

## ABA School/Home Service Welcome Packet

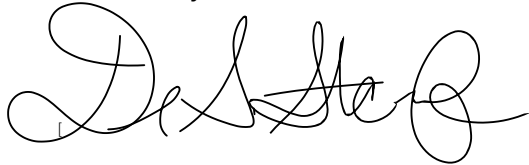
Greetings,

Thank you for selecting me to help you meet the needs of your family. I am looking forward to partnering with you in efforts to improve your family's quality of life.

The attached forms will help to advise you on specific policies and procedures that I must adhere to as a Behavior Analyst and allow you time to gather information prior to implementing a behavioral plan.

Again, thank you for the trust that you are placing in me to assist and your family. I understand that some of these forms may be challenging, time consuming, and in places redundant. I want you to know that the more information that I have the better able I will be to develop an intervention plan that is personalized, and most suitable for your family. If at any time in this process you have any questions, please feel free to contact me.

Genuinely,

A handwritten signature in black ink, appearing to read "Shannon Stanford". The signature is fluid and cursive, with a large initial "S" and a long, sweeping tail.

Shannon Stanford, Ed.D, BCBA  
Behavior Analyst & Educator



## Welcome to *ALIVE* Education and Management Services

### Onboard Materials Checklist

Once again, welcome to *ALIVE*! We look forward to your partnership in the weeks, months, and years ahead. To make the transition as seamless as possible, please refer to the following information regarding the intake process.

- ✓ Complete and sign all forms in the Welcome Package
- ✓ Submit a copy of your insurance card (front and back) via the online intake form
- ✓ Email all psychological reports, prior assessments, and/or IEP reports to [info@educationisalive.com](mailto:info@educationisalive.com)
- ✓ For ABA Services: Complete Q-Global Vineland Assessment (an email will be sent to you)
- ✓ Schedule 2-3 (2-hour) appointments with your assessor

Upon completion of the above items, your assessor will complete a report and share the findings with your insurance company. This process takes 4-6 weeks. Following authorization, we will reach out to regarding a start date and schedule.

We look forward to working with you.

Best,



Dr. Shannon Stanford Ed.D., BCBA



## ABA SERVICE AGREEMENT AND CONSENT FORM

This document contains important information about ALIVE Education Management & Services Applied Behavior analysis (ABA) professional services and practice policies. It is important that you read through this information carefully and ask questions for clarification at any time. When you sign this document, it will represent an agreement between you and ALIVE Education Management & Services, LLC to provide ABA services. You, the consumer, reserve the right to withdraw at any time from these services. Again, please feel free to contact Dr. Shannon Stanford at [shannon@educationisalive.com](mailto:shannon@educationisalive.com) with any questions or concerns about the services at any time.

### Services Offered

- ALIVE Education Management & Services, LLC abides by the Behavior Analyst Certification Board Guidelines for Responsible Conduct
- ABA services will be available to children, adolescents, and adults with or without a diagnosis based on the need/desire to modify established behaviors. Certain provisions may apply regarding diagnosis if someone is seeking funding for the service through a third party, such as private insurance or Medicaid.
- When needed, we will provide the client/family with contact information for other professionals who may be better able to assist with the needs of the client if we are unable to meet specific treatment needs.
- Services will focus on the development and implementation an ABA treatment plan. A highly trained Behavior Technician under the supervision of a BCBA will provide ABA services.
- We will provide ABA services based on the client's current level of individualized needs. The treatment plan will structure antecedent and consequence-based strategies that are skill based, functionally equivalent, and non-aversive.
- Behavioral assessment results are available to the client and/or family, and a preliminary treatment plan meeting will be scheduled with the client and the Behavior Supervisor to review the proposed service type(s), treatment plan goals and objectives, recommended duration and length of treatment, and a discharge plan for the client.



### Services Offered cont'd

- Upon discharge, recommendations will be provided to support continued progress or address persisting concerns.
- The contents of both the assessment and treatment plan will be explained to the client and/or family, and we will willingly answer any related questions about the assessment or proposed service.
- ALIVE Education Management & Services, LLC understand that this information is confidential, and will abide by established confidentiality policies and procedures.
- In addition to direct ABA treatment, ABA services also include training and ongoing consultation in the principles of applied behavior analysis as they pertain to the client's treatment plan with family, educators, and any related service providers.

### Assessment, Preparation, and Participation

It is important for any individual to be able to perform at their best during an assessment. Please let me know of any illness or changes in medication or diet that may necessitate an assessment to be re-scheduled. We believe in non-aversive, trauma-informed care using an integrated treatment approach to create a positive learning experience for any individual. Thus, we also ask that 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 10-15 total hours, or possibly longer, depending on the specific assessment procedures needed.

Additionally, parent/caregiver participation is an expectation of service. Participation may include team meeting, data collection, and implementation and involvement in the implementation of recommended strategies. If there is lack of involvement, I, Shannon Stanford reserve the right to reconsider the appropriateness of service. All meetings will focus on progress monitoring, level of service needed, and barriers in treatment to strive toward positive results.

### Appointments

We are committed to providing consistent, reliable service as scheduled and agreed upon by the client/family. We will propose a preliminary set of hours for ABA services within the initial treatment plan, taking into consideration medical necessity (physician recommendation or prescription) and results of the behavioral assessment. A monthly or weekly schedule of service will be worked out between the client/family and ALIVE Education Management & Services, LLC.

However, any party may cancel or reschedule session(s) previously scheduled, at no cost to the client.



We understand that circumstances, such as illness or family emergency, may arise which necessitates the occasional cancellation of appointments. To avoid any misunderstanding, our policy is for a client or family to contact the supervisor directly to cancel or re-schedule session(s). Excessive cancellations by a client/family may result in termination of services, as consistency of the delivery of services as proposed in a treatment plan is critical. We ask that you attempt to give at least 12 hours of notice when canceling or rescheduling an appointment.

### Consent

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

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

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_

Shannon N. Stanford, Ed.D, BCBA

\_\_\_\_\_

Date



## Privacy Notice HIPAA NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

NOTICE OF PRIVACY POLICY

Effective August 1, 2010, Updated January 2020

The following is the Privacy Policy of ALIVE Education Management & Services, LLC, as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

### Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify the individual patient who is associated with that health information.

### Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose personal health information without permission. Further, once permission has been obtained, we must use or disclose personal health information in accordance with the specific terms of that permission. The following are the circumstances under which we are permitted by law to use or disclose personal health information.

### Without Consent



Without consent, we may use or disclose personal health information in order to provide services and the treatment required or requested, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose personal health information within and among our workforce in order to accomplish these same purposes. However, even with permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another.

Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

### Examples of health care operations include:

(a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis.

### As Required By Law

We may use or disclose personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Examples of instances in which we are required to disclose your personal health information include: (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial



and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

### All Other Situations, With Your Specific Authorization

Except as otherwise permitted or required, as described above, we may not use or disclose personal health information without written authorization. Further, we are required to use or disclose personal health information consistent with the terms of authorization. You may revoke authorization to use or disclose any personal health information at any time, except to the extent that we have acted in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

### Miscellaneous Activities, Notice

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you to raise funds for Covered Entity.

### Your Rights With Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

### Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. You may request restrictions on the following uses or disclosures: (a) disclosures to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical



supplies, X-rays, or other similar forms of personal health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

### Right To Receive Confidential Communications

You have the right to receive confidential communications of personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations.

### Right To Inspect And Copy Your Personal Health Information

Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy personal health information contained in your designated record set, except for (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of personal health information or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request



a mailing, and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access, but we know where the requested information is maintained, we will inform you of where to direct your request for access.

### Right To Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS"). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received personal health information of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment.

### Right To Receive An Accounting Of Disclosures Of Your Personal Health Information

Beginning April 14, 2003, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the



address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period.

## Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

## Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

## On-going Access to Privacy Policy

We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request.



## Permission to Photograph/Video Tape

I give permission and consent for ALIVE Education Management & Services, LLC to photograph/videotape my child during the time my child is enrolled in services. I understand that the aforementioned media may be used for supervision or for educational training purposes.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Print name (parent/guardian) \_\_\_\_\_

Signature (parent/guardian) \_\_\_\_\_

Date \_\_\_\_\_

