



Potter Road Center  
Behavioral Treatment Program  
**Parent Handbook**  
**2023**

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Dear families and caregivers,

We are thrilled to be working with you and your child and appreciate the trust that you have in ABA of Wisconsin to provide high-quality behavior analytic services. We look forward to the opportunity to promote positive behavior change through teaching your child the skills needed to increase independence and improve interactions with those around them.

The purpose of the following handbook is to provide an easy to reference resource regarding services provided at the ABA of Wisconsin Potter Road Center. We hope that you will use this handbook as a reference throughout the duration of receiving services through ABA of Wisconsin.

We ask that you initial, sign, and return the final page of the parent handbook to ensure that you have read and agree to follow the policies described in this handbook.

If there are any questions regarding the information provided in this handbook or any questions regarding the services provided at our Potter Road Center, please contact Nicole Scharrer, Treatment Center Director, at [nscharrer@abaofwisconsin.org](mailto:nscharrer@abaofwisconsin.org), or 262-200-0900, ext. 2104 or Amelia McGoldrick, Director of Clinical Services, at [amcgoldrick@abaofwisconsin.org](mailto:amcgoldrick@abaofwisconsin.org), or 262-200-0900.

Thank you,

ABA of Wisconsin Behavioral Treatment Team



## About ABA of Wisconsin Services

### Mission Statement

We are committed to providing the highest quality, research-driven behavioral services to assist individuals in achieving their full potential.

### Services Available

ABA of Wisconsin, LLC uses principles of applied behavior analysis (ABA) to develop research-based strategies to address challenging behaviors or learning deficits and enhance our clients lives by:

- Conducting state-of-the-art assessments that identify the specific functions of challenging behaviors.
- Designing customized programs based on individual needs to immediately impact and encourage positive behaviors.
- Providing in-service and ongoing training for parents and professionals to coordinate programs and maximize the generalization of learned skills and new behaviors.
- Designing and implementing data collection systems and continuously monitoring client progress to make changes as needed to ensure client progress.
- Writing reports and progress summaries of each individual's program and recommended program modifications, if necessary.

An assessment is conducted to determine the service delivery model that is most appropriate to meet your child's needs. Please let your assigned BCBA know if you have any questions or concerns regarding the service delivery model that is being provided for your child.

### Definitions:

- Comprehensive ABA treatment: Treatment addresses a wide range of skill deficits across multiple affected developmental domains, such as cognitive, communication, social, emotional, and adaptive functioning. Maladaptive behaviors, such as noncompliance, tantrums, and elopement are also typically addressed through treatment. Comprehensive ABA treatment is typically provided for a higher number of hours each week (approximately 30-40 hours per week).
- Focused ABA treatment: Treatment addresses a narrow range of skill deficits and behavioral targets (e.g., challenging behavior, coping skills, and communication) and are provided for a lower number of hours each week (typically up to 20 hours per week). Treatment addresses a limited number of key functional skills and acute problem behavior, ensures that the client's caregivers are able to maintain progress through caregiver training, then ABA supports are faded out.



## Staff Information

Our team is composed of Wisconsin-licensed and Board Certified Behavior Analysts (BCBA), Behavior Treatment Therapists (BTTs) and Behavior Technicians (BTs).

ABA of Wisconsin serves individuals from birth through adulthood. Staff have experience with a range of diagnoses.

### Definitions:

- Board Certified Behavior Analyst (BCBA): All of our BCBA's are licensed in the state of Wisconsin, have a master's degree in applied behavior analysis or a related field, have completed a practicum providing applied behavior analysis services, and have a national certificate through the Behavior Analysis Certification Board. BCBA's complete client assessments, develop treatment plans, and provide ongoing supervision to Behavior Treatment Therapist and Behavior Technician staff.
- Behavior Treatment Therapist (BTT): BTTs have previous experience providing services as a behavior technician and provide direct treatment and ongoing supervision to Behavior Technicians. BTTs conduct procedural integrity checks to ensure high treatment integrity and develop programming for treatment objectives under the supervision of a BCBA.
- Behavior Technician (BT): BTs provide direct treatment consisting of skill acquisition and behavior reduction programs under the supervision of a BTT and BCBA.

## Contact Information

- ABA of Wisconsin Potter Road Center
  - 10930 West Potter Road, Suite A, Wauwatosa, Wisconsin 53226
  - 262-200-0900
- Amelia McGoldrick, Director of Clinical Services
  - [amgoldrick@abaofwisconsin.org](mailto:amgoldrick@abaofwisconsin.org)
  - 262-200-0900
- Nicole Scharrer, Treatment Center Director
  - [nscharrer@abaofwisconsin.org](mailto:nscharrer@abaofwisconsin.org)
  - 262-200-0900, Ext. 2104



## Starting Services

### Enrollment

ABA of Wisconsin provides our clients' families with a packet of information that is required to be completed prior to starting services with ABA of Wisconsin. All of the information requested is required in order to secure a prior authorization for funding to start a client's assessment and services. If assistance is required to complete the enrollment paperwork or any additional paperwork that is required throughout the course of treatment, please contact Nicole Scharrer at [nscharrer@abaofwisconsin.org](mailto:nscharrer@abaofwisconsin.org) or 262-200-0900, ext. 2014.

### Funding

ABA of Wisconsin works with a variety of funding sources. After your insurance verification form is received, ABA of Wisconsin completes a benefits verification to determine if ABA services are covered by your funder. Additional benefits verifications will be completed throughout the course services to ensure that services will continue to be funded.

**If there are any changes to insurance or medicaid plans at any point throughout services, parents/guardians must provide updated insurance or medicaid information as soon as possible.** Failure to provide updated insurance or medicaid information may result in service suspension or termination.

### Assessment

All ABA services start with an assessment to identify treatment objectives and develop your child's treatment plan. Parents/guardians may be asked to assist in gathering some information or data during the assessment process. If ABA services will focus on increasing a client's skills, the assessment will evaluate the client's current level of performance on these skills and determine which instructional strategies and interventions are most likely to prove effective. If ABA services will focus on decreasing ongoing problem behaviors, a functional assessment and/or functional analysis activities (e.g., interviews, checklists, direct observations) will be conducted. A combination of assessment strategies may be used, depending on your child's needs. These assessment tools are designed to provide information critical to the development of effective treatment procedures.

After the assessment is complete, a treatment plan will be developed and submitted to funders for approval. It may take up to 22 business days to receive authorization to provide services. Before starting services, the treatment plan will be reviewed with parents/guardians and parents/guardians will be asked to provide a signature indicating that they consent to treatment described in the treatment plan.



## Scheduling and Hours of Operation

### Scheduling

Your child's schedule is based upon their specific needs and availability for ABA services. Our scheduling team will work to accommodate your and your child's existing schedule as much as possible; however, we ask that you provide availability that will allow our team to provide the recommended number of treatment hours. It is our policy to provide treatment at the recommended dosage for all clients. If your child's personal schedule prevents them from being available for the prescribed treatment hours, services may be suspended until they are available. If your child's regular availability will be changing, we ask that you provide an updated availability form as soon as possible, with a minimum 30 days of the change in availability whenever possible.

If an emergency results in the inability to provide services at ABA of Wisconsin's Potter Road Center, arrangements will be made to provide services at the client's home or another designated location. The schedule for ABA services in home may be altered from in-center schedules to account for staff travel time to and from client's homes.

### Hours of Operation

ABA of Wisconsin's Potter Road Center's Hours of operation are as follows:

- Regular Hours (September-May):
  - Monday-Thursday 8:00 am - 6:30 pm
  - Friday: 8:00 am - 5:00 pm
  - Saturday & Sunday: Closed
  
- Summer Hours (June-August)
  - Monday-Friday: 8:00 am - 5:00pm
  - Saturday & Sunday: Closed

### Annual Calendar

ABA of Wisconsin's calendar of closures and modified hours can be found in the parent resource section of the ABA of Wisconsin website ([abaofwisconsin.org](http://abaofwisconsin.org)). Caregivers may also request a copy of the center's calendar from their child's BCBA or from the center's reception desk at any time.

### Holidays:

ABA of Wisconsin's Potter Road Center is closed on the following federally recognized holidays:

- New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day



ABA of Wisconsin's Potter Road Center may be open on the following days; however, schedules and hours of operation may be modified.

- The Monday after Easter, the Friday after Thanksgiving, Christmas Eve, New Year's Eve

Saturdays:

ABA of Wisconsin's Potter Road Center is open the second Saturday of the month during the school year. Times and availability are subject to the availability of the staff on your child's team. ABA of Wisconsin will reach out to families when there is an appointment time available for their child to come in on Saturday.

Professional Development Days:

ABA of Wisconsin's Potter Road Center is closed four (4) days per calendar year for professional development days for our employees. There are no client services on professional development day. Professional development days are noted on our annual calendar.

Our staff members are generally available Monday through Friday between the hours of 8:00 a.m. to 5:00 p.m. although hours may vary among staff members (please speak with your assigned clinician/therapist if you have questions/concerns about their hours). During this given time period, you may call to schedule appointments, ask questions, and leave messages. Please use email if you need to correspond with our staff outside of our standard hours of operation and our staff make their best effort to respond within 24 business hours. If you have an emergency situation, please call 911 immediately.

If you need to contact a clinician during your child's therapy session, please call the front desk and you will be routed to a staff member who can best answer your question.

## Attendance

Consistently attending scheduled ABA therapy sessions is a critical component of treatment success and ABA of Wisconsin reserves the right to suspend and/or discharge clients whose progress is impeded by chronic cancellations or tardiness.

### **Why is consistent attendance this important?**

- Parent and client involvement is a key component of our treatment services.
- Frequent contact with our clinicians is necessary to ensure consistency and integrity of our treatment plans and to ensure progress.
- Funders expect their clients to receive the recommended treatment on a consistent basis to achieve desired outcomes. We are required to document attendance as part of our client's records and progress reports.
- Our clinicians reserve time in their schedules to be available to their clients. Typically cancellations cannot be filled with other appointments without advance notice.





## Attendance Policy

Cancellations must be made only in the case of a true illness (see list of symptoms above) or family emergency. Vacations or other excused absences require at least two weeks of advance notice, with more notice given whenever possible. This allows our clinicians to reschedule and plan for the missed session time. Your child's ABA therapy schedule is carefully developed based on their needs, your availability and the availability of your dedicated clinical team. ABA of Wisconsin cannot guarantee that requested changes to established schedules can be accommodated, and we reserve the right to suspend or terminate services if cancellations and other schedule changes that do not align with our policies and procedures.

If chronic unexcused absences or tardiness occurs within a designated time period, (see specific guidelines below) a brief service suspension will occur and a meeting will be scheduled with the treatment center director to develop a corrective action plan to decrease future absences or tardiness. If additional absences or tardiness occur and/or a plan cannot be developed to ensure that your child is present for scheduled sessions, your child may be discharged from services with ABA of Wisconsin.

Please refer to the following definitions regarding cancellations, absences, and tardiness:

- Clinician Cancellation:
  - ABA of Wisconsin will make every effort to avoid canceling any of your child's sessions. If it is absolutely necessary for us to cancel a session due to staffing shortages, we will work directly with you to reschedule a make-up session, if possible. You will be informed as soon as possible of cancellations and available dates for make-up sessions.
- Client Cancellation
  - *Planned Cancellations:* If you need to cancel a session, please notify us in advance, and with at least 24 hours notice by filling out the schedule change request form (for both planned absences or one-time schedule changes) which can be found on our website in our "Parent Resources" section. Our team will work with you to schedule make-up sessions or therapy time when possible.
  - *Unplanned Cancellations:* We understand that there may be times when your child wakes up feeling ill or other emergency situations might require you to cancel a session with less than 24 hours notice. Please call the front desk at 262-200-0900 immediately when you become aware of these situations. These cancellations will be considered to be excused; however, if excessive unplanned cancellations are noted, a meeting will be scheduled to develop a corrective action plan and/or make modifications to session start/end times. All cancellations should be made by 7:30am whenever possible and whenever possible at least 60 minutes prior to your child's scheduled session start time.



- Unexcused Absences
  - Cancellations or failure to notify ABA of Wisconsin of cancellation by the time of your child's session start time (i.e., "no-call/no show") will be considered unexcused.
- Tardiness
  - Arrivals or pick-ups that are more than 5 minutes after your child's scheduled start or end time will be considered tardy. We encourage caregivers to arrive early for both drop off and pick-up to ensure services can start and end on time.

<b>Term</b>	<b>Unexcused Absences</b> (Resulting in suspension and/or a corrective action plan)	<b>Tardiness</b> (Resulting in suspension and/or a corrective action plan)
<b>Fall-Winter</b> (September-December)	2	6 within a term OR 3 within 1 month
<b>Winter-Spring</b> (January-May)	2	6 within a term OR 3 within 1 month
<b>Summer</b> (June-August)	2	6 within a term OR 3 within 1 month

Please note that these are general guidelines and that all excused and unexcused absences and tardiness will be reviewed on a case-by-case basis.

### Cancellation Procedure

All cancellations or schedule changes for sessions that day or less than 2 days from the planned absence should be made via phone using the following procedure:

- Please contact the main line at the center as soon as possible (by 7:30am and at least 60 minutes prior to session start).
  - 262-200-0900, press "0"
- During business hours:
  - Please speak with a staff member.
- Outside of business hours:
  - Please leave a voicemail message with your child's name, the date, your child's session start time and reason for your child's absence.
- Texts or emails to your child's BCBA or program supervisor may not be received prior to your child's scheduled start time. To ensure that your child is called out for their session, all cancellations must be made by calling the center.

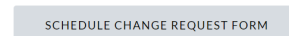
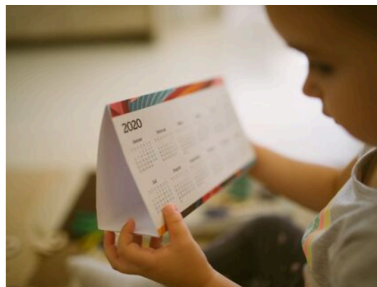


- To ensure consistency, clinicians have been asked to redirect families to call the front desk for any session cancellations or session time changes.
- Please notify the center of same-day cancellations by 7am or at least 1.5 hours prior to your child's scheduled start time whenever possible.

### Schedule Change Procedure

All planned time off or schedule changes for sessions 2 or more days in advance should be made by completing the schedule change request form located on ABA of Wisconsin's website. To find the request off form, follow these steps:

1. Go to [abaofwisconsin.org](http://abaofwisconsin.org)
2. Select "Resources"
3. Select "Parent Resources"
4. Click the "Schedule Change Request Form" (shown below)



If you do not have access to the internet or would like to complete a paper form, please request one during drop off or pick-up times.

### Arrival

Clients must arrive at the center at the scheduled time each day. On time arrival will ensure that clients are accessing all of their allocated treatment time and allow time for parents to communicate important information to our staff. Our staff are not available to start sessions early or provide supervision outside of scheduled times due to other job responsibilities. Our staff will come out to your vehicle to get updates on the day from caregivers and bring your child into the building.



## Departure

Caregivers should arrive at the center 5-10 minutes prior to the end of the client's day. Clients will be brought out to their caregiver's vehicle 5 minutes before their scheduled session end time. During this time, a clinician familiar with your child's case will bring your child out to your car and provide caregivers with a summary of the client's day.

ABA of Wisconsin's staff will not release your child to an unauthorized individual. All individuals who may pick up your child must be listed on the client pick up authorization form. If any changes need to be made to the authorized individuals, please provide us with an updated list immediately. All individuals who are authorized to pick up your child will be required to produce a state-issued photo identification prior to the client's release to their care. If an individual is listed on the pick up authorization form, you are giving consent for our clinicians to provide a summary of your child's day to that individual.

## Sickness Policy

It is important that our clients are healthy enough to benefit from treatment sessions and that we maintain the health of our clinicians and other clients and families who access Potter Road Center.

If any of the following symptoms are observed for the client or anyone else in the treatment environment, we ask that you cancel your child's session and are 24-hours symptom free before returning to therapy:

- Diarrhea (occurring more than once in a 24-hour period)
- Vomiting
- Temperature of 100.4 or higher
- Severe sore throat, headache or chronic coughing
- Any communicable or contagious disease (e.g., chicken pox, influenza, lice, streptococcal infections)

If you need to cancel a therapy session, please contact the main line at the center as soon as possible. Cancellations should be made 24 hours prior to the canceled session, whenever possible. Our scheduling team will attempt to reschedule any canceled sessions; however, we are unable to guarantee that canceled sessions will be able to be rescheduled.

If a client misses ABA therapy due to a communicable or contagious disease or illness, a doctor's note may be required before the client is able to return to ABA therapy.

If any individual who was at the center within 24-48 hours of diagnosis with a communicable disease or illness, Potter Road Center must be notified as soon as possible. If any individual at the center may have been exposed to the illness, all clients' families will be notified within 24 hours via email.

If a client becomes ill (see list above for symptoms) during their scheduled therapy sessions, they will be taken to an area away from other clients and the designated caregiver will be



contacted. If staff are unable to reach the caregiver within 1 hour of the initial call, the emergency contact will be called to arrange for pick-up of the client.

## Inclement Weather & Other Emergency Closure Information

Inclement weather, including, but not limited to, snow, storms, icy roads, storm warnings and other emergent conditions may result in Potter Road Center closing or delays in opening until conditions improve. Potter Road Center follows Wauwatosa School District closures, late starts, or early closure. If Wauwatosa School District closes due to inclement weather, Potter Road Center will also be closed. All changes to our normal operating hours will be communicated to parents (and/or other caregivers as indicated by you on our contact list) via email whenever possible. This information can also be found on channel 12 (WISN) under closures.

In the event of inclement weather, we encourage you to use good judgment and not take undue risks to travel to and from Potter Road Center. Ultimately, the decision to send your child to Potter Road Center is yours. If you do decide to keep your child at home due to inclement weather when the center is open for operation, please follow session cancellation procedures.

## Snacks and Meal Times

All snacks and meals shall be provided by the client's caregivers. Clients should bring their lunch daily in a labeled box lunch with cold packs. All lunches will be stored in the fridge until the client's designated lunch period. Plates and utensils will be provided to clients. Clients should bring storage containers if leftovers are anticipated or if you would like your child's leftovers sent home at the end of the day. Clients may bring lunches that require heating in a microwave or toaster oven. Any food requiring microwaving, should be sent in a microwave-safe container. Caregivers are encouraged to follow the U.S. department of agriculture child care food program minimum meal requirements. Any uneaten portion of the client's lunch will be sent home whenever possible. Staff will inform parents of any food refusals. Caregivers must inform staff of any dietary concerns. Clients should bring a water bottle to drink from throughout the day. Any beverages besides water must be brought from home.

Healthy snacks should be sent in for clients to consume throughout the day.

Non-perishable snacks may be stored at the center and must come in zip top bags or sealed containers and be labeled with the client's name.

To ensure the safety of all of our client's ABA of Wisconsin's Potter Road Center is a nut free facility. Client's may not bring lunches or snacks containing nuts into the center. Additionally, clients and visitors should wash their hands before entering or immediately upon entering the center, if nuts were recently consumed.



## Toileting and Additional Clothing

All clients will use the toilets and restrooms available in the center space for toileting and to change pull-ups or diapers. When needed, toileting plans will be developed by the client's treatment team and caregivers specific to their current skill level and treatment goals.

Clients who utilize pull-ups and/or diapers must bring them in from home. Clients are encouraged to keep spare pull-ups or diapers at the center. Any pull-ups, diapers, or wipes sent in will be labeled and only utilized for the intended client.

All clients should have at least one spare change of season appropriate clothing available. All client clothing should be clearly labeled. If a spare change of clothing is needed and not available, ABA of Wisconsin staff will provide clients with a set of spare clothing, when possible. ABA of Wisconsin's clothing should be laundered and returned to the center. Any soiled clothing will be sent home with the client at the end of their session in a plastic bag for laundering. ABA of Wisconsin's staff will notify parents when additional clothing is required.

ABA of Wisconsin discourages clients from bringing other personal belongings from home. If other belongings are brought, items must be labeled to help keep items from being lost. ABA of Wisconsin cannot ensure the safety of any personal items that are brought from home and waives responsibility for lost or damaged personal property.

## Napping Policy

During your child's initial assessment the clinical team and parent/guardian will determine if naps or rest periods are needed/appropriate.

All napping clients will be provided with a cot and sheet. All napping clients are required to bring labeled bedding (e.g., blanket) to the center for use during nap or rest periods. Bedding may be stored at the center during the week. All bedding will be sent home on Fridays to be laundered or alternated by families or when soiled. All bedding must be labeled and able to fit in a 1ft x 1ft x 1ft sealable plastic container, provided by ABA of Wisconsin.

## Medication Administration

It is the policy of PRC to discourage the administration of medication or supervision of self-medication to clients during scheduled sessions. Medications taken at PRC are to be limited to those needed in the event of an emergency. **The guidelines set forth in this policy do not prohibit any center employee from providing emergency assistance to a client.**

If your child requires emergency medication or other medication, you may request a copy of the ABA of Wisconsin medication administration policy and guidelines. Your child's treatment team will develop a plan to meet your child's medical needs. Please note, regular medications delivered during the treatment day may need to be delivered by a caregiver.



## Holiday & Special Events Permission

ABA of Wisconsin, Potter Road Center holds holiday parties and celebrations throughout the year. During holiday parties and celebrations, our clients are able to practice the skills that they have been working on in therapy and apply them to a situation that may naturally occur in their lives.

ABA of Wisconsin, values and respects the religious and other values that our clients have related to celebrations. Participation in holidays and special events is not required and will not impact our clients' ability to receive services. Please complete the special events form at the end of the handbook to indicate your preferences for your child's participation in these events.

## Injury, Illness, and Incident Reporting Policy

### Injury and Illness Reporting

ABA of Wisconsin holds the health and safety of our clients as a top priority. ABA of Wisconsin staff are trained in CPR and basic first aid and there is always a designated CPR and first aid lead staff present at the center during all hours of operation. At times, it may be necessary to provide minor first aid, to contact your child's physician, or to seek emergency medical attention to ensure the safety and/or health of your child.

ABA of Wisconsin staff will document any minor injury in an injury log for your child and will notify you at pick up of any injuries or minor first aid provided during that day's session.

### Basic First Aid

Basic first aid will be completed by your child's staff at the time needed, as trained through the American Red Cross curriculum. If first aid is required in session, ABA of Wisconsin staff will provide a verbal update to caregivers at the time of pick up.

### Contacting Physicians

In addition to regular collaboration with client's physicians, ABA of Wisconsin may contact a client's physician regarding collaboration of care and any medication administration questions. For basic health concerns, ABA of Wisconsin will always contact parents/guardians prior to contacting a client's physician; however, as indicated in the medication administration policy, a physician may need to be contacted regarding medication administration, medication side effects, a medication error, or for other reasons related to emergency medication administration. ABA of Wisconsin staff will document any physician call or contact in your child's records. A copy of the documentation will be made available upon request.



## Emergency Situations

If an emergency medical situation arises, emergency medical attention will be sought immediately. ABA of Wisconsin's staff will contact a parent/guardian immediately after emergency medical responders are called. If a parent/guardian is not reached, the listed emergency contact will be called. ABA of Wisconsin staff will complete an incident report form for any emergency requiring medical attention. That written report will be made available to parents/guardians within 2 business days of the incident requiring medical attention.

The planned location for emergency medical care is Froedert Hospital located at 9200 W Wisconsin Ave, Milwaukee, WI 53226. If an alternative location for emergency medical care is identified, a parent/guardian will be notified immediately.

## Incident Reporting

ABA of Wisconsin is unable to predict all situations that may arise that may require additional documentation or parent notification. If any notable situation occurs outside of injury, medical emergency, or physical intervention policies, an incident report will be completed by the ABA of Wisconsin staff that witnessed or was involved in the incident. Parents/guardians will be notified at pick-up of any incident that occurred unless it is deemed by the clinical supervisor that immediate notification is appropriate. Parents/guardians will receive a copy of the incident report within 2 business days of the incident occurring.

Please note that all ABA of Wisconsin staff are Mandated Reporters by the state of Wisconsin and will follow all Mandated Reporter laws if abuse and/or neglect is suspected or observed.

## Caregiver Participation

Parent/caregiver and client involvement is a key component of our treatment services. Consistent implementation of procedures across caregivers and environments is important to ensure effective and successful treatment. Frequent contact between our Behavior Analysts/Therapists is necessary to ensure consistency and integrity of our treatment plans and to relay important client information. It is important for family members and clients to provide input regarding treatment goals, outcomes and procedures.

## Caregiver Training

To ensure parent/caregiver involvement, caregiver training sessions will be scheduled at least monthly. During caregiver training sessions, the client's progress towards treatment objectives will be reviewed, parents/caregivers will have an opportunity to ask questions about programming and to provide input on objectives. Training will be provided by the Behavior Analyst on how to implement the client's behavior support plan and/or treatment objectives. Whenever possible, caregiver training sessions will be scheduled during client's regularly scheduled sessions at PRC; however, ABA of Wisconsin acknowledges that this will not always





be possible. Caregiver training sessions that cannot be held during regularly scheduled sessions will be coordinated with client's parents/caregivers and their clinical team. Caregiver training and collaboration is imperative to client progress and caregiver training goals.

### Collaboration with other Service Providers and Professionals

Collaboration with other service providers (e.g., teachers, primary care physicians, psychiatrists, occupational therapists, and speech language pathologists) may occur to ensure continuity of care and consistency across environments.

Employees of ABA of Wisconsin do not provide non-evidence based interventions and will not implement non-evidence based services that may be recommended by other service providers. Your child's treatment team will notify you if a service provider with whom we are collaborating for your child's services recommended non-evidence based treatment or intervention and in what capacity, if any, we are able to collaborate with those service providers who recommend non-evidence based services.

### Restraint and Seclusions Policies and Procedures

ABA of Wisconsin uses the principles of behavior to prevent challenging behavior and teach replacement behaviors and alternative behaviors. ABA of Wisconsin staff are trained to use the least restrictive measures possible whenever managing challenging behaviors that may occur. Challenging behaviors that pose no risk or limited risk to the client, staff, and others in the environment will always be managed without the use of restraint or seclusion procedures. The use of restraint and seclusion is avoided whenever possible; however, may become necessary if dangerous challenging behaviors that pose an imminent risk of safety to the client or others in the environment occur.

If your child engages in challenging behavior, a behavior support plan will be developed during the assessment phase using functional behavior assessment or functional analyses to reduce the occurrence of challenging behavior specific to your child. The behavior support plan will include both preventative and reactive procedures that are based on the function of the targeted behavior. Preventative procedures will be utilized throughout all sessions to reduce the likelihood that challenging behavior will occur. Reactive procedures will be utilized when the target behaviors occur. The reactive procedures developed are always the least restrictive possible. The strategies utilized will be reviewed with you prior to implementation; however, at times alternative strategies may be necessary. If a crisis situation occurs (as defined in your child's treatment plan) or if an unsafe novel behavior occurs that creates an imminent risk of safety to your child or others, restraint and/or seclusion procedures may be necessary to ensure the safety of the client, staff, or other individuals in the environment.

All ABA of Wisconsin staff who implement restraint and/or seclusion procedures are trained to utilize Professional Crisis Management (PCM). All crisis behaviors managed with PCM crisis intervention procedures must be occurring continuously and unable to be managed through less restrictive approaches. PCM strategies will be utilized for the shortest amount of time necessary



to ensure safety. Your signature on the treatment plan indicates your consent for ABA of Wisconsin to utilize PCM procedures if necessary.

If ABA of Wisconsin staff utilize restraint and/or seclusion procedures to manage crisis behavior, caregivers will be notified via phone following the restraint and/or seclusion procedure. Additionally, a written copy of the restraint and/or seclusion procedures utilized will be provided to caregivers and the client's case manager, if applicable, within 2 business days.

## Agreements

### Client Bill of Rights and Responsibilities

ABA of WI, LLC believes that all clients have the right to be informed of their rights and responsibilities before the initiation of treatment/services.

#### **CLIENT RIGHTS**, you have the right:

- To receive services appropriate to your needs and expect that ABA of WI staff will provide safe, professional treatment at the level of intensity needed, without unlawful restriction by reason of age, gender, sex, sexual orientation, race, creed, color, national origin, religion, disability or status with regard to public assistance.
- To have access to necessary treatment services during your scheduled treatment times and within the operating hours of ABA of WI.
- To be informed of available services and the qualifications/credentials of the staff providing these services.
- To be informed of the ownership and control of the organization.
- To be informed upon request if the organization's liability insurance will cover injuries to employees when they are in your home, and if it will cover theft or property damage that occurs while you are receiving treatment.
- To be informed of ABA of WI's, policies and procedures.

#### **CLIENT CARE**, you have the right:

- To be involved in your treatment planning, including education, from admission to discharge, and to be informed in a reasonable time of anticipated termination and/or transfer of service.
- To receive reasonable continuity of care.
- To be informed of your rights and responsibilities in advance concerning treatment you will receive including any changes to the frequency of treatment/services and by whom the services will be provided.
- To be informed of the nature and purpose of any assessment or treatment procedure that will be implemented, including information about the potential benefits and risks as well as who will perform the treatment.
- To be informed of treatment goals and progress updates in a timely manner.
- To receive treatment/service from staff that are qualified through education and/or experience to carry out the duties for which they are assigned.
- To be referred to other agencies and/or organizations when appropriate.



**RESPECT AND CONFIDENTIALITY**, you have the right:

- To be treated with consideration, respect, and dignity, including the provision of privacy during treatment.
- To have your property treated with respect.
- To receive information about your treatment in a manner you can reasonably be expected to understand.
- To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.
- To review your clinical records and release these records to any person or organization that you designate.
- To be informed of the organization's policies and procedures for disclosure of your clinical record.

**FINANCIAL ASPECTS OF CARE**, you have the right:

- To be informed of the extent to which payment for the treatment services may be expected from Medicaid or any other payer.
- To be informed of changes not covered by Medicaid or any other payer and/or responsibility for any payment(s) that you might have to make.

**SELF-DETERMINATION**, you have the right:

- To make decisions about your treatment plan prior to and during the course of treatment.
- To refuse all or part of your treatment to the extent permitted by law and to be informed of the expected consequences of said action.
- To not participate in research or not receive experimental treatment unless you give documented voluntary informed consent.
- To participate in consideration of ethical issues that may arise in your treatment.

**COMPLAINTS**, you have the right:

- To voice complaints/grievances about treatment or care that is (or fails to be) provided, or regarding lack of respect for property without reprisal or discrimination for it and be informed of the procedure to voice complaints/grievances with the organization.

**CLIENT RESPONSIBILITIES**

**As a client of ABA of WI, you have the responsibility:**

- To provide complete and accurate information about diagnoses, disabilities, medications, other treatment/services being received and other matters pertinent to your health; any changes in address, phone, or insurance/payment information.
- To understand, participate in and follow your treatment plan.
- To keep your scheduled appointments and inform the organization when you will not be able to keep an appointment in accordance with our attendance policy. ABA of WI reserves the right to discharge clients from treatment due to lack of attendance/participation.



- To respect the privacy and confidentiality of other clients that you might encounter in our treatment center environment.
- To treat the staff with respect.
- To provide a safe environment for treatment to be given if services are provided in your home.
- To cooperate with staff and ask questions if you do not understand instructions or information given to you.
- To assist the organization with billing and/or payment issues to help with processing third party payment.
- To inform the organization of any problems or dissatisfaction with services.

### Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT A CLIENT MAY BE USED AND DISCLOSED AND HOW THE CLIENT CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

ABA of Wisconsin, LLC understands that we collect private and/or potentially sensitive medical information about each client and/or the client's family. We call this information "protected health information". This notice explains how we may use and disclose your protected health information to carry out services, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

ABA of Wisconsin, LLC is required by law to abide by the terms set forth in this notice. We reserve the right to change this notice and make new provisions at any time. If our information changes, a revised Notice of Privacy Practices will be provided to you. You may also access the current version via our website, [abaofwisconsin.org](http://abaofwisconsin.org). Your protected health information will not be used or disclosed without your written authorization, except as described in this notice. In addition you have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for services, payment and operations. This means you may ask us not to use or disclose any part of your protected health information for the purposes of services, payment or operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply.
3. **Request to receive communications of protected health information in confidence.**



4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. All requests for medical records must be submitted in writing. ABA of Wisconsin will provide the requested records within 15 days from the receipt of the written request. A reasonable copying/labor charge may apply.

5. **Request an amendment to your protected health information.** We may deny your request for an amendment, if we determine that the protected health 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 protected health information is no longer available to act on the requested amendment;
- is not part of your medical or billing records;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. **Receive an accounting of disclosures of protected health information:** This right applies to disclosures for purposes other than services, payment or operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur. The right to receive this information is subject to certain exceptions, restrictions and limitations.

7. **Revoke your authorization to use or disclose health information** except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your care provider, our administrative staff and others outside of our office who are involved in your care and services for the purpose of providing services to you. Your protected health information may also be used and disclosed to pay your bills and to support the operation of ABA of Wisconsin, LLC's practice.



The following are examples of the types of uses and disclosures of your protected health information that ABA of Wisconsin, LLC is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

\*All references to “you” or “your” refer to both you and your child, if you are a parent or legal guardian of a child or children receiving ABA Services.

ABA of Wisconsin, LLC may use and/or disclose your clinical information for the following purposes:

**Services:** We may use and disclose protected health information in the provision, coordination, or management of your care, including consultations between providers regarding your care and referrals for healthcare from one provider to another.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative proceeding.

**Payment:** We may use and disclose protected health information to obtain reimbursement for the services provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Service Operations:** We may use and disclose protected health information to support functions of our practice related to services and payment, such as quality assurance activities, case management, receiving and responding to client complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include our third party billing agency and our clinical software company. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have



asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Worker's Compensation:** We may release protected health information about you for programs that provide benefits for work related injuries or illness.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose protected health information to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate an order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Fundraising:** Unless you notify us you object, we may contact you as part of a fundraising effort for our practice. You may opt out of receiving fundraising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fundraising material you receive.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.



**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

### **COMPLAINTS**

If you have questions about this notice or would like additional information, you may contact our HIPAA Compliance Officer. You may find this information on our website [abaofwisconsin.org](http://abaofwisconsin.org). If you believe your privacy rights have been violated by us you may complain to us or to the United States Secretary of Health and Human Services. You may file a complaint with us by notifying our HIPAA Compliance Officer. We will take no retaliatory action against you if you make such complaints.

### **Contact Information:**

#### **U.S. Department of Health and Human Services**

Office of the Secretary  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Tel: (202) 619-0257  
Toll Free: 1-877-696-6775  
<http://www.hhs.gov/contacts>

### **Photography Consent**

I understand that it may be necessary to photograph my client for the purpose of applied behavior analysis (ABA) assessment and/or treatment sessions. This may include photography for staff supervision purposes. In the event that photography of my client is necessary, I will be informed of the specific purpose. I understand that the recorded material will be used only by ABA of Wisconsin and only for purposes described above. If the assessment or treatment involves formal research that goes beyond standard evaluation or clinical procedures, I reserve the right to consent or refuse to participate.

#### **DEFINITION:**

The word photograph used in this form represents all forms of visual or audiovisual reproduction of an individual's likeness. This shall include, but not be limited to: film, video, and other electronic reproductions.

I understand that the photograph(s)/video(s)/name(s) shall be utilized only to the extent that it is necessary to accomplish the purposes stated above.

I understand that I may revoke this consent at any time (*revocation must be in writing*).

I further understand that no revocation of this consent shall be effective to prevent disclosure of records and communications until received by the person otherwise authorized to disclose





records and communications.

### Service Agreement

The following information is intended to help answer some questions that you may have about ABA of Wisconsin, LLC's services and policies. If you have questions about the information below, especially in how it applies to your individual case, please do not hesitate to ask.

### **FAMILY AND PARTICIPANT INVOLVEMENT:**

The following outlines our requirements for family and client involvement related to our services:

- A parent or designated caregiver (18 or older) must be present in the home during all home visits. ABA of Wisconsin, LLC is not liable for anything that occurs if you do not comply with this requirement.
- All family members/caregivers are required to participate in training to implement procedures for behavior interventions and teaching positive behavior. Family members/caregivers are expected to implement these procedures independently following training. To the extent in which a client can be involved in treatment planning, they will be required to participate.
- Parents may be asked to purchase/supply materials for therapy sessions.
- Parents are expected to make the client available for the clinically recommended number of hours of treatment.
- ABA of Wisconsin's Behavior Analysts, Therapists and Technicians provide written updates on client progress and comprehensive progress reports on an annual schedule. Parents are encouraged to review these reports thoroughly and provide feedback.

### **INFORMED CONSENT/CONFIDENTIALITY:**

We keep a record of our clients' information. This record contains the dates of contact with our clients, notes on client progress and other documents related to client treatment. This record is confidential and may be released only with written consent by the client/parent/guardian. ABA of Wisconsin, LLC abides by HIPAA regulations regarding confidentiality. To release information to a third party, ABA of Wisconsin must receive a signed "Release of Information" form from the client/parent/guardian. ABA of Wisconsin shares information within the organization on an as-needed basis to facilitate case collaboration, peer review, as well as for supervision and billing purposes.

### **PARTICIPANT / PROVIDER RELATIONSHIP:**

To maintain a professional relationship between our providers and clients it is our policy that



ABA of Wisconsin staff are not permitted to engage in ongoing social relationships, giving of gifts, or participation in personal events such as parties, graduations, etc. Conversations between staff members and family members are necessary, but should be limited in duration and content. ABA of Wisconsin staff members are not permitted to provide any other services (such as child care, respite, personal care services) outside of the scope of treatment outlined above. If ABA of Wisconsin's staff feel another service is needed that is outside of the scope of treatment, he/she will make a referral to a qualified professional and/or to the client's Service Coordinator if applicable. ABA of WI staff members are not permitted to provide supervision to any other person (e.g. client's family members, siblings) besides the client(s) for whom they have been authorized to provide treatment. In addition, staff are not responsible for ensuring the safety of others in the treatment settings. To ensure a safe and harassment free therapy environment, ABA of Wisconsin prohibits any offensive, physical, written or spoken conduct of a sexual or derogatory nature or based on any other characteristic protected by law.

### **COMPLAINT RESOLUTION PROCESS:**

It is our goal to ensure that all complaints are addressed and rectified in a timely manner. Whenever possible you should first attempt to resolve a complaint directly with the staff involved. You may file a formal complaint at any time within 45 days of the occurrence. The complaint may be expressed verbally or in writing. You will not be discriminated against in any way for reporting a complaint. Please contact the Director of Clinical Services (Amelia McGoldrick) at 262-200-0900, ext. 2105 or [amcgoldrick@abaofwisconsin.org](mailto:amcgoldrick@abaofwisconsin.org). A formal complaint will be documented in writing, all parties involved will be contacted to resolve the complaint and a written summary will be completed to outline all actions to be taken to resolve the complaint. If the complaint has not been resolved to your satisfaction, contact Karen Harper (Owner, ABA of Wisconsin, LLC) at 630-709-5910.

### **Access to WiFi**

ABA of Wisconsin clinicians request use of your home's WIFI to perform essential duties related to your child's treatment when providing services in the home environment. These duties may include accessing your child's electronic clinical records, data collection and obtaining your signature on consents or other required forms. Please indicate below whether you are willing to allow our clinicians to access your home's WIFI.

### **Workplace Health and Safety**

During home based sessions, your home is our employee's workplace. ABA of Wisconsin, LLC is committed to providing a safe and healthy workplace and to promoting the health and wellbeing of its employees. As such, we require the following:

**Smoke-Free Environment:** Per Wisconsin's Smoke Free Workplace law, smoking, including e-cigarettes, vapor, etc. is prohibited in all our service environments while services are being rendered, including the Potter Road Center, clients' homes and community environments.

**Weapons:** All weapons are prohibited on PRC premises and must be secured in a safe place in all other service environments.



**Pets:** We request that all pets are contained in a separate area while our employees are in your home unless arrangements have been made with your assigned clinicians.

**Statement of Non-Discriminatory Practices:** ABA of Wisconsin, LLC will treat all clients and their families with equality in a welcoming manner that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.

### Working with Clients of Separated/Divorced Parents

When working with a child with separated or divorced parents, the treatment process can face many unique challenges. As a result, the clinical team at ABA of Wisconsin adheres to the following in guiding the treatment process to ensure that the best interests of the child are addressed throughout the treatment process.

#### **Therapeutic Approach**

- ABA of Wisconsin strives to provide the highest quality behavioral treatment for our clients by assessing the child's needs within the context of their family and involving all active and engaged caregivers to create the most significant change.
- Best outcomes are achieved when all caregivers actively participate in parent training and treatment sessions to use consistent caregiving approaches with their child.
- The goal of ABA of Wisconsin's clinical team is to work collaboratively with all caregivers to help the child to cope with the unique challenges that their parents' separation or divorce has created. In some cases, these challenges include transitions between different households, different parenting styles and expectations in different households. In these situations, treatment goals are designed to help the client develop coping and tolerance skills to address the stress that can result from these challenges.
- It is also the goal of our clinical team to help the parents and family in a way that is appropriate to help the child to achieve these skills. It is not the goal of our clinicians to pick sides or identify one parent as the right or best parent. It is not the role of the clinician to lecture one parent into complying with the demands of the other parent. This approach is counterproductive and not helpful to the child.

#### *Legal/Custody*

- ABA of Wisconsin will require a copy of court documentation indicating custody and guardianship arrangements, allowances or restrictions for contact between parent and minor child, court orders for treatment or any other legal documentation related to the medical care of the child before any services will be provided.
- ABA of Wisconsin will require a signature from both parents on the client's treatment plan indicating that both parties agree to and provide consent for the treatment plan



goals and objectives to be provided (unless a court document is provided stating otherwise).

- The clinicians will attempt to include both parents in the treatment and parent training process except for in cases when it is prohibited by court order.

#### *Confidentiality*

- Parents should understand that ALL verbal and written communication (face-to-face, phone call, email, written communication, or any other documentation provided to the clinician) is allowed to be shared with the other parent and with the child if the clinical deems it necessary (unless prohibited by court order). ABA of Wisconsin's clinician's cannot be asked to keep secrets or withhold information from the other parent. Any written communication will become part of the child's clinical file as a record of communication.
  - It is unethical for clinicians to keep secrets regarding threats of bringing the other parent back to court, allegations of the other parent being the "cause" of the child's problems, threats to sabotage the parent's relationship with the child, etc. The clinician cannot and will not keep these secrets in order to create the most healthy and productive working relationship. In the case of suspected abuse and neglect, ABA of Wisconsin will report concerns to the appropriate authorities. To avoid impeding ongoing investigations, information regarding suspected abuse and neglect will only be shared as instructed by the appropriate authorities.
- ABA of Wisconsin's clinical team welcomes the involvement of extended family and/or step-family as necessary and appropriate for the course of treatment. However, in order for the clinician to communicate with other family members besides the biological family (biological parents and siblings) or legal guardians, both parents must sign releases of information allowing that communication. Communication with extended family and/or step-family will not be allowed unless both parents consent to that communication. Depending upon the age of the child, the child's consent may also be required.

#### *Communication*

- ABA of Wisconsin's clinicians will not be responsible for routine communication outside of the session with any parent who chooses not to attend the appointments. For example, our clinicians cannot and will not contact the non-attending parent via phone or email after each session. It is simply not realistic to expect that the clinician will provide a summary letter, email or phone call to parents who choose not to attend sessions. If this is something that is required of your situation, then payment arrangements must be made in advance to account for this time. Health insurance will not cover email, letter or phone conversations. The expectation is that parents will communicate with each other regarding the child's treatment and recommendations. In most cases, for the clinician to arrange for additional communication outside of the session would only be encouraging an unhealthy coparenting relationship.



- The clinician will not accept phone calls, voice mails, emails or other communications directed at pitting the clinician against the other parent. If/when these communications are received, the other parent will be notified. Any communication aimed at proving the other parent's wrongdoing and encouraging the clinician to pick a side is prohibited and may result in suspension of services and/or discharge from services.
- It is the duty of ABA of Wisconsin's clinicians to understand the history of the child and their family and all factors that have contributed to the reason for treatment. This should not be misconstrued to mean that the clinician should be required to read or listen to any information that the parent(s) deem appropriate to share. Our clinicians reserve the right to dictate what information is appropriate and inappropriate for the professional relationship and to refuse to accept information that isn't appropriate to maintain a therapeutic relationship. Unless required by law, the clinician also reserves the right to ignore and/or not respond to any communication that is not appropriate for the therapeutic relationship, including but not limited to:
  - Emails used for any purpose unrelated to treatment
  - Requests for reviewing court documents
  - Journals/written records of behaviors of the other parent
  - Phone calls of inappropriate content
  - Text messages between parent/parents and others
  - Email correspondence between the parent/parents and others
  - Facebook messages, posts
  - Video, pictures and/or tape recordings of the other parent
  - Voice mails

### *Financial*

- It is the responsibility of the parents to provide ABA of Wisconsin with accurate information about court ordered financial agreements, including insurance information. ABA of Wisconsin will provide billing according to court ordered co-parenting financial agreements, however, the payment for services is ultimately the responsibility of both parents. While the parent who initially sets up treatment for the child is considered the initial guarantor, the other parent shall also be financially responsible for the payment of any services rendered which are not paid by the guarantor. The guarantor shall be responsible for communicating costs and reimbursements with the other parent.
  - It is the responsibility of both parents to provide the appropriate payments to ABA of Wisconsin, not the responsibility of ABA of Wisconsin to provide billing according to court ordered co-parenting financial agreements. It is not feasible to expect ABA of Wisconsin to send separate, divided bills to each parent according to their agreed-upon percentage rates.
  - When requested, ABA of Wisconsin will provide receipt of payment to the parent(s) for their payments. It is the parents' responsibility to work together to



share receipts, not ABA of Wisconsin's responsibility to update parents on what the other has and has not paid.

### *Scheduling*

- ABA of Wisconsin expects parents to communicate regarding scheduled appointments. The clinician will not be responsible for scheduling sessions according to the non-custodial parent's visit schedule. It is not feasible to expect the clinician to manage the visit schedule and any changes to that schedule for every client on their caseload. ABA of Wisconsin expects that the parent scheduling the session will show respect to the needs of the child to spend time with both parents and will refrain from specifically scheduling appointments as a way to take time away from the other parent.

### *Legal Proceedings*

- In some cases, one or both parents may decide to take legal action regarding custody. ABA of Wisconsin's goal first and foremost is to create a supportive, safe relationship with the child for the purpose of achieving treatment goals. The clinicians cannot and will not provide a recommendation regarding custody of the child when actively providing treatment services for the child and family. The clinician will communicate with legal professionals as required by law, but all professionals and parents should know that the clinician's responsibility is for confidentiality and protection of the therapeutic relationship, not to assist one parent in "winning" their case.
- ABA of Wisconsin's clinicians cannot speak to one parent's attorney without the consent of the other parent. In most cases, this is not conducive to continuing a therapeutic relationship and ABA of Wisconsin recommends that there not be any communication between the clinician and attorney(s). When required by law, ABA of Wisconsin's employees will communicate with legal professionals.

### *Visitor Acknowledgement & Policy*

Due to your child receiving services in a center-based environment, visitors may occasionally be present in the therapy setting. ABA of Wisconsin's Potter Road Center is a secure facility and people entering the building must ring the doorbell and be let in by an authorized employee. All visitors must have prior approval to be on site.

#### **DEFINITION:**

The word visitor used in this form represents all individuals who may come into the center who are not employees of ABA of Wisconsin or a client in ABA of Wisconsin's services. Visitors may include: other parents, service coordinators or case managers, parents of prospective clients, interviewees, interns, or contracted workers who are unable to perform tasks before or after center operating hours.

Visitors in the center may see your child while walking through the center and visitors may hear



your child's first name. No other information regarding your child will be shared with visitors. All visitors will be accompanied by an ABA of Wisconsin staff member at all times. Interviewees may interact with clients to assess their ability to interact with clients.

#### Visitors in Instructional Areas

Access to instructional areas of the center is limited to individuals with prior approval from the Treatment Center Director. The duration of visits into therapeutic areas will be limited to the amount of time necessary for the purpose of the visit to be accomplished.

ABA of Wisconsin retains the right to refuse entrance to any visitor who is unable to produce identification and/or is unable to verify the reason for visit. Additionally, clinical supervisors have the authority to ask any visitor to leave the center if disruptive or unruly. Law enforcement authorities will be called if a visitor is unwilling to leave upon request.







## Handbook Signature Page

**Please initial to indicate that you have read and agree to the following policies and procedures.**

\_\_\_\_ I agree to follow the attendance policy and guidelines for absences and tardiness.

\_\_\_\_ I have read and understand ABA of Wisconsin's medication administration policy.

\_\_\_\_ I accept ABA of Wisconsin's injury, illness, and incident reporting policy and agree to allow ABA of Wisconsin staff to provide basic first aid and seek emergency medical care if needed.

\_\_\_\_ I acknowledge that I have received a copy of ABA of Wisconsin, LLC's Notice of Privacy Practices. I further acknowledge that I have reviewed and understand the information presented in this notice, including the appropriate contact information for the party I should contact in the event I have any further questions, concerns, requests, or complaints regarding the covered subject matter.

\_\_\_\_ I have read and consent to have my client photographed by ABA of Wisconsin staff for the purposes stated above.

\_\_\_\_ I have read and agree to ABA of Wisconsin's Service Agreement.

\_\_\_\_ I accept ABA of Wisconsin's complaint resolution policies.

\_\_\_\_ I agree to allow ABA of Wisconsin's clinicians to access our home's Wifi during the course of intake and/or therapy sessions.

\_\_\_\_ I have read the statements regarding the policy for working with clients of separated/divorced parents and agree to comply with the policies listed in this document. I will disclose if this policy applies to my child.

\_\_\_\_ I understand that if I violate any of the policies or rules listed in this document, services with ABA of Wisconsin may be suspended or terminated.

\_\_\_\_ I accept that visitors may be present in the center during some of my client's services at ABA of Wisconsin's Potter Road Center.

**My signature below indicates that I am the legal guardian for the client listed above, and that I understand and agree to the policies as outlined in this handbook.**

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian (legally authorized representative)

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian (legally authorized representative)



## Holidays & Special Events Permission Slip

Please indicate below if your child is able to or is not able to participate in the events listed below. Generally, families will be provided with notification of upcoming holiday parties and special events and if there are any specific materials that the client will need for that event.

- Holiday parties and special events typically include season specific activities, songs, treats, and games. Events may be held indoors or outdoors, depending on the season and special activities.
- Birthday celebrations typically include singing “Happy Birthday,” a special activity, and/or a treat.

I give my child permission to participate in the following activities:

- Birthday Celebrations
- Fall Celebration
- Winter Celebration
- Valentine’s Day
- Summer Special Events
- Miscellaneous Holidays or Events

I **do not** give my child permission to participate in the following activities:

- Birthday Celebrations
- Fall Celebration
- Winter Celebration
- Valentine’s Day
- Summer Special Events
- Miscellaneous Holidays or Events

**Treats & Snacks** (all snacks or treats would be purchased from a store and do not contain nuts).

- I give my child permission to have snacks or treats as part of holiday celebrations or special events that I have indicated they can participate in
- I **do not** give my child permission to have snacks or treats as part of holiday celebrations or special events that I have indicated they can participate in

Additional Information: Please list any additional requests or preferences that you have for your child related to holiday parties and special events:

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\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian



## Lotion and Sunscreen Permission Slip

If you would like for us to assist or apply lotion/sunscreen to your child as needed/before playing outside, please fill out this form and return it to your child's BCBA or the front desk at the Center. If you would like us to apply lotion or sunscreen please provide a clearly labeled bottle of unmedicated lotion and/or sunscreen.

<u>LOTION</u>	<u>SUNSCREEN</u>
<p>I give ABA of Wisconsin Potter Road Center staff permission to apply lotion to my child. I will provide lotion with my child's name clearly marked on the bottle. Please apply lotion to the following body parts:</p> <p><input type="checkbox"/> Face <input type="checkbox"/> Arms &amp; Hands <input type="checkbox"/> Legs Other: _____</p> <p>Lotion may be applied to my child: <input type="checkbox"/> As needed <input type="checkbox"/> Up to _____ times throughout the day <input type="checkbox"/> I am not aware of any allergies my child has to the lotion I have provided.</p>	<p>I give ABA of Wisconsin Potter Road Center staff permission to apply sunscreen to my child. I will provide sunscreen labeled with my child's name.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please apply sunscreen to the following body parts:</p> <p><input type="checkbox"/> Face and Neck <input type="checkbox"/> Exposed Shoulders/Back/Chest <input type="checkbox"/> Arms <input type="checkbox"/> Legs Other: _____</p> <p><input type="checkbox"/> I am not aware of any allergies my child has to the sunscreen I have provided.</p> <p><input type="checkbox"/> I give ABA of Wisconsin permission to use center sunscreen on my child if I do not provide it and am not aware of any allergies my child has to any sunscreens.</p>

Please note any specific preferences or needs related to application of sunscreen and/or lotion below:

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\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



## Playground Permission Slip

During the summer, Potter Road Center clients are able to access the playground at Underwood Elementary School. Field trip participants will be able to interact socially with peers and practice current treatment objectives in a community setting.

ABA of Wisconsin's goal is to provide a safe and comfortable place for our field trip participants to learn and interact with peers. Clients will be accompanied by their assigned staff.

We hereby grant permission for our son/daughter to walk to Underwood Elementary's Playground for field trips. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the staff. We further agree to release and hold harmless Potter Road Center, their agents, officers, employees, and volunteers from any and all liability, claims suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the child and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to supervisor(s) or staff to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervisor(s) or staff to take my child to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian (legally authorized representative)

\_\_\_\_\_  
Signature of Parent or Legal Guardian (legally authorized representative)

\_\_\_\_\_  
Date

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**Primary Contact in Case of an Emergency:**

(list the person that should be called first if there is an emergency related to your child):

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_ Phone Number: \_\_\_\_\_