

Client Intake Packet

This packet is to be completed prior to the initial consultation visit. If you have not yet scheduled an initial consultation please contact our office at (530) 232-0845.

Parent/Guardian Information

Parent/Guardian 1 Name: (first, middle, last)	
Primary Street Address: (Street number, city, state, zip)	
Email:	
Phone #:	
Martial Status (married, separated, divorced) (if separated/divorced, please include custody information)	
Parent/Guardian 2 Name: (first, middle, last)	
Primary Street Address: (Street number, city, state, zip)	
Email:	
Phone #:	
Martial Status (married, separated, divorced) (if separated/divorced, please include custody information)	

Client's Information

Client's Name: (first, middle, last)	
Primary Street Address: (Street number, city, state, zip)	
Date of Birth	
Client's Social Security #:	
Phone #:	
Primary Street Address: (Street number, city, state, zip)	

Regional Center Service Coordinator:					
Availability for Sessions (please fill in days and times- Ex: 3-6 pm, Mon/Wed/Fri)	Mon	Tues	Wed	Thurs	Fri

Insurance Information

A copy of the insurance card will be required with this packet.

Primary Insurance

Name of Insurance Company:	
Name of Policyholder:	
Social Security #:	
Date of Birth:	
Policy Holder's Relationship to Client	
Insurance Address:	
Phone #:	
Member ID:	
Group #:	

Secondary Insurance

Name of Insurance Company:	
Name of Policyholder:	
Social Security #:	
Date of Birth:	
Policy Holder's Relationship to Client	
Insurance Address:	
Phone #:	
Member ID:	
Group #:	

1. Insurance. We participate in many insurance plans. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments, deductibles and/or co-insurance must be paid by the 15th of the month following service provision. The co-pay is the portion of your visit that your insurance company requires you to pay. This amount is not determined by Best Behavior, LLC. This arrangement is part of your contract with your insurance company. Please pay your co-payment in a

timely manner. A co-pay invoice will be mailed to each client at the end of each month. There is a \$20 Non-Sufficient Fund charge for all checks returned by your bank.

3. Proof of insurance. We must obtain a copy of your valid insurance to ensure proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract. Services may be put on hold or terminated if the insurance company denies the service or claims go unpaid more than 30 days.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this service.

Practice Policy

- It is your responsibility to notify this office of any changes of information, including name change, change of address, phone numbers and insurance.
- We have a very specific protocol for insurance authorizations/referrals. If your insurance company requires a referral or pre-authorization, please ask for the protocol.
- We do not do retroactive authorizations. You must follow our protocol for authorization/referral numbers. We will file your insurance if we are contracted with your insurance company. Any balance unpaid by your insurance company, or if your balance is outstanding for thirty (30) days, will be your responsibility. You will be responsible for any disputed claims. If/when the claim is paid, you will be reimbursed within thirty (30) days.
- Any disputes about coverage or benefits are your responsibility and are between you and your insurance carrier. If you have questions regarding coverage/payment, you must direct those inquiries to your insurance carrier.

AUTHORIZATION TO RELEASE INFORMATION/PAYMENT OF INSURANCE

BENEFITS: I hereby authorize Best Behavior, LLC to furnish my insurance carrier any information acquired in the course of my evaluation or treatment necessary to complete my insurance forms. Also, I hereby assign to Best Behavior, LLC all payments for services rendered. In the event that my insurance company does not pay for services rendered, I understand that I am fully responsible for all payments due.

Policy Holder’s Signature that the above information is correct:
_____ Date: _____

Medical Information

A copy of the diagnostic evaluation and a prescription from the physician for ABA services will be required with this packet.

Name of physician: _____
Physician address: _____
Physician phone: (____) _____
Preferred Hospital(s) _____

Does your child have any current health conditions? Allergies?
If so, please explain below:

Please list any medications your child is currently taking, both prescription and over the counter.

Medication	Dosage	Frequency	Side Effects

Best Behavior does not offer on-call coverage for ABA services and programs on a 24-hour basis. Clients may contact Best Behavior staff with questions or comments by telephone or email. Concerns may also be directed to Best Behavior’s owners/partners: Adam Yates, Jenna Ryan, or Rebekah Catalano.

Confidentiality Policy

I understand that all information I provide during the provision of services by Best Behavior will be handled with strict confidentiality. No information, verbal or written, will be released to other agencies or individuals without my written consent. Best Behavior maintains client confidentiality in compliance

_____ Best Behavior LLC _____
1907 Park Marina Drive
Redding, CA 96001

with HIPAA.

I understand the limitations to confidentiality, including:

1. Abuse or neglect of a minor or individual with disabilities must be reported to Child Protective Services for investigation.
2. If a threat is perceived and it is felt the threat will be carried out, Best Behavior staff have an ethical obligation to warn the potential victim.
3. If subpoenaed by the court, and required to provide information regarding trainings, clients, or staff testimony, Best Behavior staff are legally bound to provide that information.

Cancellation Policy

Families must contact the cancellation line at (530-646-9411) in order to record any cancelled session.

Due to the medical needs of our clients, we require that parents/caregivers cancel therapy sessions for the following reasons:

- Fever at or above 100F°
- Vomiting
- Sinus infections/colds with yellow, green mucous
- Conjunctivitis (pink eye)
- Lice
- Strep Throat
- Chicken Pox, Measles, Mumps, RSV, Rubella, Mononucleosis
- Flu-like symptoms
- Viral infections, rashes, or any other contagious illness

Your child may begin receiving services after an illness within the below listed time periods:

- 24 hours – Must be symptom-free and receiving the necessary medications for: vomiting, fever, sinus infections, and colds.
- 48 hours – After receiving medical treatment with antibiotics for: Strep throat and conjunctivitis.
- 72 hours – After receiving medication treatment and having no live lice; also, following maintenance treatments as indicated on product label.
- Viral infections such as hand, foot, and mouth disease may be more subjective in the cancellations due to the highly contagious nature of viruses. *Staff will work with families to resume services as quickly as staff and the family feel is appropriate*
- Physician's Release – Must obtain after chicken pox, measles, mumps, RSV, rubella, and mononucleosis. *(If for any reason your child is admitted to the hospital, you must provide a release from the Physician stating that it is okay to resume therapy, and/or resume limited therapy; before services can be continued*

Best Behavior staff may cancel sessions if they also exhibit the symptoms listed above. Staff will follow the same cancellation time periods. Best Behavior will make every attempt to reschedule any sessions cancelled by staff. Families are expected to make every attempt to reschedule any sessions cancelled by the family.

Developmental History

Has your child ever had ABA, speech/language, Parent Infant Program or occupational therapy, currently or in the past? **Yes / No**

If so, what type of therapy? When? Where?

Reason(s) for therapy: _____

Goals achieved? **Yes / No**

School Age History

School: _____

Age level/Teacher: _____

Describe your child's typical grades / reports from the school:

What concerns do you or the school have regarding school performance?

Regarding attention/concentration?

Regarding work habits?

Regarding behavior?

Does your child receive special education services at school? **Yes / No**

What services are received?

Does your child have an IEP? **Yes / No**

What is the date of the last IEP? _____

Is there any additional school related information that you feel would help with evaluating the child?

Areas of Concern (check all that apply)

<input type="checkbox"/> Picky eater	<input type="checkbox"/> Doesn't follow instructions
<input type="checkbox"/> Difficulties eating	<input type="checkbox"/> Limited vocabulary
<input type="checkbox"/> Refusal to obey	<input type="checkbox"/> Difficulty sleeping
<input type="checkbox"/> Limited toy play	<input type="checkbox"/> Echolalia
<input type="checkbox"/> Aggression	<input type="checkbox"/> Runs from supervision
<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Difficulty answering questions
<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Fixation on toys, electronics
<input type="checkbox"/> Sensitive to touch, smells, tastes	<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Unable to dress self	<input type="checkbox"/> Poor hygiene
<input type="checkbox"/> Limited social relationships	<input type="checkbox"/> Stimming
Other concerns/additional information:	

Guidelines of Effective Programming: Family

- A primary caregiver over the age of 18 years must be in the home throughout the duration of programming sessions.
- If a primary caregiver is not available, the family must cancel the session.
- Except in the case of an emergency, the behavior analyst must receive all cancellation phone calls **no later than ONE HOUR prior to the start of the session.**
- The **caregiver is expected to reschedule any cancelled sessions within the month whenever possible.** If the caregiver cancels more than 10% of the sessions held in one month and do not reschedule the sessions, a meeting will be held to determine the future of programming.
- Failure to call the behavior analyst to cancel session will be documented. **More than two cancellations without notification will result in a meeting to determine the future of programming.**
- Caregivers are expected to fully participate in all programming sessions by:
 - Observing the interactions of the behavior analyst with the client
 - Practicing recommended strategies
 - Accepting feedback from the behavior analyst
 - Asking questions to the behavior analyst regarding programming, concerns regarding strategies, and/or additional problem behaviors
 - Report to the behavior analyst regarding strategy implementation outside of programming sessions

- Provide data to the behavior analyst and discuss as needed
- Outside of programming hours, caregivers are expected to:
 - Take data as directed by the behavior analyst
 - Apply recommended strategies and interventions
 - Contact the behavior analyst regarding any significant changes in the client's behavior prior to the next session
- If programming includes trips into the community, the caregiver is expected to provide:
 - Transportation for the client (and behavior analyst if the car ride is an area of concern)
 - Any necessary materials for the community outing (i.e. grocery list, money)
- All programming sessions will occur in the natural environments of the client. **Caregivers will be expected to share with the behavior analyst all relevant information regarding potential sites of programming (i.e., mother's home, grandparents' home, father's home).**
- **All primary caregivers are expected to participate in programming. Level of participation will be agreed upon in an initial meeting with all caregivers and the behavior analyst at the start of programming.**
- All individuals involved in programming will be expected to maintain a professional relationship. No relationship outside the direct relationship between the behavior analyst and the client will be tolerated. Parents/Guardians/Caregivers will be expected to refrain from engaging in conversations of a personal or private nature with the behavior analyst. If at any time the professional relationship is compromised, Best Behavior reserves the right to initiate a meeting to discuss the future of programming.
- It is considered unethical for the behavior analyst and any Best Behavior staff to accept gifts from clients including meals, presents, gift cards, money and/or any other offering which can be misconstrued as exchanging goods for services.
- If at any time the caregiver/client wishes to express concern regarding the professionalism or ethical standards of the behavior analyst, they have the right to complain to the BACB. Information regarding the complaint process is provided on the program plan document.
- Consumption of alcohol, cigarettes, marijuana, or any other drugs during programming hours **will not be tolerated. Substance abuse of any nature during the provision of services will result in termination of the immediate programming session and the Best Behavior staff will initiate a meeting to determine the future direction of programming.**
- The natural environment of the client (home, residential center, community setting, etc.) is the workplace environment of the behavior analyst. As such, the programming environment falls under the guidelines of AB-13 Fact Sheet prepared by the California Occupational Safety and Health Administration (CAOSHA). **Any conditions which may pose a health risk within the home environment (such as black mold, lead paint exposure, flea or cockroach infestations) may result in will result in termination of the immediate programming session and the Best Behavior staff will initiate a meeting to determine the future direction of programming.**

Grievances Policy

Situations may occur where an individual believes that the fair and consistent application of a policy affecting him or her has not been followed. In most cases, Best Behavior, LLC expects the individual will be able to resolve any complaints directly. No individual shall be subjected to discrimination or adverse treatment for participating in a grievance procedure. When a recent or continuing problem has not been resolved in a timely manner, the following procedure will occur:

The grievance procedure consists of two steps: (1) Step I—Informal and (2) Step II—Formal. Each step has its own procedures, as set forth below.

Step I- Informal

1. If the individual feels uncomfortable directly communicating with the person in question, the individual will communicate with another partner of Best Behavior, LLC. The individual should explain the nature of the problem and the solution being sought. The partner will respond in writing within two business days.
2. If the situation is not resolved, the individual will submit a written letter of complaint to Best Behavior, LLC. The letter should include the nature of the problem, previous communication with any partner of Best Behavior, LLC, and/or a proposed solution. Best Behavior, LLC will contact the Service Coordinator within one business day to request a meeting with all parties involved.

Step II- Formal

3. If the situation is still unresolved, the individual may submit a complaint form to the Behavior Analyst Certification Board (BACB). All complaints must be filed using the specified complaint form found on the BACB website:

<http://www.bacb.com/index.php?page=56>

Completed complaint forms can be submitted electronically via the BACB website or mailed to the following address:

*Behavior Analyst Certification Board, Inc.
Disciplinary Matters
8051 Shaffer Parkway
Littleton, Colorado 80127*

Guidelines of Effective Programming: Best Behavior

- Admission into ABA services will be available to children, adolescents, and adults with or without a diagnosis based on the need/desire to modify established behaviors. Certain provisions may apply in regard to diagnosis if someone is seeking funding for the service through a third party, such as private insurance or private pay.

- When needed, Best Behavior will provide the client/family with contact information for other professionals who may be better able to assist with the needs of the client if Best Behavior is unable to meet specific treatment needs.
- Services will focus on the development and implementation of a functional behavior assessment and an ABA treatment plan. ABA services will be provided by a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) or a highly trained Behavior Consultant and Behavior Technician under the supervision of a BCBA.
- Best Behavior provides ABA services based on the client's current level of individualized needs. The treatment plan will structure antecedent and consequence based strategies that are skill-based, functionally equivalent, and non-aversive. Interventions will focus on reducing problematic behavior and increasing functionally related skills.
- Behavioral assessment results are available to the client and/or family, and a preliminary treatment plan meeting will be scheduled with the client and ABA professionals to review the proposed service type(s), treatment plan goals and objectives, recommended duration and length of treatment, and an exit plan for the client.
- Upon exiting treatment, recommendations will be provided as a way to support continued progress or address persisting concerns.
- The contents of both the assessment and treatment plan will be explained to the client and/or family, and Best Behavior staff will willingly answer any related questions about the assessment or proposed service. Best Behavior understands that this information is confidential, and will abide by established confidentiality policies and procedures.
- In addition to direct ABA treatment, ABA services also include training and ongoing consultation in the principles of applied behavior analysis as they pertain to the client's treatment plan with family, educators, and any related service providers as requested by the family. Best Behavior will obtain releases of Information prior to communicating with any related providers.
- All lesson materials, reports, and data collected (records) as part of service provision are considered the property of the parent/guardian. The use of these materials by the parent/guardian will not be restricted in any manner. All HIPAA confidentiality procedures will be adhered to in retaining records. Families may request copies of any/all records pertaining to the client for up to seven years from the date this document is signed.

Transition Plan

In the event the family moves to a new residence in which Best Behavior, LLC is not available to provide services, the following protocol will be implemented to transfer services to another ABA provider in order to minimize any potential lags in service and prevent the development of additional problem behavior:

1. Best Behavior, LLC will aggregate and graph all data
2. Update the Behavior Intervention Plan with current antecedents, proactive and reactive strategies as well as reinforcement schedules
3. Prior to updating the treatment plan the behavior consultant and behavior analyst will assess in the home and community current skill levels targeted in the treatment in order to generate an exit report
4. The behavior analyst will update and transition the current treatment report to an exit report
5. When the family has contacted a new provider Best Behavior will contact the new provider and set a meeting in order to coordinate the transfer of data and documents and explain any unclear strategies
6. It will be the parents'/guardians' responsibility to contact their doctor in order to generate a new, current referral for ABA services to provide to the new ABA provider
7. It will be the doctor's responsibility to fax/send the referral to the new provider.

Exit Plan

The criteria for exiting the ABA program provided by Best Behavior, LLC are as follows:

1. The client meets all objectives recommended by Best Behavior, LLC in the time period authorized by their insurance and . . .
 - a. The clients parents/guardians continue to independently implement the interventions recommended by Best Behavior, LLC outside of programming hours and...
 - b. The clients family indicates that in-home ABA services are no longer needed for their child, or . . .
2. The client continuously displays stunted to no progress or adaptive response to the program implemented by Best Behavior and . . .
 - a. The clients' parents/guardians continuously require reminders and prompts to implement the interventions recommended by Best Behavior, LLC outside of programming hours and/or . . .
 - b. The clients' parents/guardians refuses to implement the interventions recommended by Best Behavior, LLC outside of programming hours and/or . . .
 - c. The clients' parents/guardians continuously cancel more than 50% of planned sessions and/or . . .
 - d. The clients' parents/guardians continuously consume alcohol or illegal drugs during programming sessions despite reminders by Best Behavior, LLC to abstain from doing so, and/or . . .
 - e. The clients' parents/guardians continuously do not have an 18-year-old or older family member or friend present during sessions per Best Behavior, LLC policy

Photography Waiver

Name: _____

I grant to **Best Behavior, LLC**, its representatives and employees the right to take photographs of my child and me. I authorize **Best Behavior, LLC**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Best Behavior, LLC** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. If I wish to revoke my authorization, I must do so in writing.

I have read and understand the above:

Printed Name _____

Signature _____ Date _____

Signature, parent or guardian _____ (if under age 18)

Swimming Pool Waiver

I, _____ HEREBY AGREE TO THE FOLLOWING:

I/we am/are aware that use of a swimming pool involves inherently dangerous activities. I/we understand that the hazard of use includes, but are not limited to, injury or death from drowning or dry drowning. I/we agree to accept any and all risks of injury and death.

I/we agree that I/we, my/our heirs, spouse, guardians, legal representatives, and assigns will not make a claim against or sue Best Behavior, LLC, its officers, agents, or employees for injury, death, or property damage, known or unknown, arising from use of a swimming pool. In addition, I/we knowingly, voluntarily and forever release and discharge Best Behavior, LLC, its officers, agents, and employees from all actions, claims, or demands that I/we, my/our heirs, spouses, guardians, legal representatives and assigns now have or may later have for injury, death, or property damage resulting from my/our use of the swimming pool.

WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE AM/ARE AWARE THIS IS A RELEASE OF LIABILITY FOR USE OF A SWIMMING POOL. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Printed Name _____

Signature _____ Date _____

Signature, parent or guardian _____ (if under age 18)

Best Behavior LLC
1907 Park Marina Drive
Redding, CA 96001

Consent

Your signature below indicates that you have received and read the information in this document. Consent by all parents/legal guardians is required prior to the implementation of ABA services.

These policies have been fully explained to me and I fully and freely give my consent for service to be implemented as proposed.

Parent/Guardian (if applicable)

Date

Parent/Guardian (if applicable)

Date

Best Behavior staff

Date

Release of Information

Client name: _____

Date of birth: _____

I. My Authorization

I release health information or behavior records maintained by: _____

Reason(s) for this authorization (check all that apply):

at my request

at the request of Best Behavior, LLC

other

(specify) _____

This authorization ends on: (date) _____

Or when the following event occurs: _____

II. My Rights

I understand I do not have to sign this authorization in order to get behavioral services from Best Behavior, LLC.

I may revoke this authorization in writing. If I did, it would not affect any actions already taken by the Best Behavior, LLC based upon this authorization. Two ways to revoke this authorization are:

Call Best Behavior, LLC and request written confirmation of revocation of authorization.

or

Write a letter to Best Behavior, LLC stating the revocation of authorization.

Once health information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Parent or legally authorized individual signature

Date

Partner, Best Behavior, LLC