



Piece of Our Puzzle LLC
1 Sugarmaple Lane
Levittown, PA 19055
(484) 569-0377
erin@pieceofourpuzzle.com

HIPAA – Your Privacy Rights

As a client of Piece of Our Puzzle, we may use or disclose personal related information about you in the following ways:

- Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment and written consent is given by you directly.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, HMO, a PPO, or your employer, if they are or may be responsible for the payment of services provided to you.
- Your name, address, phone number, and your healthcare records may be used to contact you regarding treatment, appointments, or any other program related information that may be of interest to you.
- If you are not home to receive a phone call, a message may be left on your answering machine or with a person in your household.
- You have a right to confidential communications and to request restrictions relative to such contacts. You also have the right to be contacted by alternative means or at alternative locations.



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- You have a right to request restrictions on our use of your protected health information for treatment, payment and operations purpose. Such requests are not automatic and require the agreement of this office.

We are permitted and may be require to use or disclose your personal information without your authorization in these following circumstances:

- If we are ordered by our courts or another appropriate agency
- Any use or disclosure of your protected personal information, other than as outlined above, will only be made upon your written authorization. If you provide an authorization for release of information, you have the right to revoke that authorization at a later date. Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy files.
- We are required by state and federal law to maintain the privacy of your client file and the protected confidential information therein. We are also required to provide you with this notice of our privacy practices with respect to your personal information.
- We are further required by law to abide by the terms of this notice while it is in effect.
- We reserve the right to alter or amend this privacy notice. If changes are to be made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply to all health information in our files.

Informed Consent for Behavioral Services

Applied behavior analysis (ABA) is the study and analysis of behavior as it is related to things in the environment. Utilizing the principles of behaviorism and learning (e.g. reinforcement, punishment, and extinction), ABA programs aim to decrease challenging and inappropriate behaviors while simultaneously increasing socially significant behaviors. ABA is an evidence-based, best practice that individualizes each program. A unique plan will be created that results in long-lasting positive outcomes and an enhanced quality of life. Behavioral treatments are clinical processes that involve professional arrangement. Therapy is regulated by laws, ethics, your rights as a client, and by standard business practices. Within an ABA program, a number of procedures and interventions may be used. Some of these procedures include, but are not limited to, the following:

- **Discrete Trial Teaching (DTT):** teaching small units of behavior in a structured setting
- **Natural Environment Teaching (NET) and Incidental Teaching (IT):** teaching behavior in structured learning opportunities within the natural environment.
- **Reinforcement:** the procedure of providing or removing preferred items, edibles, and social praise following the occurrence of a behavior to increase the future frequency of that behavior.
- **Differential Reinforcement:** providing higher levels of reinforcement for desired behaviors and little to no reinforcement for undesired behaviors.

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- **Extinction:** Removing reinforcement to decrease the occurrence of a behavior.
- **Punishment:** the procedure of providing or removing undesired stimuli into the environment to decrease the future frequency of a behavior. While not common, and not a first line of defense, punishment procedures may be used to decrease certain target behaviors. Whenever a punishment procedure is used, an alternative and functionally equivalent behavior will also be taught. Your consent to use a punishment procedure will be required before it is implemented.

Please initial: _____

Treatment Termination

If at any time during the course of your treatment it is determined services cannot continue, a meeting will be held, explaining the justification for this decision. Ideally, services end when treatment plan goals have been achieved. Additional conditions of termination can include:

- You have the right to stop treatment at any time. If you make this choice, referrals to other agencies may be provided (if available).
- Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If it is determined that the services are not proving to be clinically beneficial, ethical conduct requires a termination of treatment.
- Other legal or ethical circumstances may arise and lead to termination of treatment, such as the clinical expertise of the consultant being inappropriate or insufficient for the client receiving

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treatment. Please note that the consultant will not diagnose, treat, or advise on problems outside the recognized boundaries of her competencies.

- Other situations that warrant termination may include: drug abuse, disclosing illegal intentions or actions, inappropriate behavior during services, failure to meet parent participation expectations (as noted in the parent handbook).

Possible Risks Associated with Treatment

Like many things in life, therapy/behavioral treatment has inherent risks. Some of the risks are:

- Disruptions in your daily life that can occur because of therapeutic changes
- No promises can be made regarding learner progress. Some individuals progress and learn skills quickly, while others take longer to learn skills or experience difficulty retaining skills once learned
- Initial increases in the duration, frequency, or intensity of problem behavior due to the “extinction burst”
- Although treatment begins with the hope of behavioral improvement and positive outcomes in the overall family functioning, there is no guarantee that this will occur. There is, however, a better chance of improvement occurring if all caregivers in the household participate in the therapy.



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Possible Benefits Associated with Treatment

Multiple studies across decades of time have contributed to the current understanding of the benefits of Applied Behavior Analysis; ABA (research articles can be presented upon request):

- Improvements in communication, social relationships, play, self-care, school, and employment
- Increased participation in family and community activities
- Improvements in “school readiness”
- Significant improvements (socially valid improvements) in learning, reasoning, and adaptability to change.

Financial Policy

New patients approved for ABA services are responsible for any and all charges not paid for by healthcare insurance payers (private and/or public). By signing this client agreement, you are acknowledging you understand this condition of services and commit to promptly paying Piece of Our Puzzle LLC for the services we provide to you. Following receipt of your patient statement, please contact us to make payment arrangements. We accept cash, personal checks, money orders, PayPal and Venmo.



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Your signatures below signify you have read and understand this client agreement for Piece of Our Puzzle’s behavioral therapy services. It is expected that you comply with them to the best of your ability. Please note that if you fail to follow the terms of the agreement, you are jeopardizing your child’s place in our program.

Acknowledgement of Receipt of Privacy Rights

This acknowledges that I have received, read and understand the HIPAA and Privacy Rights in its entirety.

Signature of Client or Legal Guardian/Parent (Date) _____

Acknowledgement of Receipt of Informed Consent for Behavioral Services

This acknowledges that I have received, read and understand the consent for behavioral services in its entirety.

Signature of Client or Legal Guardian/Parent (Date) _____

Acknowledgement of Receipt of Financial Policy

This acknowledges that I have received, read and understand the financial policy in its entirety.

Signature of Client or Legal Guardian/Parent (Date) _____