



## **CONSENT FOR ASSESSMENT AND TREATMENT**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

In order for Mobile Bay ABA Autism Center to provide intensive behavior services, an assessment must be completed to develop a treatment plan, including goals and recommendations. Learning about each other usually takes time and collaboration between the service provider and the guardian. Your participation is essential to successful assessment and treatment.

### **Mobile Bay ABA Autism Center services include:**

***Initial Evaluation Meeting:*** Discussing what services are available for your child and family, and learning what services you need and want for your child and family.

***Initial and Regular Ongoing Assessments:*** (typically every 6 months, based upon your ABA coverage provider). Assessments are conducted to develop and modify treatment plans, including goals and recommendations, as your child develops.

Assessment may involve talking with you about your child's behavior and development, completing checklists and standardized testing through direct observation and interaction, observing your child at our center, in the home, or other settings, and reviewing medical and other relevant records.

***Treatment:*** Implementation of treatment plans, including goals and recommendations, by direct therapy.

### **You need to know that:**

The assessment and treatment will occur in a timely manner.

Assessment will give information about your child's development and will assist you in understanding all procedures used, any possible risks, the purposes of treatment, any discomfort, the reasonable expected benefits and any alternatives to treatment, which may be helpful.

You will be given a copy of the completed initial report and all subsequent treatment plans developed. You have the right to comment on the assessment and treatment



plan.

If a third party payer is used (such as your insurance provider), the ABA coverage provider may have its own requirements and input into the treatment plan. It is important for you to understand the requirements of the funder.

Information about your child and family is strictly confidential and will only be released to those agencies and/or persons whom you choose in writing. The agency funding your services does have a right to all information collected.

No services shall be started, changed, or ended without oral and/or written notification.

You have a right to receive further written information about your rights.

Your consent is voluntary; you have the right to withdraw your consent at any time.

\_\_\_\_\_ I AGREE to assessment services and to develop a treatment plan and recommendations.

\_\_\_\_\_ I AGREE to treatment services based on my child's treatment plan.

\_\_\_\_\_ I DO NOT want my child to receive an assessment and/or treatment from Mobile Bay ABA, LLC.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_