



Consent for Home-Based ABA Services Policies – Statement of Agreement

Please read the “Collaborative Care Behavioral Therapy Client and Family Handbook” carefully to understand Collaborative Care Behavioral Therapy’s policies, procedures, processes, and fees before you sign this Policies Statement of Agreement.

I acknowledge that I have received copies of the Client and Family Handbook. I understand that this document replaces any and all prior verbal and written communications regarding Collaborative Care Behavioral Therapy’s policies, procedures, processes, and fees.

I have read and understand the contents of the Client and Family Handbook and will act in accordance with these policies, procedures, processes, and fees as a condition of being a client with Collaborative Care Behavioral Therapy.

I understand that if I have questions or concerns at any time about the policies in the Client and Family Handbook, I will consult the owner, Brittany McDonald. I understand that the contents of the Client and Family Handbook are simply guidelines, not a contract or implied contract with clients. The contents of the Client and Family Handbook may change at any time. If the Client and Family Handbook is updated, I will be asked to sign a new Policies Statement of Agreement.

I consent to have Applied Behavior Analysis (ABA) services provided to my child by Collaborative Care Behavioral Therapy, LLC. I agree to be involved and participate in team meetings with the consultant. I also agree that a parent must be on the property at all times during home-based ABA sessions.

I understand that Collaborative Care Behavioral Therapy uses email as our primary form of communication. CCBT staff and/or contracted employees may send a follow-up email after a phone call. Changes of staff schedules, cancellations, and other notifications will be sent via email. I consent to being contacted by email and phone by CCBT.

Finally, I understand that this agreement must be signed, dated, and returned to Peak Potential Therapy, before a staff can begin working with the client.

Client’s Name: _____

Parent’s Name: _____

Parent’s Signature: _____

Date: _____