

Required Intake Documents Checklist

Please check off each item you have completed. Items in bold are required for all intakes.

- Diagnostic Evaluation for Autism Spectrum Disorder** (bring copy or originals)
- Informed Consent Agreement**
- Policies and Procedures**
- Email Medical Release Liability Waiver**
- Medical Release of Information**
- Patient Payment Authorization**
- Cancellation, Illness, and HIPAA Policy**
- Copy of Insurance Card** (bring copy of original, front and back)
- Availability for Services Schedule**
- Emergency Protocol**
- Child Custody Documentation (if applicable)
- IEP or 504 Form
- Literacy Intake
- Feeding Intake

EBS Clubhouse is an organization committed to the treatment of children with Autism Spectrum Disorders using empirically validated methods and strategies in order to assist each child in reaching his or her greatest potential and improving their quality of life. At EBS Clubhouse, we cherish every child as an individual.

In addition to autism treatment, we focus on the needs of the family and its fundamental role in the success of our individualized programming. We are dedicated to providing each family with customized support and training using the principles and techniques of applied behavior analysis (ABA) while following the ethical guidelines set forth by the Behavior Analysis Certification Board (BACB), the Association of Behavior Analysis International (ABAI), and the Association of Professional Behavior Analysts (APBA).

This client handbook and contract is designed to provide you with the information you need to ensure you understand what Applied Behavior Analysis (ABA) is, how EBS Clubhouse applies ABA methods and principles, and what you can expect should you enter a partnership with EBS Clubhouse to provide services to your family.

What Is ABA?

Applied Behavior Analysis (ABA) is a research based, scientific method that began with the work of B.F. Skinner. The science measures observable behavior. It looks at what occurs before a behavior (antecedent) and what happens after a behavior (consequence). In addition, the methods of ABA are applied by breaking down skills into simple steps and teaching each step in succession. Skills are taught with the use of prompting to assist learning. A correct response is followed by positive reinforcement which increases the likelihood that a behavior or response will occur more often in the future.

ABA is the study of the functional relationship between one's behaviors and their environment. Data is collected on the stimuli that elicits, increases, decreases, or maintains the child's behavior. The data is analyzed and a treatment plan or an individualized ABA program is implemented. As the child's treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to utilize behavioral contingencies to help the child learn more functional skills that can replace undesirable behaviors and improve quality of life. EBS Clubhouse seeks to produce significant results enabling the child to adapt to their environment thus preparing them for a brighter future.

ABA based intervention is validated for Autism Spectrum Disorder (ASD), but is also applicable to children with other developmental disabilities. It is a set of principles and guidelines upon which programs are based and should not be used synonymously with a specific program. An ABA program could target specific developmental areas such as:

- Attention
- Imitation
- Fine Motor and Gross Motor Skills
- Language Development
- Social/ Conversational Skills
- Leisure and Play Skills
- Functional Skills
- Socialization
- Self-Help Skills/Independence
- Problematic Behaviors
- Caregiver Training
- Sibling Support

Other names encountered within the field of ABA are: Verbal Behavior (VB), Discrete Trial Teaching or Training (DTT), Natural Environment Teaching (NET), Pivotal Response Teaching or Training (PRT), and Fluency-based Instruction. Each use a specific method of instruction and all are based on the principles of ABA.

How Does ABA Work?

ABA:

- Provides age-appropriate learning objectives.
- Provides one-on-one therapy, initially administered in the home, and then generalized to other settings.
- Provides continual support to parents throughout all the time the child works with EBS Clubhouse.

ABA technicians provide individual behavior therapy in the child's home, other therapy offices, or at school, in coordination with the school administrators. Our ABA technicians receive comprehensive training in behavioral theory, reinforcement, the application of naturalistic teaching, functional communication, the nuances of prompting and fading prompts, behavior management, generalization, maintenance of acquired skills, and interactive play with peer groups and social development. In addition, continuous refresher training courses and research on new techniques shall be provided to technicians so that they are able to maintain a desired level of service quality.

Why Should Parents get Training?

Parents are integral to the success of each child. EBS Clubhouse strives to include parents in all aspects of therapy, from goal and objective development to treatment strategies and behavior management skills. Consistency of programming across settings is our ultimate aim. The EBS Clubhouse supervisors and technicians are available to train parents in the areas of behavior management and the application of discrete trial training in the hopes that parents will also become part of the child's therapy team.

How Many Hours of ABA Therapy Does Your Child Need?

EBS Clubhouse cannot predetermine the number of hours that your child may require from an ABA program. After the initial assessment, the BCBA will be able to make the recommendation as to how many hours are appropriate to meet the specific needs of the child.

How Long Does it Take to Conduct the Assessment?

The assessment is conducted between one to three sessions, which are each about one to two hours long. Parents will often be interviewed as part of the assessment and they are encouraged to share their concerns and to identify their priorities regarding the objectives for intervention. The assessment results will be used to develop the treatment program. This usually takes additional hours in office time (no client contact). It is important for any individual to be able to perform at their best during an assessment. Please let your assigned BCBA know of any illness or changes in medication or diet that may necessitate an assessment to be re-scheduled. We believe in a positive treatment approach in order to create a positive learning experience. Thus, we ask that our clients and/or families share information about an individual's preferences, dislikes, and needs that may arise during a clinical assessment. An initial assessment may be conducted in order to make recommendations, but the complete assessment process may take 4-10 total hours depending on the specific assessment procedures needed.

Additionally, parent/caregiver participation is an expectation of service. Participation may include a monthly team meeting, data collection, and implementation and involvement in the implementation of

recommended strategies. If there is lack of involvement, reserves the right to reconsider the appropriateness of service. Team meetings will focus on progress monitoring, level of service needed, and barriers in treatment as a way to strive toward positive results.

Intensity of Treatment

After your child's assessment, a treatment intensity will be included in your report. The treatment intensity (sometimes referred to as dosage) typically comprises both the number of hours of direct treatment per week and the total duration of treatment for an authorization period. The comments that follow focus primarily on the number of hours of treatment per week/month/ authorization period.

Focused ABA treatment is treatment provided directly to the client for a limited number of behavioral targets [functional skills, problem behaviors]." Intensity levels in a range of 10-25 hours per week are mentioned, with the caveat that the intensity may need to be higher depending on the nature of the target behaviors and other considerations, individualized to each client. For instance, behaviors that put the client and/or others at risk of harm may well warrant high-intensity focused ABA treatment for some period of time. Those may include maladaptive behaviors to be reduced and/or adaptive behaviors that need to be developed or strengthened in order to enhance the client's health, safety, and overall functioning.

Comprehensive ABA treatment

A comprehensive ABA treatment is a treatment prescribed for multiple affected developmental domains, such as cognitive, communicative, social, emotional, and adaptive functioning" as well as maladaptive behaviors. The Guidelines state that intensity levels of 30-40 hours per week are common and necessary to achieve meaningful improvements in a large number of treatment targets. The Guidelines emphasize, however, that the intensity of comprehensive treatment must be individualized to the client's characteristics and other factors.

Therefore, determinations as to whether ABA treatment should be focused or comprehensive and the intensity of treatment should be based on the medical necessity of the treatment for each individual client rather than the client's chronological age, duration or nature of previous ABA services, or the like. Therefore, if the professional behavior analyst determines that X number of hours per week of ABA treatment is medically necessary for a client that is the number of direct ABA treatment hours that should be authorized. That number should not encompass or be reduced by the amount of time the behavior analyst spends supervising the case or training caregivers, or time the client spends in other therapies, services, or activities. In other words, case supervision and caregiver training services should be rendered in addition to the services delivered directly to the client, and the time involved in case supervision and caregiver training should not be deducted from or offset against the number of hours of direct ABA treatment recommended by the professional behavior analyst. Nor should time the client spends in activities such as school and other therapies be counted in or deducted from the recommended number of hours of ABA treatment.

Intensity of Case Supervision

The Guidelines note that supervision of a client's case (also referred to as clinical direction) typically involves a number of different activities on the part of the professional behavior analyst, and that the appropriate intensity and other aspects of case supervision are determined by multiple variables. Although the Guidelines characterize a minimum of 2 hours of supervision for every 10 hours of direct treatment as the general standard of care, they also specify the amount of supervision for each case must be responsive to individual client needs. The ratio of case supervision hours to direct treatment hours reflects the complexity of the client's ASD symptoms and the responsive, individualized, data-based decision-making which characterizes ABA treatment. In other words, the proportion of supervision hours to direct treatment hours suggested in the Guidelines is a general parameter that should not be interpreted or applied rigidly to every case. Instead, if the professional behavior analyst determines that X number of hours per week of case supervision is required, that is the number of hours that should be authorized, with the understanding

that the number may need to be adjusted up or down over the course of treatment. Further, those hours must not be counted toward, substituted for, or offset against the hours of ABA treatment delivered directly to the client.

Who is Involved in my Child's Therapy?

Your treatment team will consist of the following professionals:

1. Behavior Technician (“therapist”) – The Behavior Technician (BT) will work one on one with your child, providing direct intervention. The BT will follow the program as written by the Clinical Supervisor and Clinical Director.
2. Clinical Supervisor* – The Clinical Supervisor (CS) will make 2-3 visits a month (more if deemed necessary) depending on clinical recommendation to provide supervision and guidance to the RBT. The CS will also provide parent training to assist you with running the program and answer any questions you may have.
3. Director of Behavioral Services–The Director of Behavioral Services is ultimately responsible for the entire ABA program. The Director is a Board Certified Behavior Analyst (BCBA). The Director will ensure program quality by meeting with the CS regularly to discuss progress. The Director may attend meetings, sessions and provide feedback to members of clinical team and family.

**Your insurance company may not allow for a Clinical Supervisor. In the event your insurance company doesn't allow EBS Clubhouse to bill for a Clinical Supervisor, EBS Clubhouse Clinical Director will perform the work of a Clinical Supervisor and Clinical Director.*

What Does the Process to get Started Look Like?

1. EBS Clubhouse receives referral from insurance company or family
2. EBS Clubhouse will request documentation and diagnosis information from your doctor.
3. Once all necessary documentation is complete and staff are available, EBS Clubhouse will verify benefits and request an authorization for assessment. Assessment authorization wait time varies. Please allow up to 10-14 business days.
4. If staff are unavailable, you will be provided a referral or can be placed on a wait list.
5. Our scheduling department will contact you to schedule an assessment. Once the assessment is completed an appointment to go over the report will be scheduled.
6. Treatment Recommendations will be reviewed with family. Your supervisor will request your signature if you agree to the treatment plan outline.
7. EBS Clubhouse sends the assessment and recommendations report for approval to the insurance company
8. EBS Clubhouse receives authorization for treatment from the insurance company (timeline varies)
9. EBS Clubhouse schedules services with the family based on the number of authorized treatment hours.
10. EBS Clubhouse sends a progress report every 6 months (or as required) for re-authorization of services.
11. EBS Clubhouse discharges client when treatment is no longer medically necessary or if policies and procedures are not being followed.

Policies and Procedures for Filing Grievances

Grievance is defined as a real or imagined wrong or other cause for complaint or protest, especially unfair treatment. EBS Clubhouse encourages an informal resolution of program related problems, EBS Clubhouse recognized that there may concerns requiring formal consideration and resolution. We encourage families to communicate openly and informally with treatment team supervisors. In the event you have a concern with your child's program please contact your child's Clinical Supervisor first and then the Clinical Director (BCBA).

1. If your concerns cannot be handled by the Clinical Supervisor or Clinical Director then please contact the Regional Director. Your Clinical Director can provide the contact information for the Regional Director in your area. If you do not feel comfortable asking your Clinical Director, you can call EBS Clubhouse at 866-206-2008 and request the name of your Regional Director.
2. If the grievance is not resolved by the Regional Director, EBS Clubhouse recommends writing to John Gumpert, at John.Gumpert@ebsschools.com or calling the main line, 866-206-2008 and request to speak to John. Grievances can also be mailed to the address below:

200 Skiles Boulevard
West Chester, PA 19382

3. No form of retaliation shall occur nor shall any barrier to service be created as a result of participant grievance
4. Procedures for written notification regarding actions to be taken:
 - a. You will be informed regarding written actions to be taken within 15 working days of your request being received.
5. Clients who file grievances have the right to:
 - a. Reach out to the EBS Clubhouse management
 - b. File a grievance form explaining the situation in detail
 - c. Refuse to attend formal meetings on their own. Clients can utilize an advocate.
 - d. Appeal on any formal decision
6. The company is obliged to:
 - a. Have a formal grievance procedure in place
 - b. Communicate the procedure
 - c. Investigate all grievances promptly
 - d. Treat all clients who file grievances equally
 - e. Preserve confidentiality at any stage of the process
 - f. Resolve all grievances when possible
 - g. Respect its no-retaliation policy when clients file grievances with the company or external agencies (e.g. equal employment opportunity committee)

Please note, if you are an Easter Seals/Kaiser patient/client, our organization upholds rights and responsibilities as outlined in the ESBA handbook. Please reference the policy titled "Policies and Procedures for Filing Grievances" in the ESBA handbook for additional information on levels of review with availability of external review, rights of each party, and responsibilities of each party.

EBS Clubhouse Parent and Program Guidelines

Your cooperation with the following is greatly appreciated to assist us in working with your child:

1. **Being Prepared for Session:** Your child should be dressed and fed prior to the therapist's arrival unless these skills are being addressed in the program.

2. **Scope of Care:** A parent or responsible adult (over the age of 18) must be in the home when therapy is being provided. The responsible adult includes parents, teachers, grandparents, nannies/babysitters, or any other adult who you have given written authority to care for the health and welfare of your child. The responsible adult is responsible for feeding, monitoring health, safety in the community, and bathroom routines. The responsible adult is also expected to participate in session as requested by the therapist and supervising team.
3. **Work Environment:** The area being used for therapy must be clean, comfortable temperature, well lit, and relatively free of distractions. It is important that we are able to conduct the session in a professional manner with materials ready and limited access to competing reinforcers (toys that are not used during the therapy session). EBS Clubhouse is under legal obligation to provide a safe and harassment free working environment for all of our staff. EBS Clubhouse staff has the right to immediately vacate the premises if the work environment is not appropriate for our staff to provide services.
4. **Parent Participation:** In order to ensure that we have the best chance of making the most gains with your child, it requires that you commit to participation in sessions and carrying over suggested activities. Your participation in therapy sessions will help you learn new strategies for supporting the client's growth and development throughout your daily routines. Please discuss your role in therapy sessions with the Clinical Director to determine the best learning situation for your unique child.
As with any skill, practice makes perfect. Success also requires consistent attendance at planned treatment sessions.

Although, our team will identify skill deficits and behavioral excesses during assessment and ongoing treatment, we believe in treatment outcomes that are meaningful to your family's everyday life. Our team will require your input in selecting skill and behavior targets that are most important to your family and your child's independence. We expect to meet with you regularly to discuss the addition, modification, or termination of treatment goals.

Parent participation is a requirement for the continuation of services. EBS Clubhouse may recommend discharge if you are not participating in services. Our treatment team will inform you of the expectation as we generally expect parent participation to increase as treatment progresses. We understand that schedules and other obligations may prevent you from participating in services. We recommend you speak with your treatment team and/or Regional Director to discuss a plan to participate that takes your schedule into consideration.

5. **Materials:** EBS Clubhouse will provide the initial materials/reinforcers for your child's treatment. As treatment continues, we expect our families to obtain reinforcers. Child or other siblings should leave the materials and reinforcers used for therapy alone outside of therapy time.
6. **Transportation:** The therapists are not allowed to take a child, or family members of the child, in their automobile.
7. **Telephone:** The telephone numbers of all therapists will be given to the parents when therapy sessions start so that parents can contact them if necessary. Please do not call or text the therapists before 8 am or after 9 pm.
8. **Cancellations:** We consider our therapy sessions very important and expect you to do the same. If you must cancel, please contact the behavior technician immediately, preferably within 48 hours. We are rarely able to fill cancelled sessions unless we know about the cancellation in advance. If

- more than 3 scheduled sessions are missed within the month **(and it is not due to illness)**, we reserve the right to reschedule the appointment times or discharge from treatment.
- a. If you need to cancel a session, please make sure to call the behavior technician first. If you are not able to reach the behavior technician, please contact the Supervisor. If you are not able to reach the Supervisor, please contact the Director.
 - b. Please leave a voicemail that includes the following: child's name, date of cancellation, and reason for cancellation.
 - c. If a session is cancelled by a family with advanced notice (24 hours), EBS Clubhouse will do our best to schedule a make-up session(s). EBS Clubhouse cannot guarantee that make-up sessions will be offered.
9. **Rescheduling:** If a session is cancelled by our staff, and you would like to reschedule, please let us know. If the appointment time requested is not available, we will place you on our waiting list. If another client cancels their appointment, we will contact clients on the waiting list on a first come, first call basis.
10. **No-Show:** The therapist must wait 15 minutes if the child is not there at therapy time. After 15 minutes, the therapist is allowed to leave and the child is considered absent. The 15 minutes are not billable to insurance and billed directly to EBS Clubhouse.
11. **Vacations:** If your family is planning a vacation, please inform the EBS Clubhouse Supervisor and Director as soon as possible. We cannot guarantee the continuation of therapy with the same treatment team upon your return.
12. **Sickness.** *Please notify the therapist, as much in advance as possible, at least the night before the scheduled session if you know that your child (or other children in your home) will not be able to participate in the program the next day due to illness.* Sickness includes, but is not limited to, any of the following symptoms within the last 24 hours:
- Temperature above 100
 - Coughing
 - Communicable Disease
 - Foot/Mouth Disease
 - Vomiting
 - Mumps
 - Chicken Pox
 - Measles
 - Diarrhea
 - Pin Worm
 - Strep Throat
 - Lice
 - Any Rash
 - Pink Eye
- a. If anyone else in the family is experiencing any of these symptoms they should be kept aware from the providers. If anyone in the family is experiencing a highly contagious disease, such as Pink Eye, Strep, Head Lice, Impetigo, or Hand-Foot-Mouth Disease sessions should be canceled.
 - b. Parents are asked to use the same guidelines used in school – if a child (or sibling) is too sick to attend school, he or she is too sick to participate in a therapy session.

- c. Therapy will resume as soon as the child's doctor clears him/her of being contagious, 24 hours of being symptom free, or the prescribed remedy (medication) is complete. If a therapist arrives at the home and the child is sick, the therapist will not be able to work with your child. *EBS Clubhouse staff will use their discretion in deciding whether therapy should continue when a client is ill.*
13. **Therapist Cancellations:** The therapist will call or text the family if they are going to arrive more than 5 minutes late. If a therapist cancels a session, these hours may be made up as soon as possible and the family will be informed as to when this is going to occur. If a therapist needs to cancel a session, the therapist and someone from the EBS Clubhouse team will contact you immediately. EBS Clubhouse will do our best to alert you in a timely manner regarding therapist cancellations and provide an option for a substitute therapist when possible.
14. **Scheduling:** EBS Clubhouse will offer scheduling options that meet the full number of authorized service hours for you or the client. EBS Clubhouse cannot guarantee that preferred appointment times can be met for all of the client's authorized hours.
EBS Clubhouse does not allow frequent schedule changes. If there is an occasional issue, such as a doctor's appointment or family occasion, every effort will be made to accommodate. These accommodations must be made through contacting your supervisor. A therapist cannot change appointment times without an agreement with the family and the EBS Clubhouse administrative team.
15. **Incident Reporting:** In case of an accident or unusual incident, the therapist should complete an accident form, then notify the family and EBS Clubhouse within 1 working day.
16. **Mandated Reporting:** All EBS Clubhouse staff are mandated reporters. Mandated reporters are required by the state of California to report any known or suspected instances of child abuse or neglect to the county child welfare department or to a local law enforcement agency
17. **Open Communication:** Parents and therapists should be courteous and respectful to each other. Open communication between parents and therapists is essential to the establishment of a successful program for the child. All communication must be done in a courteous and respectful manner. If there are any problems or concerns, please contact the supervising team immediately.
18. **HIPAA/Confidentiality:** Please understand that all client information is HIPAA protected. All EBS Clubhouse therapists must maintain each client's right to confidentiality regarding treatment. Please do not ask about another client's program or treatment, as this information cannot be discussed.
19. **Videotaping:** Periodic videotaping of sessions may be helpful in assessing a child. Permission will be obtained from parents before a session is recorded and can be terminated at any time. Parents can also request copies of taped sessions.
20. **Signatures:** Parents/responsible adults must sign each therapist's time sheet to confirm the number of service hours provided *at the end of each session*. Parents are responsible for ensuring the accuracy of hours. Please contact your Clinical Supervisor or EBS Clubhouse administrative staff immediately if you believe that the time on our staff's timesheet is inaccurate.
21. **Siblings:** EBS Clubhouse therapists are not obligated to work with siblings. If a therapist feels a sibling can be used as a participant in a session, it is at their discretion.

22. **Session Preparation and Clean Up:** The first 15 minutes of the session will be used to prepare for the session and set up the environment. The last 15 minutes of the session will be used to write session notes and update graphs or data sheets. Please allow this time without the child. The therapist will share highlights of the session and request your initials or signature on their timesheet.
23. **Indirect Hours:** During indirect hours (completed in the office), the supervising team will review the child's treatment plan, update any changes needed, make materials, and review the child's progress. Your insurance company may allow our supervisors to bill for this time.
24. **Questions/Concerns:** Please contact your supervision team with any treatment questions or concerns. The importance of continuity between home and EBS Clubhouse's therapists cannot be overstressed. Our aim is to develop an honest, open, and supportive relationship with you, which complements life in your home rather than contradicts it. We are very aware of our influence as a role model for your child and without your extensive knowledge of your child, we would be unable to enhance your child's development. EBS Clubhouse's supervisors are always willing to discuss your child and their treatment progress. Please understand that therapists and supervising team work with multiple families and may not be able to return calls immediately. Please expect a response within 48 business hours.
25. **Professional Relationships:** In following the BACB's guidelines and standards, and in your best interest, we strive to maintain a therapeutic and support-based relationship at all times. Our work is highly personal. Because we are providing you with support, we can become involved in many aspects of your life. We must monitor ourselves to make certain that we do not cross the professional/client relationship barrier. Please understand that our behavior is not personal, but that we are working towards maintaining a professionally supportive role in your lives at all times and a personal friendship may compromise our ability to continue to view your family's situation through a professional's eyes. That said, we do develop a special, unique relationship due to the nature of our business. We are committed to caring for you and yours as we work to achieve goals we have set forth collaboratively.
- a. To help with this, we instruct our staff to:
 - i. Refrain from adding parents or clients to their social networking profiles.
 - ii. Decline invitations to social functions, unless they are directly related to therapy sessions.
 - iii. Deny acceptance of favors, gifts, and food.
 - iv. Avoid creating a dual relationship through time spent with parents in social situations, outside of or after therapy sessions.
 - b. Parents can help by:
 - i. Not sending friend requests to therapists on social networking sites.
 - ii. Not inviting therapists to social functions, unless they are related to therapy and a supervisor has approved it.
 - iii. Not giving gifts, offering favors, or providing food.
 - iv. Helping keep the professional boundary between you and the therapist, by keeping personal family life personal.

Refusal/Discharge from Services: Clients can be discharged from services for failure to comply with policies of the EBS Clubhouse, including complying with payment and attendance policies.

Criteria A, B, C or D must be met to satisfy the criteria for discharge.

- A. No meaningful, measurable improvement has been documented in the patient's behavior(s) for a period of at least six months of optimal treatment.

- B. The patient has reached their cognitive potential, and there is no reasonable expectation that termination of the current treatment would put the patient at risk for decompensation or the recurrence of signs and symptoms that necessitated treatment. 1) For changes to be “meaningful” they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient’s residence and to the larger community within which the patient resides.
 - C. Treatment is making the symptoms persistently worse.
 - D. The patient has achieved adequate stabilization of the deficits and behaviors and can be managed in a less intensive environment e.g., inclusive school setting.
 - E. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.
26. Transition Planning: Applied Behavior Analysis Therapy is geared towards increasing your family members’ independence across their daily routines. In order to achieve this goal all participants and their family member are required to actively participate in transition planning. The planning process began during the assessment process and will continue throughout intervention. Your family members assigned Program Manager and/or clinical supervisor will meeting with you every 3-6 months to discuss transition from ABA therapy. Your input in the process will ultimately help guide the direction of the program and need for additional therapy. In addition, a summary of this transition planning will be included in the progress report.

Patient Rights (R9-10-1008)

EBS Clubhouse shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient’s representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
 - a. How and when a patient or the patient’s representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).

EBS Clubhouse shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient as not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Except as allowed in R9-10-1012(B), restraint or seclusion;
 - i. Retaliation for submitting a complaint to the Department or another entity; or
 - j. Misappropriation of personal and private property by an outpatient treatment center’s personnel member, employee, volunteer, or student; and

3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse or withdraw consent for treatment before treatment is initiated;
 - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
 - d. Is informed of the following:
 - i. The outpatient treatment center's policy on health care directives, and
 - ii. The patient complaint process;
 - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
 - i. Medical record, or
 - ii. Financial records

A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Unofficial version of the rules in 9 A.A.C. 10, Revised for Perpetual Licensing, effective October 1, 2019

Keep Parent Handbook for your records. Return Signature pages.

Sincerely,
Your EBS Clubhouse Team

Client/ Consent Agency Agreement

I, (Print Guardian/Parent Name) _____, understand that my signature below indicates that I have read and agree to the conditions set forth in the parent handbook. It does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with EBS Clubhouse before commencing services for formal applied behavior analysis. I understand that any of the points mentioned in the handbook can be discussed and may be open to change, on a case-by-case basis. If at any time during therapeutic treatment, I have questions about any of the subjects discussed in this handbook, I can talk with my supervising team and EBS Clubhouse will do its best to provide clean, concise answers.

I understand that after applied behavior analysis begins, I have the right to withdraw my consent to continue services at any time for any reason. However, I will make every effort to discuss my concern with EBS Clubhouse before ending applied behavior analysis services.

I understand that no specific promises have been made to me by EBS Clubhouse about the results of treatment or training, the effectiveness of the procedures used by this agency, or the number of sessions necessary for applied behavior analysis to be successful.

I have read, or have had read to me, the topics and points in this handbook. I discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this handbook. I hereby agree to applied behavior analysis services with EBS Clubhouse and to cooperate fully to the best of my ability, as shown here.

I understand that EBS Clubhouse may sever this relationship at any time, or should services no longer be of benefit to the client, or for any other valid reasoning, given the minimum of 30 days' prior notice.

Parent Signature: _____

Patient's Name: _____

Date: _____

Patient Name:
Patient D.O.B
Parent / Guardian Name:
Date:

CONSENT FOR THERAPEUTIC TREATMENT I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at EBS Clubhouse Therapy Center. I understand that I may terminate these services at any time.

Signature of Parent or Guardian _____ Date: _____

IF SHARED CUSTODY- Both parties must sign this consent form prior to treatment

I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at EBS Clubhouse Therapy Center. I understand that I may terminate these services at any time.

Signature of Parent or Guardian _____ Date: _____

CONSENT FOR PARTICIPATION WITH THERAPEUTIC EQUIPMENT Intervention programs at EBS Clubhouse Therapy Center usually involve the use of specialized equipment such as various swings, bolsters, inflated therapy balls, climbing structures, tactile media (such as soap foam, Play-Doh and lotion), and a variety of other activities that involve fine, gross and oral motor coordination. Therapy activities often involve encouraging the child to try new in order to foster increased skills and abilities. While EBS CLUBHOUSE THERAPY CENTER staff make great efforts to ensure each child's safety, the nature of the therapeutic intervention includes the risk of falling, bumping into other people/equipment. I am aware of the inherent risk of this type of activity, and I give permission for my child to participate in therapy as described.

Signature of Parent or Guardian _____ Date: _____

REVIEW OF RECORDS/RELEASE OF INFORMATION I consent to communication between EBS Clubhouse Therapy Center and other therapists, teachers, and/or doctors that have previously worked and/or are currently working with my child. I understand that information may be shared with another member of my child's treatment team outside of EBS Clubhouse Therapy Center, as well as shared with professionals within EBS Clubhouse Therapy Center as part of the treatment process. I understand that the information that is released between the treatment providers is confidential and is for the well-being of my child.

Signature of Parent or Guardian _____ Date: _____

CONSENT FOR VIDEOTAPING & PHOTOGRAPHING FOR THERAPEUTIC PURPOSES Therapists often videotape or photograph children who receive therapy services at EBS Clubhouse Therapy Center to help monitor and document a child's areas of concern, as well as progress. Videotapes and photos are used and reviewed only by EBS Clubhouse Therapy Center staff. Parents are welcome to view their child's videotape at EBS Clubhouse Therapy Center.

I do ___ do not ___ give consent for my child to be videotaped and/or photographed as part of his/her therapy program for use by EBS Clubhouse Therapy Center staff only.

Signature of Parent or Guardian _____ Date: _____

Patient Payment Responsibility

Please read all the information carefully. This is a binding legal document.

Patient Name: _____ **Date of Birth:** _____

PATIENT PAYMENT LIABILITY: I acknowledge that I am legally responsible for all services provided by representatives of EBS Clubhouse Innovative Therapy Centers, LLC, (CITC), or other assistants or healthcare professionals that they may deem necessary to the provision of professional services. I assign and authorize payment to CITC by my insurance carrier for services provided to me or to the patient named above. I understand that it is my responsibility to confirm my insurance benefits and options and to provide correct and current information regarding my policy to CITC. I understand that my insurance carrier may not approve or reimburse my services in full for reasons including but not limited to usual and customary rates, benefit exclusions, coverage limits, lack of authorization, or medical necessity. I realize that my insurance company will not make a final determination as to whether or not it will reimburse any given service until it has reviewed submitted claims, and that this process may take weeks, or even months. I understand that I am responsible for all fees not paid in full, co-payments, and policy deductibles and co-insurance, except where my liability is limited by contract or State or Federal law. In the event that I receive any payments from my insurance company that were assigned to CITC, I agree to IMMEDIATELY inform and reimburse CITC within one week of receipt of the insurance funds.

All fees not covered by insurance are due at time of service, except as otherwise contractually provided.

RELEASE OF INFORMATION: I authorize the release of any medical information necessary to process claims.

CONSENT FOR TREATMENT: I hereby consent to the rendering of care and service by CITC and its clinical staff for myself or for the patient named above.

By signing this document, I am indicating my understanding of the above information. I agree that a photocopy of this authorization shall be considered as effective and valid as the original. I verify that the demographic and insurance information provided to CITC is correct. I also agree to update CITC with any changes as they occur. In the event that I default on any of the terms of this agreement, I agree to pay all costs of collection and reasonable attorney’s fees associated with CITC’s attempt to secure payment from me.

TYPES OF TREATMENT AUTHORIZED BY PATIENT AND CITC:

- Evaluation/Assessment
- Behavior Treatment/Parent Training
- Consultation(s)

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form. I wish to have my information exchanged with my insurance and charges to be sent to my insurance coverage.

Signature of Patient or Guardian: _____

Date: _____

Name of patient: _____

Waiver of Patient Authorizations:

I do not wish to have information released and prefer to pay at the time of service and/or to be fully responsible of charges and to submit claims to my insurance company at my discretion.

Signature of Patient or Guardian: _____

Date: _____

Name of patient: _____

Schedule of Availability for Therapy Sessions

Once approved for services, please include a schedule of availability that you will be able to bring your child at the clinic and/or in home services. Please indicate your preference for home and/or clinic therapy by circling both or one. If only interested in home therapy.

Sample: Enter hours of availability: 7am- 10am, 8am-11pm, 12pm-3p, 3pm-6pm

Hours of Operation:

Monday: 7am- 6pm (Circle) Home and/or Clinic Availability: _____

Tuesday: 7am- 6pm (Circle) Home and/or Clinic Availability: _____

Wednesday: 7am- 6pm (Circle) Home and/or Clinic Availability: _____

Thursday: 7am- 6pm (Circle) Home and/or Clinic Availability: _____

Friday: 7am- 5pm (Circle) Home and/or Clinic Availability: _____

Saturday (clinic closed) In Home Availability: _____

EBS Clubhouse Client Policies and Procedures Agreement 2019-2020

Child Supervision and Staying on Premises

Caregivers are required to monitor and accompany any children that they are responsible for before, during and after the appointment. This includes habilitation providers, nannies, grandparents and other caregivers involved in your child's life. Our agreement with licensing, insurance carriers and DDD includes a policy that "requires a parent/family member or other caregiver (paid/unpaid) to be present and participate in all therapy sessions in order to:

1. Maximize the benefit of therapy services, including implementing a home program;
2. Improve outcomes; and
3. Adhere to legal liability standards."

Failure to remain on site during your child's therapy session will result in discontinuation of therapy.

Cancellations/No Shows

Failure to Notify in Advance: Please notify the **Scheduling Department** within 24 hours' notice via email if you foresee that your child will not be able to attend a session. Your child's therapist has reserved valuable time for your child's treatment. In the event that a therapy session is cancelled with less than 24 hour notice, a fee of \$50 will be assessed to the family based on insurance carrier, as DDD is exempt. If there are more than three cancellations with less than 24 hour notice, during a period of three months, a meeting will be scheduled to discuss barriers and possible discontinuation of services.

Contact email: CH-Scheduling@ebsclubhousecenters.com

Notification of Change in Insurance and Verification of Benefits

Any changes in insurance policy must be provided to the **Billing Department** within 24 hours via email to ensure proper continuation of coverage. It is your responsibility to cover the costs of any services that are not covered or denied by your insurance. *Division of Developmental Disabilities Division Provider Manual Chapter 37.*

Contact email: CH-Billing@ebsclubhousecenters.com

Therapist Absence

EBS Clubhouse is proud to provide therapists who are highly qualified and effective across all disciplines. In the event of a therapist absence, your child may be seen by a colleague in the same discipline (OT, PT, RBT or ST) for the session. We strive to maintain consistent providers, as the benefits of a solid therapist/child rapport are well known.

Teaching Facility

EBS Clubhouse has partnered with our state wide colleges and universities, as well as some out of state colleges in order to prepare future OTs, PTs, RBTs and SLPs in their fields. Student clinicians may observe therapy sessions from the theater or participate in the session with the therapist and child. All students are required to sign the Clubhouse confidentiality agreement and adhere to HIPAA and FERPA privacy laws.

Patient Rights

I acknowledge that EBS Clubhouse has provided me with a written copy of my patient rights, which are also posted in the front reception area. All clients and/or client representatives are provided with a written copy and informed of the patient rights upon admission to EBS Clubhouse.

Child's Name: _____

Date of Birth: _____

Parent/Guardian Signature: _____

Date: _____

Signature of Clubhouse Representative: _____

HIPAA EMAIL POLICY - PLEASE READ CAREFULLY

- HIPAA stands for the Health Insurance Portability and Accountability Act
- HIPAA was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information
- By signing this form, you understand and agree to send and receive you and/or your family’s medical information via in an unencrypted format.
- Free email services (ex. Hotmail®, Gmail®, Yahoo®) do not utilize encrypted email.
- When we send you an email, or you send us an email, the information that is sent is **NOT**

Encrypted.

- This means a third party may be able to access the information and read it since it is transmitted over the Internet.
- In addition, once the email is received by you, someone may be able to access your email account and steal sensitive information.
- Email is a very popular and convenient way to communicate, however not safe.
- The HIPAA act, requires we provide options for receiving protecting health information.
- The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website at <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>
- The guidelines state that if a patient has been made aware of the risks of unencrypted email and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email.

MEDICAL RELEASE OF INFORMATION - Allow Unencrypted Email Correspondence

I understand the risks of unencrypted email and do hereby give permission to the EBS CLUBHOUSE to send and receive all personal health information, reported, documents, and evaluations via unencrypted email. I release EBS Clubhouse from any further liability from the release of all Protected Health Information.

Signature: _____

Date: _____

Printed Name: _____

**Please print email address you would like to use for all future correspondences
(Parent or guardian if patient is a minor)**

_____ **Email Address**

The Clubhouse Center’s Health Policy

For the safety of your child, parents/guardians of children with Allergies, Asthma, or Seizures must remain present either in the therapy room or the waiting area during the entire therapy session. If a seizure, asthma attack or allergic reaction occurs during a therapy session, the therapist will need to end the session.

Allergy

Allergy: Yes/No

Allergic to: _____

Please describe reaction: _____

Medications given: _____

If you circled **yes** please complete the following Emergency Protocol form. If you do **not** feel a plan is necessary at this time, please sign the statement below.

I do **not** feel my child needs an allergy plan at this time.

Signature: _____ Date: _____

Seizure

Seizures: Yes/No

Frequency: _____

Please describe: _____

Medications given: _____

If you circled **yes** please complete the following Emergency Protocol form. If you do **not** feel a plan is necessary at this time, please sign the statement below.

I do **not** feel my child needs a seizure plan at this time.

Signature: _____ Date: _____

Asthma

Asthma: Yes/No

Known Triggers: _____

Frequency: _____

Medications given: _____

If you circled **yes** please complete the following Emergency Protocol form. If you do **not** feel a plan is necessary at this time, please sign the statement below.

I do **not** feel my child needs an asthma plan at this time.

Signature: _____ Date: _____

Parent Handbook



The Clubhouse Center will do its part to work with families of children with medical needs to ensure safety during our therapy sessions. By signing below, you agree that you have disclosed any known history of allergies, asthma, or seizures and will work with our staff to create a plan to address these concerns as needed.

Parent Signature: _____ Date: _____

Emergency Protocol

Child's Name: _____ Date of Birth: _____

Date of Plan: _____

Medical Condition

Causes/Triggers

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Name: _____

Home: _____

Mobile: _____

Work: _____

Physician Name: _____

Telephone: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship to Child: _____

Briefly describe your child’s medical condition and symptoms:

If Child Displays the following Symptoms:

Take the following actions:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

EBS Clubhouse therapy staff will do its part to be continually aware of your child’s specific allergies. Unfortunately, it is not possible to prevent all accidental exposures at our center. By signing below, you understand and acknowledge that EBS Clubhouse Centers will not be held liable for any future allergic reactions or exposures that a child may have in our clinic.

Before serving your child, EBS Clubhouse will need a copy of your child’s Emergency Protocol. All emergency plans, including medication (i.e., EpiPen, inhaler, etc.) administration, require parent/caregiver/guardian to stay on the premises throughout the duration of their therapy sessions to administer the Allergy Protocol.

Signature: _____ Date: _____

Relationship to Patient: _____ Date: _____

Therapist Signature: _____ Date: _____

Clinical Director Signature: _____ Date: _____

Authorization to Release and or Exchange Confidential Information

Patient's Last Name First Name MI Date of Birth
Phone # Street Address City and State ZIP

Please specify the health information that you are authorizing for release:
Dates of Service Covered by this Release: ___/___/___ to ___/___/___
Types of Records covered by this Release:
 All Medical Records Speech Therapy/Diagnostic Information
 ASD/ Diagnostic Information
 Physical Therapy/Diagnostic Information
 Occupational Therapy/Diagnostic Information
 Psychological/Neuropsychological Diagnostic Information
 Mental Health Therapy/Diagnostic Information
 Progress Notes
Purpose of Release (REQUIRED):
 Coordination of Care Insurance Legal Personal Reasons
 Other: _____

Release the information between the following entities:

EBS Clubhouse Therapy Center Name: _____
14050 N. Northsight Blvd. Phone: _____
Scottsdale, AZ 85260 Address: _____

RECIPROCITY OF RELEASE: It is my desire that the medical information be shared between both parties listed above. I authorize EBS Clubhouse and _____ to mutually share medical treatment information on an ongoing collaborative basis via written or verbal exchanges. I hereby authorize EBS Clubhouse to release to the requestor and/or obtain the medical record(s) checked above, including those which may contain confidential HIV/AIDS-related information, confidential communicable disease related information, and/or information relating to mental health and/or drug/alcohol abuse. While EBS Clubhouse makes every effort to protect the privacy of your medical information, please note that release of your medical information to the authorized person or organization could be the subject of re-disclosure by the recipient and therefore may no longer be protected by the Health Insurance Portability and Accountability Act ("HIPAA") or other federal or state laws. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been

Parent Handbook



taken by notifying EBS Clubhouse in writing. I will allow the information to be faxed if necessary. This authorization will expire within 90 days unless you specify otherwise.

Signature of Requestor Title Date / /

Signature of Parent/Guardian (minors age 0 – 17) Print Name Date / /