



Pacific Northwest Autism

4152 Meridian St #105-146 Bellingham, WA 98226 360-348-6414

Disclosure Form

Before we begin we would like to provide you with some information about PNWA, our office procedures and other aspects of ABA. Please take time to read and sign the final page. If you have any questions please let us know.

Qualifications and Organizational Description:

PNWA employees trained and experienced ABA therapists. Our BCBAs are trained, experienced and hold current BCBA certification. Our BCaBAs are trained, experienced and licensed as Board Certified Associate Behavior Analysts and are overseen by our team of Board Certified Behavior Analysts.

PNWA has been in practice in the Bellingham area since 2012 serving children, families and schools. We provide direct service to children in homes and schools, provide parent and educator workshops and trainings and has helped developed programs for children to be successful in community settings including religious services.

Orientation of Treatment:

Applied Behavior Analysis is the recommended intervention for Autism Spectrum Disorders. “Applied behavior analysis is the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in behavior” (Cooper, Heron, and Heward, 1987, pg. 15).

Please see the enclosed document "What is ABA" for more detailed information.

Office Policy

Schedules are developed with the BCBA and the family in order to make a schedule that is consistent and works for the team. Any change or cancellation of a session must be done with a minimum of 24 hours notice to avoid you being charged for that time.

Fees are \$50 per hour for direct ABA staff and \$100 per hour for BCBA staff. This is the rate for all services including report writing, meetings, consultations, direct service, oversight and all other related activities.

Insurance

Some insurance plans cover ABA and we currently work with some but not all plans. If we are contracted with your insurance plan we will bill you for your copays monthly. In the event insurance does not cover ABA services you will be responsible for the cost of services. We will be happy to help explain the insurance procedure with you and help you to verify your coverage. If you have not already done so, it is encouraged that you contact your insurance company to verify your ABA benefit.

Answering System

PNWAs office hours are Monday through Friday 8:30am to 5pm. You can leave a message on our secure voicemail at 360-348-6414.

During business hours messages are checked regularly and calls will be returned during office hours as time allows. Calls received after hours or over the weekend will be returned within two business days.

Each BCBA and BCaBA clinician has a telephone and will provide you with the telephone number. Their voicemail is secure and they will let you know the hours they accept telephone calls and the time line for returning calls.

Crisis Calls

The office is not available on a 24hour basis to return urgent calls. If your family is in crisis, please let your BCBA know and they will help develop a crisis plan for you to follow.

In case of medical emergency call 911.

Texting

Texting is not a preferred method of communication for PNWA clinicians. Changes to schedules and other communication should be done via email or telephone. Texting can be used in the event of emergency such as you are running late, but should not be used as a regular means of communication.

Email

Please see the attached email consent form if you wish to use email to communicate with PNWA.

Confidentiality

ABA services are treated confidentially, however there are times it is important to speak with others. In order to provide the highest level of services your BCBA may need to consult with other BCBA's in our group or seek advice from an outside BCBA-D. In the event of an outside consultation, identifying information will be withheld for client privacy.

If your family would like to have your BCBA speak with another member of the team (Speech Pathologist, OT etc) we will have you sign a release of information form.

If your bill becomes outstanding, your name, payment record, bank account number, and last known address may be referred to a collection agency or small claims court. You will be informed in advance in writing prior to turning over the information. This notice will be sent to the last known address PNWA has on file for you.

Insurance confidentiality

If you choose to use your insurance for payment purposes, some of your medical information will be disclosed. In order to bill for medical services PNWA needs to send your insurance company a diagnosis of what is being treated and the dates of the sessions. In the case of managed care ongoing treatment reports which include current status, treatment plans and

diagnosis are submitted to the company. By signing you are allowing us to bill your insurance company. Any insurance Company has the right to audit your full record if they wish to do so. Families are responsible for verifying coverage of services and obtaining information from their insurance company regarding copays and/or deductibles. Families will be charged for any amounts not paid by insurance. If you have any questions about this please contact the PNWA office.

Client Responsibilities

Active participation is essential. Please see the attached Rights and Responsibilities.

Termination of Services

You are free to discontinue ABA services at any time for any reason. We ask that you discuss your intent to terminate services in advance allowing us time to help review progress, create a discharge plan and transition you to a new provider if desired.

I have read this Disclosure Form and have received a paper copy as part of the Parent Handbook. I have also read the Notice of Privacy Practices and have a copy of that in the Parent Handbook.

Client (Child)

Date

Parent Signature

Parent/Guardian of a Minor

Date