

Service Policy Agreement

Date _____



Please initial next to each statement.

Confidentiality & Privacy Notice

All information exchanged between client and therapist is kept confidential unless the therapist has reasonable cause to suspect your child or adult child has been harmed or is a risk to bringing harm to others.

_____ **I have been given access to and understand the privacy notice located in the New Client Paperwork for Inspire Behavior Therapy, LLC.**

Attendance & Participation of Parent/Guardian

We understand that emergencies happen; however consistent attendance will allow us to provide the best treatment for the client. Inspire Behavior Therapy reserves the right to terminate services when treatment is not benefiting the client for these reasons. ABA is designed for everyone who is directly involved with the client. 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, self, or individual for whom I maintain guardianship.

_____ I understand that 1 sick/excused absence is allowed in a social skills group program without being charged per 12-16 week period. All other absences will be charged at the regular group rate.

_____ I acknowledge and agree that Inspire Behavior Therapy, LLC may charge me a fee of \$75 in the event that I do not provide notice of cancellation of any given individual therapy appointment within twenty-four (24) hours of my scheduled appointment time.

_____ I acknowledge and agree that at least one parent or legal guardian will be present in the home during any in-home therapy sessions conducted by Inspire Behavior Therapy, LLC consultants or employees.

_____ I acknowledge and agree not to solicit or attempt to secure non-behavioral therapy services from any Inspire Behavioral Therapy, LLC employees or consultants, including, but not limited to, baby-sitting, child care or any other non-behavioral therapy good or service.

_____ I acknowledge and agree to communicate with Inspire Behavior Therapy, LLC employees and consultants using the @inspirebehaviortherapy.com email address for a particular employee or consultant.

Photographs/Videos taken

Photos and videos may be taken as part of therapy. Photos and video will be used for therapeutic purposes only. You may review any photo or video taken. If you would like out to opt-out of photos and videos, please provide a written request to Tarsah Dale or Jennifer Kaut.

_____ 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 (e.g., late cancellation fees, late payment fees, travel fees, etc.).
- _____ I can pay directly online, by mailing a check (please ensure that the check is received before the due date) or through automatic payment. (Contact Joyce Dale to set up auto payments at admin@inspirebehaviortherapy.com)
- _____ Payments are due by the 27th of each month.
- _____ Invoices are late on the 28th and a \$75 late fee may be charged.
- _____ Services will be terminated after a balance is 10 days late or the amount owed is more than \$500.
- _____ Services will be terminated if payments are late more than 3 times in a 12 month period.
- _____ I can receive a 10% discount for group sessions if full payment for all sessions in the program is paid by check on or before the first session.
- _____ I understand I must give a 2 week notice for terminating services for programs containing 5 or more hours per week. If I fail to give notice, I will be billed a \$100 fee for finalizing service termination.

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

Parent/Guardian Name

Date

Parent/Guardian Signature