



INFORMED CONSENT FOR TREATMENT

CLIENT INFORMATION

Client Name (Child's Name)		
Parent / Guardian Name	Mother:	Father:
Mobile Phone	Mother:	Father:

Welcome to Austin Center. This document contains important information about our business policies, as well as your rights and certain limitations that we would like to ensure you are aware of. Please read it carefully. When you sign this document, it will represent an agreement between us.

Therapy Services

The type and extent of services that your child/family will receive will be determined following an initial intake consultation with our Consultant, assessment, and thorough discussion with parents, teachers and/or school aides, and our clinical team. The goal of the consultation and assessment process is to determine the best course of intervention for your child/family. Typically, the assessment and/or treatment planning is provided over the course of a 2 -3 hour meeting. Each client shall have an individualized plan.

Austin Standards for Educational and Behavioral Management

Therapists shall track progress in the client logbook during each therapy session. Monthly meetings may be arranged to evaluate the effectiveness and progress of each client's program, and client logbooks shall be updated to reflect programming updates and changes. Any programs or teaching techniques found to be ineffective shall be replaced with a more effective means of programming during such case meetings. Programs may also be mastered out and behavioral intervention plans may be faded out if proven to be successful during these monthly meetings.

Frequent contact is encouraged and necessary to ensure that a consistent approach will be implemented by all team members across all settings. All team members are encouraged to attend such meetings for program consistency purposes.

Fees /Payment Conditions and Cancellation Policies

- **Twenty-four hours' advance notice is required for appointment cancellations** or a full charge for the missed session will be applied. This condition is waived only in case of serious emergency/illness. Alternative sessions will be arranged for advance cancelations according to the availability of therapist.



- You may withdraw from assessment/treatment at any time but must take financial responsibility for all outstanding fees. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment.
- The fee for therapy is per session and this includes the time spent in direct therapy and consultation with family.
- Sessions will end at the scheduled time even if they are started **later**. If it is the fault of the therapist, the rate charge will be adjusted. If you are late for your session, the rate charge will not be adjusted and you will be billed per your hourly/session rate.
- Fees for intakes and assessments must be paid prior to initiation of the assessment.
- Therapy fees shall be invoiced monthly based on the number of sessions provided. This is to be paid on the beginning of each month. In case of package services all the monthly advance cheques must be given at the beginning of package treatment itself. Since the package rates are discounted in consideration of long term treatment, clients are strictly expected to finish the package without breaking the package/requesting for a refund. In case of refund request all the completed months sessions will be calculated as per regular rates and twenty percent of the remaining month cheque amounts will be charged.

Multiple Cancellations Policy: Therapy sessions canceled six (6) or more times, regardless of the reason, during a three-month period are subject to a charge of the normal therapy rate.

Description of Services

Austin center develops individualized treatment plans, trains and demonstrates behavioral and educational interventions, and provides parent training for follow up activities which is to be done at home setting. Reviews and report preparation can also be provided to monitor progress and goals. While the frequency of case meetings and supervision shall be determined on a case by case basis and shall depend on a mutually agreed number of hours.

Potential Benefits

Research has indicated that early intervention may provide significant benefits in helping children and families manage and cope with various disorders and illnesses.

Potential Harms

There are no known harms associated with your child's/family's participation in assessment or treatment. However, your child/family may be asked to discuss subject matter of a sensitive nature. Unless required by law,



no Protected Health Information or information that discloses your identity will be released to anyone outside of your “circle of care” without your written consent. A circle of care relates to the clinicians and staff involved in your child’s case within Austin Center. Therefore, information may be shared internally within the Austin Center and staff during case and client reviews, and information shall be stored in one common medical file which shall be accessible to all staff involved in your child’s case. No information will be shared with anyone outside the center without your written consent. However, there are few circumstances in which our staff may disclose your information without your consent, in best interest of the child/individuals/family at stake. The following are exceptions to your right to confidentiality:

1. If there is clear evidence of serious and imminent harm to oneself or to others.
2. If there is reason to suspect abuse (sexual, emotional, or physical) or neglect of a child or vulnerable adult.
3. If you report misconduct, particularly of a sexual nature, by another health professional.
4. If your records are deemed relevant and subpoenaed by a court of law or regulating body of health professionals.

Parents have the right to object to any service provided or personnel employed by this center. Parents are encouraged to contact the Consultant for any concerns related to the services of Austin Center.

If you have any questions regarding this Informed Consent form or about the services offered at Austin Center, you may discuss them with the Consultant. Your signature below indicates that you have read the information in this document and agree to abide by its terms.

Signature of the parent/Guardian:

Date: