



Patient Information

Patient Name:

Date of Birth:

Gender:

Male Female

Patient Address:

Ethnicity:

Non-Hispanic/Non-Latino

Hispanic/Latino

Race:

White

Black or African American

Asian

Bi-Racial

Prefer Not to Answer

Self-Describe:

Language Used in the Home:

Interpreter Needed: Yes No

Contact Information

Name of Primary Guardian:

Relationship to Patient:

Guardian Phone Number:

Guardian Email Address:

siskin

children's institute



Name of Additional Guardian:

Relationship to Patient:

Phone Number:

Insurance Information

Insurance Name:

Policy Number:

Group Number:

Policy Holder Name:

Policy Holder Date of Birth:

Policy Holder's Relationship to Patient:



Consent to Treat and Assignment and Release of Benefits

Being the parent or legal guardian of the patient, I do consent to assessment and/or treatment that will be provided by Siskin Center for Developmental Pediatrics. This consent will remain in effect for one year unless withdrawn in writing by the legal parent or guardian.

Assignment and Release

- I hereby assign my insurance benefits to be paid directly to Siskin Center for Developmental Pediatrics (from this place forward it will be referred to as "the provider")
- I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurance. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan.
- I authorize the provider to release any medical information required to process this claim.
- I authorize the provider to tell me about possible treatment alternatives and to tell me about health-related benefits or services.
- I authorize the provider to contact me to remind me of appointments.

Guardian Initials:

Date:



**Authorization and Consent to Participate in Telehealth
Consultation**

Purpose and Benefits

The purpose of this form is to obtain your consent to participate in telehealth appointments.

1. All existing confidentiality protections under federal and state law apply to information disclosed during this telehealth consultation. The consultation is conducted using HIPAA compliant video software.
2. You may withdraw consent for any telehealth session or consultation at any time without impact on your right to future care or treatment.
3. We may also ask that you use high quality headphones/ear buds to improve communication with the provider. Prior to the use of telehealth, the provider will give you information and instructions on how to use the technology and what to do in the event of equipment failure during the course of a session.
4. We may ask that you confirm your physical location and who else is present in the room during your telehealth appointment.

Guardian Initials:

Date:



Consent to Text/Email

Text and email communication that occur outside of a secure electronic medical record/patient portal or an otherwise encrypted source may be less secure and have an increased risks of sharing your information with a third party.

As such, we will limit the amount and type of information shared via unencrypted text and email.

By selecting 'I accept' below, the patient is giving permission for Siskin Center for Developmental Pediatrics to use entered telephone contact numbers and email addresses to receive text and email communication for scheduling information such as making, rescheduling, and canceling appointments, appointment reminders, links to secure virtual appointment portals, inclement weather office closures, and links to recruit your anonymous feedback in the form of consumer feedback surveys.

To alter or revoke this consent at any time, please notify our staff.

Text Communication:

I accept

I decline

Email Communication:

I accept

I decline

Guardian Initials:

Date:



Translation Services

Siskin Children's Institute aims to honor each family's unique background and cultural differences. We believe that language should not be a barrier to accessing high-quality care. Siskin Children's Institute utilizes HIPAA-compliant video-based and telephone-based interpreters for translation services for our families or caregivers who speak languages other than English at no cost. Families may call one of our team members at 423-490-7776 to assist in translation services for patient intake and/or ABA therapy sessions.

Although we provide translation services, we also allow family members to assist in translation upon request. Video closed captioning is also available through our telehealth services. If you are in need of translation service assistance, please contact us so we may better serve you and your family.

Guardian Initials:

Date:



Family Confidentiality Agreement

Participation/Observation of Treatment Sessions

To work effectively with children and their families within the context of the clinic, patients/caregivers may be exposed to confidential information through written material, verbal communication, and/or observation.

All participants are expected to respect the privacy and confidentiality of others by limiting their discussion regarding any other children, families, and staff at all times.

Patients, caregivers and others who participate/observe clinic activities are encouraged to keep their questions and attention directed to the specific patients for which they are here to participate.

We ask that all who participate commit to the protection of the rights and privacy of all patients, their families, and our staff.

We ask that you do not video or photograph at anytime.

By signing this form, I agree to not disclose any personal identifying information related to anything I observe including written or verbal information during visits. I will maintain all participants' confidentiality. I will refrain from taking videos or photographs.

Guardian Initials:

Date:



Service Agreement for Applied Behavior Analysis (ABA)

Services

The following documents contains information regarding services with Siskin Children's Institute and describes the nature of the agreement for individual treatment and therapeutic services. This service agreement must be signed by parent/legal guardian and obtained prior to any engagement in therapeutic services. A copy will be provided to parent/legal guardian. Changes to this agreement can only be made with written permission of Siskin Children's Institute.

I/We are entering into this contract with Siskin Children's Institute voluntarily. This contract will remain in effect from the time of signed consent, until either party wishes to terminate this agreement. If Siskin Children's Institute initiates termination of services, we will provide written notice. This contract is for ABA therapy assessment and treatment including parent/caregiver training provided by Siskin Children's Institute. I/We attest that we have the legal authority to attest for ABA services.

Nature of Treatment:

Definition & Goals of Applied Behavior Analysis (ABA):

- Applied Behavior Analysis is an evidence-based approach to understanding behavior and how it is affected by the environment.
- "Behavior" refers to actions and skills, and "environment" includes any influence - physical or social - that might change or be changed by one's behavior.
- Applied Behavior Analysis strives to bring meaningful and positive changes in behavior through intensive therapy.



- The goals of therapy are to focus on meaningful skills to help the child in the areas of communication, socialization (improving social and play skills), daily living skills (toileting, dressing), and reducing unwanted behaviors that interfere with the development or demonstration of these skills.

Potential benefits of ABA treatment:

- Increase functional communication skills
- Decrease problem behaviors and general behavior management
- Increase in social skills/social functionality
- Individualized treatment to your child
- Skill Acquisition

Potential risks of ABA treatment:

- New emerging behaviors
- Increase in behaviors
- Increase in agitative behaviors during therapy
- ABA therapy may not be effective in all cases, rapid progress is not guaranteed

Requirements to Provide Services (*more details provided in our ABA Client Handbook*):

- Caregiver Involvement: Parents/guardians are expected to participate in training sessions at least once per month. The modality of the training session may be in-person or telehealth. It is also recommended that parents observe and/or participate in direct therapy sessions when possible or at the direction of the BCBA. Parent/guardian involvement will be documented by the supervising



BCBA. Data on caregiver goals will be collected, as this is a standard requirement of most payors. This documentation will be added to the client's progress report.

- Code of Ethics: Siskin ABA staff follow the Behavior Analyst Certification Board of Ethics in which no staff may engage in dual relationships with the families they are working with. A dual relationship may occur if staff and caregivers engage in more than one type of relationship. Dual relationships may impair a staff member's ability to make objective and fair decisions, therefore, Siskin will make appropriate adjustments if a dual relationship is identified.
- In-Home Services: For our Chattanooga location, we offer in-home ABA therapy to families within a 30-minute radius from our clinic. We also provide in-home services for families in North GA, Marietta/Atlanta, and Nashville. All in-home locations are screened using a safety checklist at the start of services for safety purposes. Caregivers must be present in the home during the treatment sessions.
- School/Daycare: The ABA program provides direct services in schools and day care centers if clinically appropriate and if the relevant institution allows our services in their facility.
- Community Outings: Families may request community outings during their child's ABA services. The supervising BCBA may approve these outings with the RBT once your child has met initial goals.



- Chattanooga Clinic: ABA services are provided in our clinic located in downtown Chattanooga, TN. Hours served are based on BCBA clinical recommendations, children's needs as well as service availability.
- Services: We may recommend that services be provided in a specific location based on the child's needs and/or challenging behaviors. Although, we may not be able to guarantee services if severity of a child's challenging behavior puts ABA staff at risk.

I/We understand that Siskin ABA services cannot implement non-behavior-analytic interventions or non-evidence-based practices and cannot support practices that interfere with patient's programming or progress. Siskin ABA recognizes that discussions about treatment options, including concerns related to non-evidence-based practices, may arise. Siskin ABA team promotes open communication to provide clear information about the evidence supporting various approaches and wants to work with families to resolve concerns. Please refer to the Grievances section below for our conflict resolution process.

I/We understand that Siskin Children's Institute has made no guarantees about my child's progress or the outcomes my child will experience as a result of participating in ABA treatment.

I/We understand that while Siskin Children's Institute may offer other services in addition to ABA, and that I may elect to engage in those additional services, this contract is related only to my child's ABA treatment.

I/We further understand that the clinical staff providing ABA treatment to my child are professional behavior analysts (BCBA) and registered behavior



technicians (RBT) and, unless otherwise noted, are not practitioners of other disciplines.

I/We understand that the role of the RBT is to implement treatment as prescribed by the BCBA under the supervision of the BCBA. These staff members are employees of Siskin Children's Institute and will be supervised accordingly.

I/We understand that ABA services may be delivered in the home, community settings, or in a center-based location. The location will be discussed prior to beginning services and is determined by geographical area and needs of the child.

I/We will participate in the development of the treatment plan, treatment goals, and treatment protocols with the behavioral analyst.

I/We further agree that I/We will follow through with any agreed upon interventions recommended by the staff of Siskin Children's Institute.

I/We further agree that if I/We have concerns with the proposed treatment, we will immediately express these concerns to our behavior analysts and work with them to identify agreeable treatment options.

I/We understand that failure to comply with agreed upon treatment and/or participate in parent training may be grounds for dismissal and termination of ABA Services.

I/We understand that I have the right to withdraw consent for any specific treatment without penalty.



Grievances:

If I/we have concerns about our child's treatment, we understand we can raise concerns with our care team, which involves supervising BCBA, ABA Regional Manager, and/or the Director of ABA Services.

- If you feel like we are not able to resolve the issue, families can file a formal complaint by visiting our website at www.siskin.org/complaints. to file a compliance concern with our accreditation agency Behavioral Health Center of Excellence (BHCOE) at www.bhcoe.org/report-a-compliance-concern.

Privacy:

I/We understand we have privacy rights under HIPAA outlined in the patient intake packet.

Release of Liability:

I/We understand that there is a risk associated with any type of therapy or intervention, however: Siskin Children's Institute does everything possible to minimize risks. I/We agree not to hold Siskin Children's Institute liable for certain types of claims or damages that may arise from my child's participation in ABA services.

Client & Family Centered Policy for ABA Therapy

Siskin Children's Institute is committed to providing high-quality Applied Behavior Analysis (ABA) therapy services to individuals and families in need. Our mission is to improve the quality of life for children with special needs and their families, regardless of the funding source or any other stakeholder interests. This policy is centered around the understanding that the patient is the primary beneficiary of our services.



- *Client & Family Centered:* We firmly believe that the client and family's best interest must always be at the forefront of our decision-making process. Our vision for our programs is to increase access and opportunity for each child to reach his or her life goals. ABA therapy is customized to meet the needs and goals of each child. We will work with each family to help develop these goals and strategies based on the child's interests and skills to increase positive and helpful behaviors.
- *Conflict Resolution in the Best Interest of the Client:* In the rare event of conflicts or disagreements arising between our organization, third-party payers, or other stakeholders, we commit to finding a resolution. We will strive to find a compromise that respects the interests of all parties while keeping the client's best interests at the forefront. Decisions will be made ethically and objectively, ensuring that the patient's progress and well-being are not compromised.
- *Impartiality in Funding Source:* Regardless of the funding source, whether it be private insurance, government assistance, or any other means, our commitment to the client's best interest remains our focus. We do not prioritize one funding source over another, and all clients are provided with equal care and attention.
- *No Bias Towards Contracted Entities:* While Siskin Children's Institute may enter contracts with external entities for certain services, we sustain that our primary focus remains on the client's needs and progress. Siskin Children's Institute does not consider the contracted entity as the primary beneficiary of our services; instead, we



recognize that the client and their well-being take precedence in all decisions.

- *Ethical Practice*: Siskin Children's Institute is committed to providing an environment that promotes honesty, dignity, respect, trust, confidentiality, and responsibility to uphold the highest standards of ethical conduct ensuring that the client's interests are safeguarded.
- *Advocacy for Clients & Families*: Siskin Children's Institute is proud to offer healthcare navigation services in partnership with Family Voices of Tennessee and the TN Disability Coalition. This program provides resources, support, and guidance as families care for children with special healthcare needs, chronic illnesses, or disabilities including autism. Other services include peer group support, consultation services, healthcare gap guidance, advocacy, and access to assistive technologies.
- *Continuous Improvement*: We are dedicated to ongoing improvement in our services, seeking feedback from clients and their families to proactively respond to changes to enhance our programs further. By continuously evaluating our practices, we ensure that our interventions remain effective, evidence-based, and aligned with the client's changing needs.
- At Siskin Children's Institute, our ABA program *core values* revolve around the child's needs, the concerns of their families, and customizing the client's therapy goals to their interests. We are committed to providing compassionate, individualized care that empowers each client to reach their full potential with the goal of



fading ABA services when the child is ready. This policy affirms our dedication to placing the client at the center of all we do and prioritizing their needs and interests for success.

Guardian Initials:

Date:



[ABA Therapy Attendance Policy](#)

At Siskin Children's Institute (SCI), we want to partner with you to help your child reach their goals and support your family's needs. We know our greatest success is achieved through consistent intervention, therefore please review our attendance policy below.

Why is consistent attendance important?

- During therapy, your child will learn new skills and practice them until these skills are mastered. This learning and mastery of skills takes a lot of time with support from a therapist familiar with your child's treatment programming. Regular and consistent participation in therapy increases the likelihood of positive outcomes for your child.
- As professionals trained in providing Applied Behavior Analysis (ABA) therapy, we are committed to making treatment recommendations that are aligned with your child's unique needs based on assessments, observations, and our own training and experience. It is important for families and staff to agree upon recommendations regarding how much therapy is needed, including frequency and the setting for the treatment to be successful.
- Regular updates will be provided to your insurance company related to your child's attendance and progress with treatment through progress reports. Insurance companies consider the consistency of attendance and efficient use of your child's insurance benefit when determining if they will continue to authorize the requested treatment.
- Our therapist has set aside time in his/her schedule to be available for your child. Frequent or late cancellations impede progress



towards your child's goals and restrict access to care for families who have similar needs. We are not able to re-schedule anyone else for your child's time when a session is canceled.

Expectations:

Attendance:

- By agreeing to receive services with Siskin Children's Institute, you agree that your child will attend no less than 80% of all scheduled hours during a 90-day period. If attendance falls below 80% of scheduled hours for two consecutive weeks, or if at any time attendance falls below 80% during a 90-day period, we reserve the right to suspend or discontinue services, regardless of the reason for absence.
- If your child requires an absence greater than two weeks due to an unforeseen circumstance, services may be suspended until your child can resume. We cannot guarantee that there will be immediate availability after the absence, but your child will have a priority position on the waitlist until sessions are restarted.

No-Shows:

- A “no-show” is defined as when the client/parent does not cancel the appointment within 1 hour and does not show up to, or is not available for, scheduled therapy. An appointment is also considered a “no-show” if the client is more than 30 minutes late. If a client is more than 30 minutes late to an appointment, we reserve the right to cancel the session.



- After two “no-shows” within a 90-day period, services may be immediately suspended and the family/caregiver notified. Please be advised that Siskin Children's Institute reserves the right to terminate services for violation of our attendance policy.

Late Arrivals/Ending Early:

- We ask that you and your child arrive and be prepared for therapy at the time that it is scheduled. Arriving 8 minutes late for therapy is considered a late arrival. Ending a session 8 minutes before its scheduled time is considered ending early. For in-clinic sessions, we ask that you are on time to pick up your child at the end of the appointment. Failure to pick up your child at the time their appointment ends is also considered a late arrival.
- Please be aware that if your child cannot participate comfortably in therapy, session may be ended earlier than regularly scheduled. Please make sure that at least one guardian or additional emergency contact is available who can pick up your child earlier if necessary.
- More than 6 instances of late arrivals or ending early in 4-week period may result in a pause in sessions.

Attendance Violations:

- Your child and family are our priority. For therapy to be effective, regular attendance is necessary. If you have a unique circumstance or a specific concern regarding your child's attendance, please communicate with us as soon as possible. We will review unique and unavoidable circumstances on a case-by-case basis, work with you



on possible solutions, and when needed, will refer you to support for further navigation.

- If you are in violation of the attendance policy (falling below 80% attendance, no-showing an appointment, having more than 6 late arrivals/ending early, etc), we will follow the below steps in most cases. However, Siskin Children's Institute reserves the right to terminate services for violation of our attendance policy.
 - SCI Scheduling Department: One of SCI's scheduling team members will reach out to you to make you aware of the attendance issue and offer you a copy of the attendance policy.
 - Scheduling Manager: If attendance does not improve, the scheduling manager will contact you to discuss your situation and determine any possible solutions.
 - Pausing Services: If attendance continues to be a concern, we may recommend pausing services for a minimum of three months. This is to allow for any changes that need to be made to address the issues causing the attendance problem. After this period, you may contact us to discuss resuming services.

Illness Guidelines:

- For the health of our clients, families, and staff, we ask that you follow the below illness guidelines. Please cancel sessions if your child has:
 - a fever of 100.4 degrees or more within the last 24 hours. They will need to be fever free for 24 hours with no fever reducing medication to resume services.



- 2 or more unexplained instances of vomiting or diarrhea within the last 24 hours.
- exclusion is required for all diapered children whose stool is not contained in the diaper and toilet trained children if the diarrhea is causing “accidents.”
- unexplained discharge from eyes and/or ears.
- unexplained rash and/or quickly spreading rash.
- mouth sores with drooling that the child cannot control unless the child’s doctor states the child is noninfectious.
- skin sores that are weeping fluid and on an exposed body surface that cannot be covered with a waterproof dressing and/or are painful with standard care of child.
- difficulty or rapid breathing.
- lice. Your child may return once they have proof of treatment and no longer have any lice.
- an illness that prevents him/her from participating comfortably in activities as determined by staff members (tired, pale, lack of appetite, confused, cranky, excessive whining, etc).
- illness resulting in a need for care that is greater than staff can provide without compromising the health and safety of other children (tired, pale, lack of appetite, confused, cranky, excessive whining, etc).
- If your child is sick and you suspect he/she has COVID-19, please cancel your session and test as soon as possible.



- If your child tests positive for COVID-19, we will follow the CDC guidelines
 - To resume sessions, your child must be fever free for 24 hours without any medications and overall symptoms improving
 - If your child does not have a fever, symptoms must be improving, and your child needs to be able to actively participate in treatment sessions
 - If your child tests negative, they may resume services as soon as they are well enough to participate.
- If another individual in the home has any of the above symptoms or is running a fever of 100.4 degrees or more, we reserve the right to cancel the session.

To notify us of any cancellations or appointment time changes, please contact our scheduling team at 423-490-7776.

I have reviewed the SCI attendance policy and understand that services may be suspended or canceled in the event my child is not able to adhere to the requirements for attendance set in this document. I have received a copy of this policy and had an opportunity to review it and ask questions. In signing this document, I agree to adhere to the SCI ABA Therapy Attendance Policy.

Guardian Initials:

Date:



Protective Measures and Physical Management

The ABA staff at Siskin Children's Institute are trained in the use of specific procedures designed to safely and effectively respond to potentially harmful behaviors. In order to use these procedures, it must be determined that there is imminent risk of physical harm to the client and/or others, de-escalation strategies have not been effective in the given situation, and that there is no other practical way to prevent harm to the client and/or others without the use of physical management. In the event of an emergency, the least restrictive procedure that is most likely to be effective at preventing and minimizing risk of harm will be followed to keep the client and others safe.

At times staff may use a supportive guide to transition a client to a safe area. Staff are trained in protective measures to minimize their risk of harm, as well as verbal de-escalation strategies. If needed, blocking may be used to prevent harm to the client or to others.

Release from any physical management procedure will be implemented when risk of harm is no longer evident, as outlined in a client's individualized behavior plan, or at immediately any sign of physical distress. Once the client begins to demonstrate behavioral de-escalation and criteria for calm is met (absence of aggression, self-injurious behavior, and disruption, as well as non-threatening postures or body movements for at least 5 minutes, and compliance with 3 simple motor instructions), the client will resume activities within the instructional setting.



If your child has any physical concerns that we should be aware of please describe below:

I understand that I will be notified on the same day of occurrence if any physical management procedures are utilized, and an incident report will be completed and made available to me within 24 hours

I CONSENT to the use of protective measures and physical management as described.

I DO NOT consent to the use of protective measures and physical management as described.

By signing below I attest that I have reviewed the information in the forms provided by Siskin Center for Developmental Pediatrics.

Guardian Initials:

Date:



Home-Based ABA Agreement

In the event that your child's services will occur in the home, please review the following requirements. To receive home-based Applied Behavior Analysis (ABA) therapy services, Siskin Children's Institute requires families provide a safe and appropriate setting within the home for sessions to occur. Many times, this is a common space such as a family room, living room, or den. In addition, it is required that a legal parent or guardian be home for the entire duration of the ABA sessions each day. If the legal parent/guardian is unable to be home during the sessions, an alternate caregiver may be identified (see below). Failure to be on the property and available during ABA sessions with your ABA care team may result in a discharge from the program.

For training purposes, we may request that an additional employee shadow sessions with your child. This will be done on a temporary basis and does not mean that your child's therapist is changing.

I have read and understand the requirements for home-based ABA sessions with Siskin Children's Institute and agree to provide an appropriate setting for therapy to occur. Furthermore, I agree to remain at the home for entire duration of my child's ABA session.

Guardian Initials:

Date:



Alternate Caregiver Permission

In the instance a legal parent or guardian is not able to be present in the home during the applied behavior analysis (ABA) therapy sessions, an authorized adult may be designated as an approved caregiver. Please also indicate if you wish for this caregiver to have the ability to pick up or drop off your child from sessions if they occur outside the home.

I designate the following people to act as approved caregiver during my child's ABA therapy sessions.

Alternate Caregiver #1 Name:

Alternate Caregiver #1 Relationship to Patient:

Alternate Caregiver #1 Phone:

Alternate Caregiver #1 Approved to Pick up/Drop Off Child: Yes No

Alternate Caregiver #2 Name:

Alternate Caregiver #2 Relationship to Patient:

Alternate Caregiver #2 Phone:

Alternate Caregiver #2 Approved to Pick up/Drop Off Child: Yes No

Alternate Caregiver #3 Name:

Alternate Caregiver #3 Relationship to Patient:

Alternate Caregiver #3 Phone:

Alternate Caregiver #3 Approved to Pick up/Drop Off Child: Yes No



By signing below, you agree that the adult(s) indicated above will be the primary caregiver(s) during ABA sessions if/when legal parents/guardians are not able to be present, and that you agree and understand that these approved caregiver(s) must be at least 18 years old, that they may overhear HIPAA protected information regarding your child, and the approved caregivers must be present at the home for the duration of therapy sessions.

If the above caregivers are approved to also approved to pick up or drop off your child, please note that the alternate caregiver must sign your child out upon pick-up and drop-off, and we will ask your alternate pick-up caregiver for identification before we release your child to them.

Guardian Initials:

Date:



Emergency Contact Information

In the event of an emergency, please identify up to two individuals you would like us to contact.

(Please note: The emergency contact(s) should be someone other than a guardian listed on the account as we will always contact the guardian(s) first in the event of an emergency.)

Emergency Contact #1 Name:

Emergency Contact #1 Relationship to Child:

Emergency Contact #1 Phone:

Emergency Contact #1 Name:

Emergency Contact #1 Relationship to Child:

Emergency Contact #1 Phone:

Does your child take any medications or have any allergies/medical conditions?

Is there anything else you would like us to know about your child?

Guardian Initials:

Date:



Preparing for In-Home Therapy

- In order to ensure that the home setting is most conducive to effective therapy, we may ask you to set aside an area in your home to designate as a "therapy area". We may ask that when staff are not in your home, your children don't have free access to therapy materials or program reinforcers.
- Please respect that staff may have pet allergies or have phobias of a pet in your home. We may request that pets are placed behind a closed door during therapy sessions. We may also ask you to put pets in another area during therapy sessions if there are any safety concerns.
- We understand that your home is your home. However, while we are present we must ensure that staff have a safe and appropriate working environment. If there are consistent issues with insects/rodents, no heat or air conditioning, strong odors, pet waste on the floor, etc., please understand that we may be unable to continue working in these conditions.
- Caregivers are welcome to observe the therapy session. If you see problem behaviors occur while we are in the home, please let the staff handle it. If you have questions or concerns about any of our techniques or strategies, you are always free to ask us to explain.
- Please let us know promptly if anything about the staff is upsetting to you or anyone in your home.



- If you ever need to cancel or change a session date or time, inform us as soon as you can. Depending on company policy, if we get to your home and you are not ready for the therapy session, we may have to cancel the session for the day. If staff do not extend the same respect to you, please notify their supervisor.
- Before we arrive for a therapy session, please help us do our job by making sure your child is "therapy ready". This means they are awake, fed, diaper or pull up is dry, and they are not actively engaged with a highly preferred reinforcer or activity.
- We request that a caregiver is home and "available" during therapy sessions for parent training, to help incorporate you into therapy, and to supervise any other children in the home.



Home-Based Therapy Checklist

- Are there pets in the home? If so, do they have a history of jumping or biting?
Yes No
- Identify spaces that may be used for treatment sessions:
Living Room
Dining Room
Child's Bedroom
Bathroom
Backyard/Outdoor Space
Porch
Other:
- Are these spaces clean and clutter free?
Yes No
- If a Backyard/Outdoor Space may be used for treatment sessions, is there space available to play games?
Yes No N/A
- Is there an adult on site to supervise any other children in the home during the session?
Yes No
- Are there any firearms in the home?
Yes No
- If yes, are they in a gun safe or securely locked up?
Yes No



- Is there a working smoke alarm(s) in the home?
Yes No
- Are there carbon monoxide detectors in the home?
Yes No
- Is there a fire extinguisher(s) and location?
Yes No
- Is there a disaster location in the home? If so, where?
Yes No
- Is there access to first aid supplies in the home? If so, where?
Yes No
- Is this a smoke-free home?
Yes No
- Is at least one bathroom accessible and reasonably clean?
Yes No
- Are the exits free and clear?
Yes No
- What parking is available and where is it located?
Yes No

Guardian Initials:

Date:



ABA Intake Questionnaire

Person completing questionnaire:

Relationship to child:

1. Does your child have a history of any of the following behaviors? (Select all that apply)

Tantrums

Aggression towards others

Self-injurious behavior

Elopement/wandering

Destructive behavior (e.g., breaking/damaging items, throwing)

Object mouthing

Climbing

Other Please describe:

N/A-Does not apply

2. If yes to any of the above, have any of these behaviors resulted in injury to self or others?

Yes

No

N/A-Does not apply

3. To what extent do your child's behaviors and/or skill deficits interfere with home, school, or community activities?

No interference

Moderately interferes

Significantly interferes



4. How does your child communicate? (Select all that apply):

Verbally (age-appropriate)

Verbally (with delays)

Gestures

Pushing/Pulling

Sign language

Communication Device

Picture Exchange (PECS)

Aggression

Crying/Screaming

Other Please describe:

N/A-Does not apply

5. Developmental/Behavioral Concerns (Select all that apply):

Cognitive/Learning

Language/Communication

Social

Self-Help (Dressing/Toileting/Feeding/Etc.)

Executive Functioning (Flexibility/Attention)

Play/Leisure

Motor

Eating/Food acceptance

Other Please describe:

N/A-Does not apply



Does your child

6. Respond to their name

Yes

No

Some of the time

7. Make requests

Yes

No

Some of the time

8. Make comments

Yes

No

Some of the time

9. Respond to questions

Yes

No

Some of the time

10. Respond to comments

Yes

No

Some of the time



11. Imitate others

Yes

No

Some of the time

12. Echo words/sounds

Yes

No

Some of the time

13. Ask for help

Yes

No

Some of the time

14. Ask questions (such as “wh” questions)

Yes

No

Some of the time

15. Respond to “What do you want?”

Yes

No

Some of the time

16. Follow one-step instructions

Yes

No

Some of the time



17. Follow multi-step instructions

Yes

No

Some of the time

18. Respond to "No" or "Stop"

Yes

No

Some of the time

19. Show awareness of danger

Yes

No

20. Does your child have any medical conditions that we should be aware of?

Yes Explain:

No

21. Is your child currently receiving any other therapies?

Yes

No

22. If yes, list therapies and schedule

23. Has your child previously participated in other therapies?

Yes

No



24. If yes, list therapies

25. In what setting(s) does your child primarily spend their day:

Home

School

Daycare

Other

Please describe:

26. What is your preference for service location? (Select any that may apply). Please be aware that service location is also dependent on the BCBA's clinical recommendation, clinic availability, school/daycare policies, and insurance guidelines.

Home

Clinic (Chattanooga area only)

School

Daycare

Other

Please describe:



Credit Card/Debit Card Pre-Authorization Consent and Acknowledgement

Siskin Children's Institute is committed to providing our patients with high-quality, compassionate medical care. Our credit card pre-authorization process facilitates smoother transactions and faster processing.

If you have insurance contracted with Siskin Children's Institute, we will submit your claim as usual. At this time, we request authorization to bill the balance to a major credit card or debit card to cover amounts determined by your insurance company to be your responsibility.

Upon receipt of an Explanation of Benefits (EOB) from your insurance company, any unpaid portion of your claim will be billed to your credit card or debit card up to, but not exceeding the practice's pre-established threshold of \$250. Should your insurance pay the claim in full, your account will not be charged. If you have a balance due, we will send you an email notifying you that your card will be charged that amount within 7 days.

All credit card/debit card information will remain confidential and securely stored within Athena and/or Central Reach. Siskin Children's Institute will not store any banking account data.

By signing below, I hereby authorize Siskin Children's Institute to securely store my credit card/debit card information within Athena and/or Central Reach and to charge my credit card/debit card for any outstanding balance due after my insurance company processes the claim and issues an Explanation of Benefits (EOB). I understand that:



1. I will be notified of any balance due via email, including the amount and EOB details, prior to my card being charged.
2. If the outstanding balance exceeds the threshold of \$250, I will be contacted for confirmation prior to processing the payment.
3. In the event of a declined or insufficient funds transaction, I will be contacted to provide an alternative payment method or make other payment arrangements.
4. I have the right to dispute any charges by contacting the billing department for review of the EOB and any associated charges.
5. Charge Frequency:
 - Medical Services are billed monthly.
 - Therapy Services (Speech Therapy, Occupational Therapy, and/or ABA) are billed weekly.

I have read and understand the above terms regarding credit card/debit card preauthorization. I acknowledge that I have had the opportunity to ask questions and that I voluntarily agree to the terms outlined in this policy. I understand that this authorization is valid until I revoke it in writing. I agree to notify Siskin Children's Institute of any changes to my credit card/debit card information.

Cardholder's Printed Name:

Cardholder's Signature Initials:

Date:

PATIENT RIGHTS AND RESPONSIBILITIES

Siskin Center for Developmental Pediatrics strives to develop a partnership with your family in supporting your child. Below are what you can expect from our team. As we enter into our partnership, we also ask families to agree to the following. We strive to provide equitable care for all families.

PATIENT RIGHTS

Treated with Dignity and Respect

- Receive information in a way you can understand
- Given full recognition of your individuality and dignity
- Acknowledge and respect the cultural, psychosocial, spiritual identity and personal values, beliefs, and preferences of each child and family
- To be protected from neglect, physical and emotional abuse, and/or exploitation

Open, Honest, and Compassionate Communication

- Be informed of the goals or interventions recommended and possible alternatives
- Participate in your care by discussing treatment options and making choices
- Know the names and roles of members of your Siskin team
- Privacy and confidentiality and be informed of the limits of confidentiality
- Speak with a supervisor if you are concerned with any aspect of your care
- When requested, receive information related to estimates of service charges in advance
- We follow American Disability Act (ADA) guidelines related to the use of service dogs and ASL interpretation

PATIENT RESPONSIBILITIES

Communicate Family Needs and Ask Questions

- Share complete and accurate information about your child's health, health care coverage, and other requested information
- Speak openly with your Siskin team, seek resources and ask for what you need
- Ask questions if there is anything that is unclear or you do not understand
- If you have concerns about your treatment plan or how we are working for your family, please discuss with your care team (your provider, supervisor, department director, family care coordinator)
- If you feel your concern(s) have not been resolved after speaking with your care team, and/or you wish to file a complaint, please visit www.siskin.org/complaints

Be Respectful to Others

- Be on time for appointments and call as soon as possible if you need to cancel
- Show consideration for staff and other patients/families and their privacy; do not share information you see or overhear
- Refrain from the use of offensive or threatening language or behavior
- Do not make any videos or recordings of family members or staff during service delivery, including social media posts, photos or videos of any kind
- Please leave your valuables and/or weapons at home

Keep the Child the Focus of our Service Interactions

- Resolve disagreements between custodial caregivers independently and outside of scheduled appointments
- Caregivers are advised to update any relevant legal documents within your child's record immediately following any changes to reflect the most current legal decisions
- It is not within our clinician's scope of practice or role to provide testimony related to custody or other caregiver disagreements
- If any Center staff are subpoenaed for court appearances, the Center reserves the right to bill caregivers directly for an hourly cost related to the time necessitated by the subpoena
- There may be costs related to requested documents for legal proceedings

Families refer to parents, other family members, guardians, surrogate decision-makers, and healthcare agents.

All SCI staff are Mandated Reporters of Abuse/Neglect by Law; tn.gov/dcs/program-areas/child-safety/reporting/hotline-faq.html.

Clinicians refer to all staff who are involved with patient care, including doctors, nurses, medical assistants, therapists/assistants, technicians, interns/students.

See **Notice of Privacy Practices** for additional rights that you have related to the use of your health information.

**Your Information.
Your Rights.
Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record within 30 days of request
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds
- Assess your satisfaction with our services

> **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

> **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
- Ways to access your records: Portal: Athena Health or Central Reach, Contact Medical Records 423-490-7710 option #3, or email medicalrecords@siskin.org

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Contact Medical Records.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- In the case of shared custody, communication will occur as outlined in parenting agreement or guardianship order.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting 423-490-7710(#3) or medicalrecords@siskin.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Customer Service:

- As part of our customer service program, we may use health information about your child to contact you by mail or phone to gather information on how we can further/better support your family. (i.e., Family Navigation, customer satisfaction survey)

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: We share information to referring providers, treatment plans updates to PCP, and any referrals we submit. If your PCP changes, we will contact with your active PCP.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage treatment and services options available.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
-

Do research

- We can use or share your information for health research.
 - Information can be released to researchers, but only after an institutional review board has reviewed and approved protocol.
-

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
-

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
-

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
-

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
-

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
-

Social Security Administration/Disability Determination

- In an effort to avoid delays and facilitate support, we will respond to request for records from the Social Security Association when a signed authorization [SSA-827, provisions at 45 CFR 164.508(b)(3) and (b)(4)] so long as the release is attached to the request form. <https://www.ssa.gov/disability/professionals/hipaa-cefactsheet.htm>. Please let us know if you would prefer us not do to so.
-

Business Associates

- We have contracted agencies who perform agreed upon services such as our electronic medical record, interpreter, etc
 - Training of medical residents, students, volunteers who sign confidentiality agreements
-

Each time your child visits the center for care, a record of the visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment and a plan for the future care or treatment. This notice applies to all of the records of your child's care created by the center, whether made by center personnel, agents of the center, or your child's personal doctor or health care provider.

How We May Use And Disclose Medical Information About You:

The following categories describe examples of the way we use and disclose medical information. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of these categories.

• **For Treatment.** We may use medical information about your child to provide your child with assessment or treatment services. We may disclose medical information about your child to our clinicians and other Center Personnel who are involved in taking care of your child at the Center. We may need to share this information with other health care professionals in order to coordinate care that your child may need, including communication with your child's PCP, reports back to your child's physician or specialist, external referral agencies, prescriptions, lab work and x-rays or supporting information to referrals for services that have been discussed as part of your treatment plan.

• **For Payment.** We may use and disclose medical information about your child's treatment and services to bill and collect payment from you, your insurance company or a third party. For example, we may need to give your insurance company information about your child's office visit so your health plan will pay us or reimburse you for the visit. We may also tell your health plan about a treatment your child will receive to determine whether your plan will cover the treatment.

• **For Health Care Operations.** We may use and disclose medical information about your child for healthcare operations. These uses and disclosures are necessary to run the Center and to make certain all of our patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for your child. We may also combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to clinicians for educational purposes. And we may combine medical information that identifies your child with other health care providers to see where we can make improvements. We may remove information that identifies your child from this set of medical information to protect your child's privacy.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. The Center is unable to take back any disclosures we have already made prior to your revocation of permission to disclose.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. www.siskin.org

Effective Date of Notice: July 2023



Acknowledgement of Consent Packet and Signatures

By signing below, I attest that I have reviewed the consent form packet provided by Siskin Center for Developmental Pediatrics. I understand that these consents are in place for 1 year from the date of this signed consent form, unless I otherwise notify staff that I wish to revoke my consent.

I have provided accurate and up-to-date information for the Siskin Center for Developmental Pediatrics Consent Packet including:

- Patient and Insurance Information
- Consent to Treat and Assignment and Release of Benefits
- Consent to Telehealth Services
- Consent to Text/Email Communication
- Translation Services
- Family Confidentiality Agreement
- Service Agreement for Applied Behavior Analysis (ABA) Services
- ABA Therapy Attendance Policy
- Protective Measures and Physical Management
- Home-Based ABA Agreement
- Alternate Caregiver Permission
- Emergency Contact Information
- Home-Based Therapy Checklist
- ABA Intake Questionnaire
- Patient Rights and Responsibilities
- Notice of Privacy Practices
- Credit Card/Debit Card Pre-Authorization Consent and Acknowledgement

Parent/Guardian Signature:

Relationship to patient:

Date: