumed that role.

I hereby acknowledge that I have received information on Thrive Therapy’s participation expectations and policies regarding records release, confidentiality, payment, appointment cancellation, discharge, and grievance procedures and have had the opportunity to ask questions and get clarification regarding these requirements and processes. I have received a summary of the HIPAA Privacy and Security Standards, Bill of Rights for Developmentally Disabled, and abuse hotline number. This consent will be updated at each assessment.

I acknowledge that accessing services through Thrive Therapy is a choice and that I have the right to change companies or request a change in my behavior analyst, behavior assistant, mental health professional, and/or intern at any point. I provide my consent for _____ to participate in an assessment through Thrive Therapy in the settings I have indicated. I agree to participate fully in this process, meeting under mutually agreed upon time and place. My consent expires one year after termination of services/from the date below. I hereby agree to these terms.

PARENT/GUARDIAN: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

INDIVIDUAL: _____ DATE: _____

BEHAVIOR ANALYST SIGNATURE: _____ DATE: _____

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ABA Addendum

1. I/we agree that participation in the provision of my/our child's service is essential and mandatory, as I/we will be an important member of the team. Failure to participate or follow service recommendations may be detrimental to my/our child's progress. Participation in the service is outlined below:
 - a. I/we agree the importance to my/our child's service of maintaining a good relationship and rapport with staff and agree to work in a collaborative and respectful manner with all staff during the course of the service.
 - b. I/we agree to spend at least ___ hours per week participating in my/our child's service as outlined below. I/we understand that in two-parent households, at least one parent must participate for the required ___ hours per week. I/we agree to spend at least 5 hours during the first three months of service directly observing service sessions and learning the teaching technique and strategies used with my/our child.
 - c. I/we agree that my/our participation in my/our child's service will involve: 1) attending team/individual meetings; 2) observing instructional sessions; 3) teaching my/our child using procedures agreed upon by the team; 4) participation in parent-training sessions (a specific competency-based parent training outline will be implemented at the onset of service and/or scheduled during the course of service as appropriate); 5) taking data on my/our child while another team member is teaching and/or outside of instructional sessions; and 6) generalizing skills taught in instructional sessions.
 - d. If one parent/guardian within a two-parent household does not regularly attend team meetings and/or observe instructional sessions then a parent agrees to spend at least one hour per week with the child, focusing on generalization of skills/concepts to assist with further generalization in the natural environment. This parent/guardian further agrees to attend at least one instructional meeting per month.
 - e. I/we agree to keep all distractions to my/our child's service to a minimum during instructional sessions, parent training meetings and team meetings. This may include providing alternate day care to siblings if they are distracting during parent training sessions, instructional sessions or during team meetings.
 - f. I/we agree to ensure that I/we or another responsible adult is present in the home while an instructional session is being conducted. If the primary caregiver is someone other than parent, provide the name of the other primary caregiver: _____
 - g. I/we agree to provide materials upon request. These may include obtaining specific toys or reinforcing items, taking photographs, or obtaining materials to organize my/our child's instructional setting. I/we agree to provide the materials in a timely fashion (usually within two weeks). I/we agree to help the team maintain the materials in an organized fashion and in good condition. Some of the items are not mandatory but may be suggestions as materials that the parents can purchase to continue therapy on their own. Thrive Therapy therapists can bring their own items, or materials from the center, but they will not be able to leave the materials or equipment at the home.
 - h. I/we agree to confer with the Clinical Director before the implementation of supplemental services or treatments (e.g., medication, diet, and other therapies) and understand that any supplemental services/treatments would be in addition to Thrive Therapy services. I understand the importance to my/our child's service of informing Thrive Therapy of any changes that may affect my/our child's service.

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- i. I/we agree to include Thrive Therapy in all meetings involving my/our child's school personnel. I/we understand the importance of having Thrive Therapy recommendations regarding decisions that directly impact my/our child's service, including school placement.
- j. When peer play sessions have been deemed appropriate and recommended by Thrive Therapy as part of my/our child's service, I/we understand that it is my/our responsibility to help identify appropriate peers. I/we understand that I/we will schedule peer play sessions and arrange for the appropriate transportation. I/we additionally understand that I/we or another responsible adult must be home during peer play sessions.
- k. I/we agree to pay for any reinforcing items or activities and all activity fees for my/our child to participate in community activities that will be determined between Thrive Therapy and me.

Parent and Staff Relations

1. I/we acknowledge that mutual respect between myself/ourselves and Thrive Therapy is necessary in order to maintain a good professional relationship and collaborative team effort. I/we acknowledge that anything less than a good rapport between myself/ourselves and Thrive Therapy could be detrimental to my/our child's service. I/we agree to work to support and encourage the activities and efforts of the team. Any disagreements with procedures or criticism should be brought to the Clinical Director in order to facilitate positive interactions with Thrive.
2. I/we agree to refrain from engaging Thrive Therapy staff in conversations that should be directed to the Clinical Directors. This includes all concerns I/we have regarding my/our child's service, staff, policies, or other issues related to service.
3. I/we acknowledge that Thrive Therapy discourages gifts to staff. I/we understand that gifts are neither required nor necessary. Additionally, I/we acknowledge that Thrive Therapy should not be invited to social events in my/our home that would not be a part of my/our child's service.

Information Regarding Staff Roles and Responsibilities

1. I/we agree that Thrive Therapy will be responsible to provide staff for my/our child's service.
2. I/we agree that it is Thrive Therapy's responsibility to attain and train new staff. I understand that staff members may be added and trained or rotated on my/our child's team. Thrive Therapy reserves the rights to do so for necessary clinical or administrative purposes. I/we understand that staff changes will be discussed with me. I/we also understand that exposure to varying teaching styles and levels of expertise in implementing instructional sessions is beneficial to my/our child's service and outcome. I/we further understand that input regarding staff may be directed to Thrive Therapy Clinical Directors.
3. I/we agree that I/we may be asked to provide input regarding the performance of the staff that provides service to my/our child.

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4. I/we agree that it is my/our responsibility to notify the Clinical Directors of any concerns or infractions regarding Thrive Therapy immediately, should they arise.
5. I/we agree to assist Thrive Therapy in enforcing policy regarding absences and tardiness. I/we acknowledge that it would be valuable to my/our child's service and Thrive Therapy if I/we report absences or tardiness to the clinical directors so that resolution may occur immediately. I/we understand that staff sign-in sheets may be kept with myself/ourselves or another designated adult in the home to facilitate accountability.
6. I/we acknowledge the importance of not having my/our child participate in services when they are ill, as it may create an epidemic among the service staff and clients if those staff who work on multiple teams are exposed to children with illness. I/we understand that it is my/our responsibility to cancel a session if my/our child is ill (i.e., fever, severe congestion, vomiting, diarrhea) or overly tired/fatigued.
7. I/we agree that it is the Clinical Directors' right to terminate a shift if, in conjunction with the direct staff's input, they judge my/our child as being too ill or tired to continue service. Sessions terminated due to my/our child's illness will only be rescheduled given staff availability and funding source requirements.
8. I/we agree that instructional sessions may be cancelled by Thrive Therapy due to staff illness and that efforts will be made by Thrive Therapy to "cover" these shifts with a substitute staff person or reschedule to make up the hours at a separate time.

General

1. I/we agree that my/our child may be video recorded in the process of this service. I/we understand that these recordings may be used for such purposes as staff training, program design, reliability, evaluation of progress, and research purposes only and that my/our child's identity will not be disclosed. I/we agree that Thrive Therapy shall keep the recordings after the completion of my/our child's service for an indefinite period of time. I/we understand that I/we have the right to review recordings made as part of this service and may receive copies of these recordings upon request.
2. I/we agree that we may only record Thrive Therapy with our child if I/we have notified them beforehand and have received permission from staff and the Clinical Directors. I/we also agree that we only use these recordings for our personal use and must obtain written consent for any other purposes.
3. I/we agree that Thrive Therapy will record data of my/our child's progress during each of the instructional sessions. I/we understand that all records, data, and information compiled by Thrive Therapy are properties of Thrive Therapy. I/we understand that, upon request, copies of records, data and information will be provided to me/us for my/our personal use. I/we agree that Thrive Therapy shall keep the original data after the completion of my/our child's service for an indefinite period of time.



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- 4. I/we agree that circumstances may arise which might cause Thrive Therapy to terminate the participation of my/our child before the completion of the service.
- 5. I/we agree that no information that identifies my/our child or my/our family will be released without a separate consent that all identifiable information will be protected to the limits allowed by the law.
- 6. I/we agree that Thrive Therapy is a legally mandated reporter of suspicion or any indication of possible child abuse to Child Protective Services for appropriate investigation and determination.
- 7. I/we agree that should my child need additional services that Thrive Therapy does not provide, Thrive Therapy will identify the services needed. Thrive Therapy will make recommendations for referrals to the family.

Note any specifics to each case (in this section):

Signature of Parent/Guardian

Date

Print Parent/Guardian Name

Witness Name

Date