

WELCOME!

(be)inspire (d)

inspire behavior therapy

Our Staff



Founder & Executive Director

Jennifer Kaut M.Ed., BCBA

Co-Owner & Clinical Director

Tarsah Dale M.Ed., BCBA

Board Certified Behavior Analysts

Jeannie Aguilar Ph.D., BCBA-D

Pamela White Ph.D., BCBA-D

Andrew Penmer M.Ed., BCBA

Dana Dawson M.Ed., BCBA

Erica Harren M.S., BCBA

Behavior Assistants

(Currently working on their master degree and board certification)

Alison Burgess

Jazmine Hill

Tiffany Plock

Behavior Technicians

Sara Camporeale

Samuel Lightsey

Lisa Tyson

Office Administrator

Billing/Insurance Inquires: Contact Joyce Dale

Phone number: 512- 260-4124 Email: admin@inspirebehaviortherapy.com

Privacy Policy Notice

This privacy policy discloses the privacy practices for Inspire Behavior Therapy.



Information Collection, Use, and Sharing

We are the sole owners of the information collected from you. We only have access to/collect information that you voluntarily give us via email or other direct contact from you. We will not sell or rent this information to anyone. We will not share your information with any third party outside of our organization.

Unless you ask us not to, we may contact you via email in the future to tell you about parent classes, new groups or services you may be interested in through the email address you provide us or if you sign up for our online newsletter or changes to this privacy policy.

As by HIPPA law, we only disclose ANY information to a third party if you sign and date a release of information authorization form.

Security

We take precautions to protect your information. When you submit sensitive information via the website, your information is protected both online and offline.

Wherever we collect sensitive information (such as credit card data), that information is encrypted and transmitted to us in a secure way. You can verify this by looking for a closed lock icon at the bottom of your web browser, or looking for "https" at the beginning of the address of the web page.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only employees who need the information to perform a specific job (for example, billing or customer service) are granted access to personally identifiable information. The computers/servers in which we store personally identifiable information are kept in a secure environment.

Updates

Our Privacy Policy may change from time to time and all updates will be posted on this page.

If you feel that we are not abiding by this privacy policy, you should contact our privacy officer, Jennifer Kaut, immediately at Jennifer@inspirebehaviortherapy.com



ABA & Your Role

Applied Behavior Analysis (ABA) is the science of applying experimentally derived principles of behavior to improve socially significant behavior. ABA takes what we know about behavior and uses it to bring about real-world, meaningful change (Applied). Behaviors are defined in observable and measurable terms in order to assess change over time (Behavior). Behaviors are analyzed within the environment to determine what factors are influencing the behavior (Analysis).

- **ABA has a robust research base.** Over 40 years of experimental research have supported and refined ABA techniques.
- **ABA can be used on any behavior, with anyone or any group.** ABA has been used to: understand and teach language (Verbal Behavior), treat challenging behavior (Behavior Modification), help manage workforces (Occupational Behavior Management), manage classrooms, train teachers/ parents/ caregivers, teach individuals with autism and developmental disabilities, and much, much more.
- **ABA is not just about “bad” behavior.** ABA will treat challenging behavior but will also address deficits in language (verbal & nonverbal), academics, social skills, emotional regulation, daily life skills and vocational skills.

Your Role and Responsibility to Ensure Success

ABA is not a therapy in which you can drop off your child or adult child to be “fixed.” You have to be a willing and active participant in the treatment. ABA is not for everyone. ABA may require you to change how you respond or to practice skills during teachable moments. ABA is effective because it can be implemented in every environment across all daily life activities. One hour of parent coaching or direct therapy with your child can result in 20 to 30 hours a week of practice.

Bottom-line

ABA works. Your child or adult child can and will learn. It does not matter how impacted a person is with a disability, he or she can learn at any age or stage in their life. If your child or adult child is not making progress, it is the program that is broken, not your child. This includes the role of the therapist, as well as, any caretaker’s willingness to implement recommended changes.

Insurance



In-Network

Humana

Beacon Health Options
(formerly Value Options)

Your insurance may ask for our EIN
Inspire Behavior Therapy:
47-4544048

Insurance Information

Inspire Behavior Therapy is practice of Board Certified Behavior Analysts (BCBA). We practice Applied Behavior Analysis (ABA).

Insurance companies are relatively new to ABA. There have been laws passed requiring that all insurance companies cover ABA, but...that does not mean that your employer opted for this coverage; many employers have an exclusion cause that does not include ABA coverage.

If you receive affordable health insurance through your employer and it meets the needs, or most of the needs of your child, your best option is to continue receiving this coverage. However, if your employer does not provide any or adequate coverage of ABA, you may consider shopping on a state or federal health care exchange/marketplace for a more affordable option. You may keep insurance for yourself through your employer and purchase a separate policy for your child through the exchange, if that makes the most sense in your situation.

What you can do:

Contact your insurance company and inquire whether or not your policy covers ABA.

If they do, and we are not in-network, you can ask for us to be an out-of-network provider/single case contract.

If they do not, we have many parents who take out a single policy on their child.

Out-of-Network/Single Case Agreement: Some insurances will do a "single case agreement" if we are not in-network. This means Inspire Behavior Therapy creates an individual contract with your insurance company for your child's treatment.

Fees



WE ARE LOCATED AT:

921 W. New Hope Road Suites 404 & 405
Cedar Park, Texas 78613

Hours: By Appointment Only (Monday- Saturday)

Sessions: are 45-50 minutes in length.



- **Individual Session: In Office or in the Community**

Executive & Clinical Director: \$125.00

Board Certified Behavior Analyst with Ph.D: \$125.00

Board Certified Behavior Analyst: \$85

Behavior Assistant and Behavior Technician: \$45.00

Behavioral Respite: \$30.00

- **Group Session:** \$40 per session (billed monthly) or *10% off for payment made in full on or before the 1st session.*
- **4 Session Functional Behavior Assessment (FBA) Package:** \$400
- **Attendance of an ARD/School Consult-** current rate is \$100.00 per hour plus travel fee
- **Reviewing of Paperwork/Report Fee/Phone Consult-** \$85.00 per hour
- **Travel Fee:** \$25
(If more than 20 miles, then a .55/mile is charged after that)

New Client Paperwork



Fill out the following and give to your therapist by your 1st appointment.
Treatment cannot be started until this is completed.

Pages 1-7: Information for you
Pages 8-12: Required forms to fill out
Page 13: Optional



TIP:

If you are using a mobile device, use a converter app such as “Adobe Fill & Sign”.

Registration Form



***Guardian's Email Address : (REQUIRED, this is how you will receive your invoice)		Date form was filled out
Guardian/s First Name	Guardian/s Last Name	Marital Status
		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Street Address	Phone Number	Can we leave a message?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code
Your Child or Adult Child's Name	Age	Date of Birth
School Name	Grade	List any Diagnosis
List if they have an IEP or 504 Plan	List Current Doctors	List Current Therapies
List any Allergies	List of Current Medication/s	Dosage/s
List an EMERGENCY CONTACT with phone number:		



Agreement – Initial each statement

Confidentiality & Privacy Notice

All information exchanged between client and therapist is kept confidential except for when the therapist has reasonable cause to suspect your child or adult child has been harmed or is a risk to bring harm to another.

_____ I have been given and understand the privacy notice located in this packet.

Attendance & Participation of Parent/Guardian

Emergencies happen, but we cannot provide the best treatment for you or your child if they are not consistently present. Inspire Behavior reserves the right to terminate services when treatment for these reasons are not benefiting the client. ABA is designed for everyone who is involved directly involved with the child or adult child. Participation by parents is required. Participation in treatment may consist of following recommended behavior plans, taking data, certain “homework” or attending our workshops.

_____ I will participate in the treatment of my child or adult child.

_____ I understand that 1 sick/vacation day is allowed without being charged per 14-16 week period.

Photographs/Videos taken

Therapists will ask you before any are taken; you have the right to decline. They will not be stored or shared once treatment is complete. You have the right to ask to see any photo or video taken. We now have an observation room so that parents can view their child while in session.

_____ I understand the photos and videos may be taken as part of treatment.

Payment Policy

I understand that:

_____ I will be Billed:

- For all services rendered through email by the **21st of each month.**

_____ I am Responsible:

- For any service fees not covered by insurance (i.e. travel fees)

_____ I can Pay:

- Directly online or by mailing a check (be sure that the check is received before your due date)
- Through automatic payment. Contact Joyce Dale to set up: 512- 260-4124

_____ Payments are Due:

- By the **27th of each month**

_____ Invoices are Late:

- On the 28th and you will be charged a \$75 late fee
- Services will be terminated after a balance is 10 days late or the amount owed is more than \$500.
- If I am late more than 3 times in a 12 month period, services will be terminated

_____ If I fail to give a 24-hour Cancellation Notice:

- I can be charged full price

_____ I can receive a 10% Discount for Group Sessions:

- If payment is made by check and payment is paid in full by or at the 1st session (for all sessions in the semester).

_____ Terminating Services for Programs containing 5 or more hours per week:

- I must give a 2-week notice before terminating services. If not, I will be billed for those hours.

I have read the above statements. I understand and agree to them while working with Inspire Behavior Therapy LLC

Client/Parent/Guardian

Date

Initial Treatment Concerns



Motor

Are there any developmental delays or concerns in their walking, running, or/and coordination?

Sensory

Any sensitivity to lights, sounds, smells? Any restrictions with food? Do he or she seek stimuli (ex. wants to hear a blender) ?

Speech

Are there any developmental delays or concerns regarding their language?

Academic

If they are in school, do they have learning difficulties? Been diagnosed with a learning disorder or one is suspected? Which academic areas are you most concerned with?

What is their favorite subject or topic to learn about? How do they prefer to learn?

Social & Play Skills

Does he or she play with peers? With siblings? Or prefers adults or staff?

Is he or she able to entertain themselves? Engage in appropriate leisure activities for their age?

Has her or she lost any peers due to their behavior?

Emotional Regulation

When he or she becomes upset, so they go from 0 to 10 very fast? What does that look like? What is something or someone that almost always triggers this?

When he or she wants something, can they accept a delay in getting it? Do they respond or act without thinking and then are remorseful? Has any impulsive acts resulted in hurting themselves or others?

Coping Strategies

Does he or she have a way to calm themselves down? Are they able to do this in all environments or 1 more than others?

Behavior

Are there any challenging behaviors present? What do they look like? How often do they occur and how long does the behavior last?

When is this behavior/s mostly likely to occur?

How have you or others been addressing these behaviors (ex. timeout, principal's office etc..)?

Reinforcement/Motivation

What are some favorite foods/toys/obsessions? What do you think he or she is motivated by?

Environment

Where and with whom does he or she live? (List all Family Members)

Life Stressors

What major life stressors (divorce, moves, loss of a job, a diagnosis) have you or your child experienced in the last 2 to 3 years.

Daily Schedule

How is your daily life run? (i.e. does mom and dad work- child goes to YMCA afterschool)

Release of Information Authorization From



OPTIONAL FORM: Fill out if you need your therapist to speak with or obtain information from a health care provider.

Client's Full Name

Address

Client's Date of Birth

City, State Zip Code

Client's Telephone Number

I hereby authorize use or disclosure of protected health information about me as described below. INSPIRE BEHAVIOR THERAPY is authorized to disclose information about me:

List the name of your therapist

The following person may receive disclosure of protected health information about myself or my child:

Name

Address

City, State Zip Code

List specific information that should be disclosed:

This authorization expires on _____ of 20____

I may revoke this authorization by notifying **Jennifer Kaut or Tarsah Dale**, in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Signature of Individual*
(The person about whom the information relates)

Date of Individual's Signature

Date of Birth

OR, if applicable –

Signature of Guardian* or
Personal Representative of Patient's Estate

Date of Guardian's/Personal
Representative's Signature

Description of Authority to Act
for the Individual