



## Welcome to the ELSABA Family!

Every Little Step ABA, LLC (hereafter referred to as ELSABA) is pleased to have you join us. We ensure that we are a highly inclusive and culturally sensitive, respectful, and competent organization. We will make every effort to ensure you are always treated with respect and dignity, in consideration of the following (but not limited to): racial, ethnic, or cultural customs, practices, and beliefs; sexual orientation; gender, gender identity, and gender expression; disability, and community differences.

Further, ELSABA will take reasonable steps to ensure that those with Limited English Proficiency (LEP) have meaningful access and equal opportunity to participate in our services, activities, and programs.

### Demographic Information

Person Completing this Form Name: \_\_\_\_\_

Please indicate relationship to the client: ☐ Parent ☐ Guardian ☐ Other: \_\_\_\_\_

Are you authorized to consent for this individual's healthcare? ☐ Yes ☐ No

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Name of Parent or Guardian #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Every Little Step ABA to leave a message: ☐ Home ☐ Work ☐ Cell

Name of Parent or Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Every Little Step ABA to leave a message: ☐ Home ☐ Work ☐ Cell

Please answer the following questions about the child's living situation:

Are the child's parents Divorced/Separated? ☐ Yes ☐ No

1) If Divorced/Separated: Who is responsible for making medical decisions for the child

☐ Joint ☐ Sole If sole custody, please specify which parent:

\_\_\_\_\_  
**Name of Parent or Guardian #1:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Every Little Step ABA to leave a message: ☐ Home ☐ Work ☐ Cell

2) With whom does the child reside? \_\_\_\_\_

Siblings name(s) and age(s):

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

Availability for Services (Days/Times/Desired Location(s) for services to be rendered): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Insurance Information:

(Please send a copy of the front and back of your insurance card(s) to [info@everylittlestepaba.com](mailto:info@everylittlestepaba.com))

Insurance #1 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

ID (all letters/digits): \_\_\_\_\_ Group ID: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance #2 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

ID (all letters/digits): \_\_\_\_\_ Group ID: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical History

Does your child have any current health conditions?

\_\_\_\_\_

Does your child attend school? ☐Yes ☐No

Name of school: \_\_\_\_\_ Classroom Type: \_\_\_\_\_ Grade: \_\_\_\_\_

School District: \_\_\_\_\_ Teacher name: \_\_\_\_\_

Do you have any concerns in the following areas? If so, list the concern(s):

1) Cognitive/Learning: \_\_\_\_\_

2) Motor: \_\_\_\_\_

3) Behavior: \_\_\_\_\_

4) Language: \_\_\_\_\_

5) Social: \_\_\_\_\_

6) Peer Interaction: \_\_\_\_\_

7) Play/leisure: \_\_\_\_\_

8) Self Help (Dressing/Toileting/Feeding/Etc.): \_\_\_\_\_

9) Dietary/Allergies: \_\_\_\_\_

Are these allergies life threatening? If so, please describe:

\_\_\_\_\_

10) Other: \_\_\_\_\_

Pediatrician Office: \_\_\_\_\_ Pediatrician Name: \_\_\_\_\_

Pediatrician Phone: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

Date of last well check with pediatrician: \_\_\_\_\_

## Consent for ABA Services

I hereby consent to receive Applied Behavior Analysis (ABA) services provided by Every Little Step ABA, LLC. I understand that ABA is an evidence-based approach used to assess and improve socially significant behaviors through systematic interventions based on the principles of behavior analysis.

### Scope of Services

ABA services may include, but are not limited to:

- Behavioral assessments
- Development and implementation of individualized treatment plans
- Direct therapy services
- Parent/caregiver training
- Data collection and analysis
- Ongoing supervision by a Board Certified Behavior Analyst (BCBA)

### Patient Rights

1. **Dignity and Respect:** Patients have the right to be treated with dignity, respect, and compassion always.
2. **Informed Participation:** Patients have the right to be fully informed about their ABA treatment plan, including its goals, methods, and progress.
3. **Privacy and Confidentiality:** All personal and treatment-related information must be kept confidential in accordance with HIPAA and other applicable regulations. I understand that information may be disclosed only with my written consent or as required by law.
4. **Choice of Provider:** Patients have the right to select or request a change in their therapist or behavior analyst if reasonable accommodations can be made.
5. **Access to Records:** Patients (or their guardians) have the right to review their treatment records and request corrections when necessary.
6. **Freedom from Abuse:** Patients have the right to receive care in a safe environment free from physical, emotional, or psychological abuse.
7. **Cultural Sensitivity:** Patients have the right to services that respect their cultural, religious, and personal beliefs.
8. **Right to Discontinue:** Patients have the right to discontinue treatment at any time.

### Patient Responsibilities

1. **Active Participation:** Patients (or their guardians) are responsible for actively participating in the treatment process and following recommended plans.
2. **Open Communication:** Provide honest and complete information about medical history, behavior concerns, and treatment preferences.
3. **Respect for Providers:** Treat all ABA staff, therapists, and professionals with courtesy and respect.
4. **Adherence to Appointments:** Attend all scheduled sessions or provide timely notice if rescheduling or cancellation is necessary.
5. **Commitment to Goals:** Support the therapeutic goals and consistently practice strategies taught during therapy sessions.
6. **Feedback and Concerns:** Share any concerns, questions, or feedback promptly with the ABA team to address issues collaboratively.
7. **Financial Responsibility:** Ensure timely payment for services rendered, as per the agreed-upon financial terms.
8. **Safe and Supportive Environment:** Maintain a home or therapy environment conducive to effective learning and behavior development.

**Risks and Benefits:** I understand that while ABA therapy is generally considered safe and effective, there may be risks such as, but not limited to emotional discomfort or frustration during behavior interventions. The benefits may include, but are not limited to improved communication, social skills, adaptive functioning, and a reduction in challenging behaviors.

**Consent to Treat:** By signing below, I confirm that I have read, understand, and agree to the information outlined in this Consent for Services. I voluntarily consent to ABA services provided by Every Little Step ABA, LLC for myself or the individual for whom I am legally authorized to make healthcare decisions.

I understand that all my treatment at ELSABA is voluntary, and that I may cease treatment at any time by informing my therapist and/or the office employees.

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**Client/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

### **Notice of Privacy Practices**

This notice describes how medical/mental health information about you may be used or disclosed and how you can get access to this information. Please review it carefully.

ELSABA must maintain the privacy of your health information and provide you with this notice. You will be asked to sign a Release of Information Form. Once you have signed the Release of Information Form, ELSABA employees may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtain payment, or conduct healthcare operations. For example, to receive payment for our services, ELSABA must provide information on the funding source being used.

Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object:

**Abuse or Neglect:**

If any ELSABA employee suspects abuse or neglect of a child or elderly person, he/she is mandated to make a report to the appropriate public authorities.

**Danger:**

If an ELSABA employee suspects that you are in imminent danger of harming yourself or someone else, he/she is mandated to make a report to the public authorities.

**Legal Proceedings:**

ELSABA employees may disclose Personal Health Information (PHI) in response to a court order or subpoena or certain other legal proceeding. You have the following rights regarding PHI ELSABA maintains about you.

**Right to Inspect and Copy:**

You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually, this includes demographic and billing records but does not include case notes. To inspect and receive copies of information, you must submit a request in writing. If you request a copy of the information, ELSABA may charge a fee for the cost of copying, mailing, or other supplies associated with your request. ELSABA must respond to your request within fifteen (15) days of receipt.

**Right to Amend:**

If you feel that the PHI about you is incorrect or incomplete, you may ask ELSABA to amend the information. You have a right to request an amendment for as long as ELSABA keeps the information. Your request for amendment must be in writing and must provide a reason supporting your request.

**Right to an Accounting of Disclosures:**

You have the right to request an Accounting of Disclosures regarding information that ELSABA employees have made about you. You must submit your request in writing to the above address. Your request must state a period for the disclosures, which may not be longer than six (6) years and may not include dates before July 2015.

**Right to Request Restrictions on Uses and Disclosures:**

You may request that disclosure of confidential information be limited. If ELSABA is unable to agree to that restriction, we can discuss other options, such as referral to another counselor.

**Right to Limit Reception of Confidential Information:**

For example, you may request that ELSABA employees only contact you at a certain telephone number or address. You do not have to give a reason for your request.

**Right to a Paper Copy of this Notice of Privacy Practices:**

You have a right to a paper copy of this signed notice.

Other uses and disclosures of PHI and any disclosure of Case Notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time from future use. This notice may be amended as needed to comply with federal, state, and professional requirements.

I, \_\_\_\_\_, have read the Notice of Privacy Practices from the employees of ELSABA. I understand that if I want a printed copy of it, I will need to request one.

Caregiver(s) Name: \_\_\_\_\_

Caregiver(s) Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

## Financial Responsibility Agreement

ELSABA aims to help as many families as possible, and we seek out various funding opportunities, including insurance, state, county, and self-funding.

**Insurance:** ELSABA will ensure that all pre-authorization, assessment, and progress reports are completed and submitted before the due dates to continue ongoing therapy.

You and the insurance provider may be responsible for any charges, or portions of charges which are not covered. ELSABA will release all necessary paperwork to the client or caregiver(s) as requested.

We do not bill your insurance if we are out of network, but we are happy to provide you with a superbill to present to your insurance. Please contact us to get a current list of contracted insurances.

**No Surprises Act (no Balance Billing):** According to the No Surprise Act, you have the right to receive a good faith estimate for out-of-network services provided and/or if you are uninsured. If you utilize your in-network insurance benefits, you will not be billed for the amounts beyond your in-network cost sharing responsibility. Please speak with our administrative team to obtain your good faith estimate.

**State or county-funded:** If your insurance is funded through the state or county, ELSABA will ensure all assessment and progress reports are completed and submitted before the due date, to continue ongoing therapy. ELSABA promises to not exceed the total funded amount without the expressed consent of the client and/or caregiver(s). However, if you request additional sessions above and beyond the funded amount, you will be responsible for payment of these additional services. Before beginning any additional sessions, the case manager will be notified, and a client contract will be signed with the total number of sessions above the funded amount.

**Self-Funded:** ELSABA and the caregiver(s) will determine the number of ABA therapy hours per week and supervision per month, but at a minimum, the BACB requires supervision to occur for 5% of hours spent providing behavior analytic services each month (or 30 minutes of supervision for every 10 hours of ABA therapy provided).

The caregiver(s) will be billed at the time of service (prior to services beginning). If payment is not received, then ELSABA has the right to place the account on hold and stop services until payment has been received in full.

**Standard Rate:** Services will be billed in 15-minute increments. Payment must be received at the time services are rendered (prior to services beginning). If payment is not received, ELSABA reserves the right to place services on hold until payment is received in full.

### Cash Pay Rates:

BCBA per 15 minutes=\$27.00

BT/RBT per 15 minutes=\$20.25

The terms of this agreement will continue until either party provides written notice of termination request. Termination will take place 30 days from the date of the request, and termination reports (a minimum of 4 hours billed at the BCBA/BCaBA rate) will be provided at the time of termination. If a notice of termination is not provided in writing, one week of service will be billed to you

### Fees:

- There is a \$40.00 Returned Check Fee for all checks returned by the bank.
- Appointments must be canceled at least 24 hours in advance. If they are not canceled with 24 hours' notice, you may be charged a \$75.00 missed appointment fee.
- Any requests for printed records will take up to 30 days and a per page cost of \$0.60.

## Payment Agreement:

Please initial which type of payment terms you are requesting:

\_\_\_\_\_ I have insurance coverage and authorize direct payment from my insurance carrier to ELSABA.

\_\_\_\_\_ I do not have insurance coverage and understand that I am responsible for payment of all charges. I will receive a good faith estimate prior to starting services and agree that I will be responsible for the agreed upon rate as listed on the good faith estimate.

\_\_\_\_\_ I have county/state funding; all claims will be paid by the government-funding source.

## Client Attendance & Punctuality Policy

**1. Attendance Expectations:** Clients are expected to attend all scheduled sessions. Cancellations must be made at least 24 hours in advance. Late cancellations or no-shows will incur a \$75 fee. Children should be ready at the scheduled session start time. Late arrivals or early pick-ups (15+ minutes) may result in a \$75 late cancel fee. We understand emergencies happen, kindly notify us as soon as possible. Exceptions to this policy are made at the discretion of the clinical team. Regular attendance supports steady progress in therapy. At Every Little Step ABA, we are committed to working with families to provide consistent, effective services. To cancel any appointment, please message your team using the text thread. Your insurance cannot be billed for services that are not rendered.

**2. Attendance Point System:** Attendance is tracked using a quarterly point system to ensure consistent participation.

### Point Deductions:

- **Late Cancel or No Show (<24 hours notice):** 2 points
- **Excused absence (24 hour notice provided):** 1 point
- **Late arrival/early pickup (15+ minutes):** 0.5 points

### Consequences:

- **2 points** – Courtesy reminder of treatment expectations
- **4 points** – Written notice; possible schedule change
- **5 points** – Service review; may be placed back on wait list until a time where scheduling can be more consistent or termination of services/referral.

## Running Late:

If for any reason you are running late for a session, please notify the Registered Behavior Technician scheduled and send a message in the text thread provided to you by your BCBA as soon as possible. The Registered Behavior Technician will wait for up to 15 minutes. Please note your full session may not be met because other clients may be scheduled after your session. This would count as a 'less than 24-hour fee' and late cancelation fees will apply.



## Payment Authorization Form

I hereby authorize Every Little Step ABA, LLC to charge my Visa, MasterCard, American Express, or Discover card for session fees and/or applicable late cancellation or no-show fees. I understand and acknowledge that the card listed below will be charged a \$75 fee in the event of a late cancellation or no-show, defined as failure to provide at least 24 hours' notice prior to a scheduled appointment.

I agree that *no* prior notification will be provided unless the amount changes, in which case I will receive notice from ELSABA prior to the payment being collected.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I authorize ELSABA to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify ELSABA in writing 2207 Cottondale Lane Ste 2, Little Rock AR 72202 of any changes in my account information or termination of this authorization at least 7 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Nonviolent Physical Crisis Intervention Release**

Nonviolent physical crisis intervention utilizes safe, non-harmful control and restraint positions to safely assist an individual until he/she can regain control of their behavior. Physical management will only be utilized as a last resort when all other less restrictive strategies have been exhausted, or when a person is considered a danger to self or others, according to the procedures provided by QBS Safety-Care per policies established by ELSABA. A serious incident will be documented in a written report and reviewed with the caregiver(s) and any witnesses. The report will be submitted to the Director of Operations and placed in the client's file.

When addressing problem behaviors, client's care, welfare, safety, and security will be our primary focus. Nonviolent Physical Crisis intervention will always be a measure only used to ensure the safety of clients and others. If you have any questions or concerns regarding this policy, please contact ELSABA at any time.

If you choose to decline the use of physical intervention, ELSABA employees including, at minimum, the Director of Clinical Services, supervisor, and therapists will assess the level of risk in the home and if services can continue to be provided safely without the use of physical intervention.

Please initial below:

- I prefer my child's therapist to help assist my child when physical redirection is needed  
\_\_\_\_\_ (Please initial)
- I prefer I only help assist my child when physical redirection is needed  
\_\_\_\_\_ (Please initial)
- I prefer we both to assist my child physically when redirection is needed  
\_\_\_\_\_ (Please initial)

**Client/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

## Therapy Provider vs. Daycare Services

### Purpose

The purpose of this policy is to clearly define the role of our Applied Behavior Analysis (ABA) company as a therapy provider and not a daycare facility. This distinction ensures that all parties understand the expectations and procedures regarding the care and supervision of children during therapy sessions.

### Policy

#### 1. Role Definition

- Our company provides therapeutic services designed to meet the individual needs of each child through Applied Behavior Analysis (ABA). We are committed to delivering high-quality therapy sessions that promote the development and well-being of each child in our care.
- We are not a daycare facility. Our services are focused on therapeutic interventions and not on providing general childcare.

#### 2. Participation in Therapy

- It is essential for children to be able to participate in their therapy sessions to benefit from our services. Participation is determined by the Board-Certified Behavior Analyst (BCBA) or the Director of Clinical Services.
- If a child is unable to participate in therapy for any reason (e.g., illness, behavioral issues, etc.), the BCBA or Director of Clinical Services will make this determination.

#### 3. Contacting Caregivers

- In the event a child is unable to participate in therapy, we will attempt to contact the child's caregivers or emergency contacts as soon as possible.
- The caregivers or emergency contacts will be requested to pick up the child from our facility promptly.

#### 4. Unsuccessful Contact Attempts

- If contact cannot be made with the caregivers or emergency contacts within one hour, the Director of Clinical Services will assess the situation.
- The Director of Clinical Services will then determine if it is necessary to make a call to Child Protective Services (CPS) based on the circumstances.

#### 5. Emergency Situations

- In cases where a child's immediate health or safety is at risk, appropriate emergency services will be contacted without delay.

### Responsibilities

- **BCBA/Director of Clinical Services:** Responsible for determining a child's ability to participate in therapy and making decisions regarding the need for caregiver pickup or potential CPS involvement.
- **Staff:** Responsible for attempting to contact caregivers or emergency contacts and communicating any issues to the Director of Clinical Services promptly.

By adhering to this policy, we aim to maintain a therapeutic environment that supports the needs of each child and ensures their safety and well-being during their time in our care.

## Caregiver Participation and Commitment

**Caregiver(s) Participation:** Caregiver(s) are integral to the success of each child. ELSABA includes caregiver(s) in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills. All treatment plans provided utilize the data collection and review procedures required for evidence-based ABA practices. The consistency of programming across settings is our goal. ELSABA's clinicians are available to train caregiver(s) in the areas of behavior management and the application of intensive teaching procedures to enable caregiver(s) to become part of their child's therapy team. The level, intensity, and frequency of caregiver(s) training will be included in your child's Individualized Treatment Plan (ITP).

**Caregiver(s) Commitment:** To ensure effective implementation of the treatment plan/programming, ELSABA requests the following commitments listed below as they are critical to your child's successful therapy and will attempt to correct an issue, otherwise the service plan may be terminated.

- Active participation in training regarding the child's programming and behavior reduction protocols.
- Consistence with the child's treatment plan and behavior reduction protocols.
- Immediate communication via [info@everylittlestepaba.com](mailto:info@everylittlestepaba.com) or (501) 539-3553 (if necessary) with the BCBA if unsure about how to implement a program/protocol.
- Immediate communication via email (phone if necessary) with the BCBA from the caregiver(s) if there is a concern that a program/protocol is not being implemented correctly or working effectively.
- Caregivers/Legal guardian over the age of 18 years old must be present at all times for all services provided in the home.
- Consistency in service delivery is essential to achieving the best possible outcomes. Therefore, any interruption in treatment lasting more than three weeks may result in termination of services, referral, and/or placement back on the waitlist.

**Procedure for Lack of Participation:** The following is an explanation of the steps that will be taken if a caregiver(s) is not participating in their child's programming.

1. The first time that a caregiver(s) does not meet one of the participation requirements, the BCBA will remind the caregiver(s) of their required participation and try to determine what the barriers to service may be to encourage caregiver(s) compliance.
2. The second time that a caregiver(s) does not meet one of the participation requirements, the BCBA or Director of Clinical Services will provide the caregiver(s) with a written notice reminding the caregiver(s) of the participation policy. The notice will clearly explain to the caregiver(s) where their participation is lacking.
3. The third time that caregiver(s) does not meet one of the participation requirements, the BCBA and Director of Clinical Services will meet with the caregiver(s) and provide them with a final written notice reminding the caregiver(s) of the participation policy. The notice will clearly explain to the caregiver(s) where their participation is lacking. The BCBA and Director of Clinical Services will work closely with the caregiver(s) to provide the training necessary to correct the issue. Additionally, the notice will explain to the caregiver(s) that if the caregiver(s) does not meet the participation requirements again, the child's services will be discontinued.
4. The fourth time that a caregiver(s) does not meet one of the participation requirements, the child's services will be discontinued on the ground that ELSABA cannot provide effective treatment, and the child will be referred to a different provider.

The ABA therapy team will work closely with every caregiver(s) to ensure that caregiver(s) training is both helpful and effective for every caregiver(s). When issues arise, the BCBA will work closely with the caregiver(s) to determine how best to resolve the issue. When caregiver(s) participate fully in their child's programming, they should see more progress from their child and have a better understanding of how to respond to various behaviors.

**Participation Requirements:** Please see your child's Individualized Treatment Plan (ITP).

**Caregiver(s) Interaction with Employees & Dual Relationships:** The nature of our profession often requires that we work intensively with the clients and families we serve. For this reason, we require that caregiver(s) maintain a friendly relationship with employees, but not a personal relationship. Caregiver(s) acknowledge that any relationship outside the therapeutic one is completely inappropriate.

Dual relationships include, but are not limited to babysitting, acting as a nanny, bartering of services or goods, giving of gifts, friendships, sexual relationships, etc. This pertains to both past and present employees and dual relationships are also prohibited by the BACB's code of ethics. ELSABA strives to hire the best employees; however, as at-will employees, staff may leave our company for various reasons and with or without adequate notice. Due to the confidentiality, we hold with our employees and clients, we cannot go into detail about why an employee left the

company. This is for the protection of ELSABA and for our clients, however, we will make every attempt to ensure that staff changes are not disruptive to a client's services.

Caregiver(s) acknowledge that ELSABA does not ever allow employees to transport clients or clients' family members in their personal vehicles. In addition, a caregiver(s) or other adult (18 or over) must always be present in the home while services are taking place. Services cannot take place without a responsible adult present in the home.

### **Privacy Waiver**

**Purpose:** To enhance transparency with caregiver(s) and increase the ability for caregiver(s) to observe therapy and interactions during in-office sessions.

**Policy:** To enable indirect observation, secure, closed-loop, non-recording video cameras are placed throughout the ELSABA clinic. The feed is viewable upon request by caregiver(s) and authorized parties while observing their child, though other clients may be seen during these observations. Requests for camera viewing will be granted based on technology availability and presence of a BCBA to oversee the observation, ensuring privacy and aiding with procedure explanations. This method allows caregivers and authorized individuals to observe therapy without disrupting its natural flow. Observations may be limited in duration due to supervisor availability and should be requested in advance—coordinate through [justin@everylittlestepaba.com](mailto:justin@everylittlestepaba.com).

Recording from devices and replication or use of images for any purpose is prohibited. No additional client information about other clients will be shared during observations.

Caregiver(s) can request live stream views during services or authorize others to observe their children. Only caregiver(s) or persons with authorization will be allowed to view the live stream.

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**Client/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

## **Policies/Procedures/Disclosures**

**Mandated Reporter Disclosure:** All clinical employees of ELSABA, including Registered Behavior Technicians (RBTs) and Behavior Technicians (BTs), are mandated reporters under Arkansas state law. They are legally required to immediately report any allegations, suspicions, or reports of child abuse, neglect, or maltreatment to the Department of Human Services (DHS). This duty is meant to protect children and should not be seen as punitive toward caregivers. The reporting employee must also notify their supervisor, who may assist in the reporting process. Reports made to DHS are separate from the services provided by ELSABA, which do not influence DHS decisions and operates independently from its investigations.

**Non-Cohabiting Guardians Policy:** Caregivers are responsible for the child's well-being and have the legal right to make decisions about their care. Married or cohabiting caregivers share equal rights, simplifying joint decision-making. Non-cohabiting caregivers also hold equal rights, but separate authorizations are required. ELSABA requires written consent for treatment and release of health information from all non-cohabiting caregivers before services begin. While we aim for consistency, staff changes may occur to support skill generalization. Caregivers will be notified in advance of any team changes whenever possible.

**Wellness Policy Statement of Understanding:** To help prevent the spread of illness, ELSABA requires that sessions be canceled and rescheduled if a client or employee shows any of the following symptoms (24-hour cancellation fees are waived):

- Vomiting or diarrhea
- Fever over 100°F
- Severe respiratory symptoms (e.g., coughing, rapid breathing, croup)
- Thick/discolored nasal discharge
- Skin infections or rashes (e.g., ringworm, poison ivy)
- Lice or Nits
- Communicable diseases (e.g., pink eye, flu, measles, chicken pox, strep throat)

Individuals must be symptom-free without medication for at least 24 hours before resuming sessions. If illness arises during a session, it will end immediately.

Caregivers must notify staff if their child is ill or was kept home from school due to illness, in which case therapy should not occur. Serious contagious diagnoses or infestations must be reported within 24 hours. In some cases, a doctor's note may be required to resume therapy. Notify your BCBA of any illness in the household. We will inform you if your child's therapist is ill and sessions need to be canceled.

**Pets and Animals:** To ensure employee comfort and minimize distractions, ELSABA asks that all non-service animals (e.g., dogs, cats, birds, reptiles, etc.) be kept in a separate room or outside during home visits. This does not apply to servicing animals.

If this policy is not followed, the therapist may leave the session. Repeated non-compliance may result in alternative session arrangements outside the home.

**Safety Policy:** ELSABA is committed to providing a safe, respectful work environment. Aggressive behavior, discrimination, harassment, or violence toward staff will not be tolerated. All weapons, including firearms and knives, must be securely stored and kept out of session. Adults in the home are expected to always treat employees with dignity and respect. If an employee feels unsafe or threatened, they will leave immediately and report the incident. Continued unsafe conditions may result in services being discontinued and the client referred elsewhere.

**Smoking:** To ensure a safe, smoke-free work environment, smoking is strictly prohibited inside the home during and for at least 30 minutes before ELSABA sessions. This includes cigarettes, marijuana, e-cigarettes, pipes, and similar products. If this policy is violated, the therapist will leave immediately and report the issue. Services will not resume in the home until the policy is followed. Repeated violations may result in sessions being moved outside the home.

**Illegal Activity:** During services with ELSABA’s therapist, the client’s home automatically becomes a workplace for the duration of the visit. As such, any illegal activity inside the home is strictly prohibited during the provision of services. The term illegal activity includes, but is not limited to sale, possession of, or taking of illicit controlled substances, vandalism, prostitution, theft, assault, etc.

In the case where the therapist witness’s illegal activity in the client’s home, the therapist will immediately leave the premises and notify the BCBA or Director of Clinical Services, who will then notify the appropriate authorities.

**Antidiscrimination/ Antiharassment Policy:** ELSABA does not discriminate based on race, sex, gender, religion, sexual orientation or disability. ELSABA does not condone discrimination based on race, sex, gender, religion, sexual education or disability by any of its employees, volunteers or clients.

**Temperature Control:** During sessions, the client’s home is considered a workplace. To ensure therapist comfort, please maintain a moderate indoor temperature—ideally between 68°F (summer) and 74°F (winter). If the temperature is not within a reasonable range, the therapist will notify the BCBA or Director and may not return until the issue is resolved. Repeated non-compliance may lead to sessions being moved outside the home.

**Gifts:** In accordance with the BACB Code of Ethics, employees, volunteers, and workforce members of Every Little Step ABA, LLC may not accept gifts in connection with their service. Prohibited gifts include money, items of value, services, loans, promises, discounts, or payments for travel, entertainment, or food, unless of nominal value.

*Permitted exceptions include:*

- Handmade items from children (e.g., drawings)
- Edible gifts under \$10 shared with staff
- Publicly available discounts or rebates
- Plaques, trophies, or campaign contributions

If a prohibited gift is offered, staff must politely decline or return it and inform the giver of this policy.

**Communication:** *Communication is a vital role for many several reasons.* Our goal at ELSABA is to respond to all emails, phone calls, or texts within 24 hours during regular business hours. There may be occasions when we need additional time to provide a response. Caregiver(s) are expected to reply to phone calls or emails from employees within 24 hours or by the next business day if over a weekend or holiday. If you are unable to respond to communication from an employee within 24 hours, please email, call, or text to indicate when you will be able to respond so that we are aware that the communication has been received. All communications from Every Little Step ABA will utilize HIPAA-compliant methods of communication.

Point of Contact	Reason
justin@everylittlestepaba.com	<ul style="list-style-type: none"><li>- Notify the team of an illness</li><li>- Request schedule change</li><li>- Ask questions about schedule</li><li>- Notify team of dates/time your child is not available for reasons (i.e. Dr. appt, vacation, etc.)</li></ul>

tisha@everylittlestepaba.com	<ul style="list-style-type: none"> <li>- Questions or concerns about your invoice, balance, etc.</li> <li>- Request tax documents, statements, receipts</li> <li>- Discuss any issue regarding insurance</li> <li>- Invoices will be sent from this email.</li> </ul>
info@everylittlestepaba.com	A great email to use to share with others.
tristan@everylittlestepaba.com	File a formal complaint

**Complaint / Feedback Process and Procedures:** At ELSABA, we are committed to providing exceptional treatment and exceeding your expectations. We greatly value your feedback and take any concerns you may have seriously. Should you have any issues regarding the care you are receiving, we encourage you to file a feedback form. If you prefer not to request the form from your BCBA, you may contact our Quality Assurance Director, Tristan Thibault, at [tristan@everylittlestepaba.com](mailto:tristan@everylittlestepaba.com), or access the complaint/feedback form directly on our website under the "Forms" section and email form to [tristan@everylittlestepaba.com](mailto:tristan@everylittlestepaba.com). Upon receiving a formal complaint, our Operations Director and Quality Assurance Director will promptly review the matter and reach out to you directly to address and resolve any concerns. Your satisfaction and the quality of care we provide are our top priorities.

**Inclement Weather Policies and Procedures:** The following statements pertain to the policies and procedures regarding appointments and/or travel during inclement weather.

Inclement weather is defined as weather that has the potential to cause injury or harm when traveled in. Examples of inclement weather can take many forms and can include, but should not be limited to the following:

- Unplowed snow-covered roads, roads inadequately plowed, or icy roads
- Flash flood warnings, or flooded areas
- A dangerously low chill factor
- Excessively high temperatures, or high heat index
- Poor air quality warnings
- Severe thunderstorm warnings, tornado warnings, or sightings for a related area.

ELSABA will make decisions regarding weather and safety risks. Clients can reschedule appointments if there's a reasonable safety concern, not just to cancel. If employees believe the weather poses a safety risk, appointments including home visits or trips will be rescheduled. Employees will notify clients as soon as possible through the agreed methods (phone/email). Clients should understand that inclement weather can affect travel routes to their homes or planned locations, even if conditions at the destination are safe.

Caregiver(s) acknowledge that it is their responsibility to provide viable contact information, which would include a method of contacting the client in the event of an emergency-type situation.

Employees at ELSABA will generally follow county school cancellations for the county where you or the employee live. If the employee can keep the appointment, they will notify you to confirm. Rescheduling sessions can be difficult due to family availability, but employees will try to make accommodation. Note that other regularly scheduled appointments may affect rescheduling.



**Outing Procedure:** At ELSABA, accompanying families on outings to work on skills training is an opportunity provided in the natural environment. At least one caregiver must always be present with the client during outings. Employees of ELSABA are not responsible for siblings or other friends or family members in attendance. Employees cannot transport clients or family members to and from outings and are unable to provide transportation at any time. All costs incurred by the employee during outings, such as tickets and transportation costs (if more than 15 miles from the client's home), must be covered by the client's caregiver(s).

Outings are one-time events only. Regularly scheduled outings must be in the client's ITP with measurable goals. Consult the BCBA or Director of Clinical Services for more details.

Examples of one-off outings include:

- Amusement Parks
- Restaurants
- Stores
- Holiday events
- Sporting events

For any doubts about whether an outing is one-off, contact the BCBA or Director of Clinical Services.

Permission is required before all outings. You can request permission by emailing the Clinical Director of Services at [justin@everylittlestepaba.com](mailto:justin@everylittlestepaba.com) as he is the only one that is able to approve this type of request. Advanced notice is preferred but not always feasible; a minimum of 48 hours' notice is required.

Goals and rules must be agreed upon with your therapist beforehand. If needed, the BCBA or Director of Clinical Services can assist. Outings will be postponed if there is no agreement.

Understand that outings may be stopped immediately if dangerous behaviors arise, regardless of family plans, to ensure safety.

Employees assisting with outings must have:

- A suitable first aid kit and CPR mask
- A working, charged cell phone
- Suitable clothing for the client, and recommend a spare set

Purchase tickets before the outing if possible.

After the outing, the employee will complete a summary noting:

- Location issues
- Problem behaviors and their outcomes
- Family comments or concerns
- Recommendations for future outings
- Data collection specified by the BCBA or Director of Clinical Services

**Infectious Diseases:** When a communicable disease is introduced into the clinic, caregiver(s) will be informed. The clinic will also report these occurrences to state and local health departments when required. Caregiver(s) are encouraged to notify the clinic if their child has been exposed to a communicable disease outside the clinic.

The BCBA or Director of Clinical Services may determine that a child who does not appear to be fully recovered from an illness cannot be readmitted to the clinic without a statement from a physician indicating that the child can return and participate in clinic activities or is no longer infectious. The clinic reserves the right to refuse care due to illness.

In cases of impetigo, lice, ringworm, pinworms, rashes, chickenpox, thrush, etc., the child must be non-contagious before returning to the clinic.

**Injurious Behavior:** If a child engages in injurious behavior towards employees, themselves, or other children, the BCBA or Director of Clinical Services will be notified, and an incident report will be created. The BCBA or Director of Clinical Services will determine how to minimize potential harm to the child, employees, and others. In some cases, the child may be removed from a group setting to a more traditional one-on-one therapy session. The BCBA may reintroduce the child into the group setting when it is determined that the child requires more direct assistance. Caregiver(s) will be notified of any changes in treatment and appropriate options available to remain in the group. If the BCBA or Director of Clinical Services believes there is a possibility of serious harm to the child or others, the caregiver(s) will be contacted to pick up the child as soon as possible. Injurious behavior may result in dismissal from the program for the safety of clients and/or employees.

**Elopement Behavior:** If a client has a history of engaging in elopement behavior, sessions should only take place in approved locations such as the client's home or the clinic until the behavior has been effectively managed in these settings. Employees working with clients who engage in elopement should be trained in safety care or other formal non-violent crisis de-escalation training to safely manage these behaviors. Clients who engage in potentially dangerous behaviors must have a formal behavior intervention plan and crisis management plan that outline all protocols, procedures, and interventions to be used for that client. Any occurrence of elopement within the home, clinic, or community settings must be reported immediately to the BCBA, and an incident report should be documented and provided to the caregiver(s) detailing what strategies were used to intervene.

**Medical Emergencies:** In the event of a medical emergency, every effort will be made to contact caregiver(s) or an emergency contact. If neither can be reached, the BCBA and Director of Clinical Services will decide the next step, which may include calling 911. In an extreme emergency, the employee may call 911 at their discretion before contacting the caregiver(s). An authorized representative from the clinic will accompany the child until their caregiver arrives. The emergency information form filled out during enrollment serves as consent for your child to be transported by ambulance to a local medical facility for emergency care. ELSABA assumes no responsibility for costs associated with emergency care. Employees of ELSABA do not transport children to medical facilities.

**Medications:** ELSABA does not administer or keep prescription medications on premises. If your child needs medication during the session, a caregiver(s) or nurse must administer it.

**Footwear Policy:** Caregivers must ensure that their child wears appropriate footwear for therapy sessions. Proper footwear is essential for safety and supports planned activities during therapy. Inappropriate footwear may result in rescheduling or modification of the session for safety and comfort.

**Drop-off and Pick-up Policy for the Clinic:** A caregiver(s) or authorized individual must escort a minor client when entering or exiting the clinic or other medical treatment facility. They may need to use the sign-in/sign-out sheet while visiting the clinic. If a minor client is to be dropped off or picked up without supervision, written authorization from the caregiver(s) is required. Without proper written authorization, the minor client cannot access the facility, and if the caregiver(s) or another individual is not listed as authorized, the minor child will not be released. The safety and well-being of the children in our care are the highest priority.

**Timely Pickup Policy:** Parents or guardians must pick up their children promptly at the scheduled end of each session.

A grace period of 15 minutes past the scheduled end of the session is allowed.

If a child is not picked up within the grace period, clinic staff will attempt to contact the parents or guardians.

If parents or guardians cannot be reached within 30 minutes after the session, clinic staff will contact emergency contacts listed on the registration form.

If no contact is made within one hour, Child Protective Services (CPS) will be notified.

All contact attempts and notifications to CPS will be documented by clinic staff.

**Emergency Pick-up Policy:** Parents should be ready to pick up their child within one hour's notice in case of an emergency such as client illness or emergency closure. Alternate emergency contacts should be identified if parents cannot be reached. A therapist will remain with the client until a parent or emergency contact arrives. Staff should check the ID of the alternate contact before releasing the child.

**Caregiver(s) Notification Policy:** This policy defines the conditions under which caregiver(s) will be notified of incidents involving other children during the clinic program. Due to the nature of services and the play-based format, there may be contact between children that is within the normal range of interaction. This policy establishes what would be considered outside the normal range and warrant notification.

Caregivers have the right to be informed about issues involving their child's wellbeing. We strive for transparency, so caregivers feel assured about their child's care at ELSABA. Caregiver(s) will be notified within the same day of any contact meeting of any of the following criteria:

Notification will occur if your child experiences:

- Contact (bite, hit, kick, scratch, fall, etc.) leaving a mark
- Involvement in an incident drawing blood
- Incident resulting in loss of consciousness

Immediate notification will occur if a bite breaks skin or loss of consciousness occurs.

You will *not* be notified immediately if your child:

- Falls
- Is touched, pushed, or hit by another child without physical mark
- Is contacted but does not experience any listed conditions

I understand the conditions for notification concerning my child's health and welfare.

## Authorization and Consent to Participate in Tele-Health Consultation

The purpose of this form is to obtain your consent to participate in a tele-health consultation with Every Little Step ABA, LLC.

1) **Purpose and Benefits.** The purpose of the tele-health consultation is to enable clients living in rural and/or underserved areas to get medical care by specialists without the inconvenience and expense of traveling to a city.

2) **Nature of Telemedicine Consultation.** During the tele-health consultation:

- a) Details of you and/or your child's medical history, examinations, x-rays, and tests will be discussed with other health professionals through the use of interactive visual and audio aids, and other technology.
- b) Physical examination of client and guardian may occur.
- c) The presence of non-medical and/or technical personnel in the telemedicine studio solely for the purpose of technology assistance.
- d) Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.

3) **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this tele-health consultation. Additionally, distribution of any client identifiable content, images, or information from the telemedicine session to researchers or other pre-determined affiliates will not occur without your prior expressed consent, unless authorized under existing confidentiality laws.

4) **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Arkansas state law apply to information disclosed during this telemedicine consultation.

5) **Risks and Consequences.** The tele-health consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with your provider at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct client to provider contact.

6) **Rights.** You may withdraw consent for any tele-health appointment at any time without impact on your right to future care or treatment, or without risking withdrawal from program benefits to which you would otherwise be entitled. You have the option to consult with the specialist in person if you travel to his or her location.

I have been advised of all the potential benefits, risks, and consequences of the tele-health and telemedicine sessions. My health care practitioner has shared all the information provided above. I have had opportunities to ask questions about the tele-health and telemedicine sessions and have received answers to any questions that have been posed. I understand the written information provided above.

\_\_\_\_\_  
Caregiver Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

## What is Applied Behavior Analysis (ABA)?

Applied Behavior Analysis is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, “behavior” refers to actions and skills, and “environment” includes any influence - physical or social - that might change or be changed by one’s behavior.

Since the 1960’s, therapists have been applying behavior analysis to help children with autism and related developmental disorders. Early techniques often involved adults directing most of the instruction; however, some recent naturalistic approaches encourage the child to take the lead. Through decades of research, the field of behavior analysis has developed many techniques for increasing useful behaviors and reducing those that may cause harm or interfere with learning.

On a practical level, the principles (how learning takes place) and methods of behavior analysis have helped many kinds of learners acquire many different skills. One such principle is Positive Reinforcement. When the desired behavior is followed by a reward, the behavior is more likely to be repeated. Techniques used within ABA can be used in structured situations, such as a classroom lesson or “everyday” situations such as family dinnertime or the neighborhood playground. Therapy sessions can include one-on-one interaction or group instruction.

Applied Behavior Analysis strives to bring meaningful and positive changes in behavior- from healthier lifestyles to the mastery of a new language - from toddlers through adulthood.

### Supervision Procedures

Unless extenuating circumstances exist, ELSABA will:

- Ensure an adequate number of trained staff or volunteers are present during activities with minors, with supervision adjusted based on activity risk.
- Monitor facilities during child-involved events.
- Release minors only to approved caregivers, using sign-in/out sheets.
- Obtain written caregiver permission and emergency contacts before transporting minors.
- Require staff to escort young children to restrooms, waiting outside; escorts will match the child’s gender when possible.
- Encourage a buddy system during off-site trips.

### Employee Descriptions

**BCBA:** The BCBA/BCaBA serves as the primary contact person for your family and supervises the Registered Behavior Technicians on your child’s treatment team. The BCBA ensures that the Registered Behavior Technicians are effectively trained and implement your child’s program as designed. The BCBA reviews charts/data showing your child’s progress and makes any modification as needed. They will also meet with you to discuss your child’s progress, create progress reports, and provide caregiver(s) training.

**Registered Behavior Technicians:** are the clinicians who typically provide the direct therapy and administer the interventions designed by the BCBA. The Registered Behavior Technician is directly supervised by the BCBA and communicates with them regularly regarding your child’s progress. The Registered Behavior Technician collects data during each session and lets the BCBA know if any modifications need to be made to programs or if any necessary materials are needed.

The entire ABA Therapy team works together to make sure that your child is receiving the best possible services based on their individual goals. Duties and responsibilities of team members may vary and are not limited to the roles as stated above.

## Services in Applied Behavioral Analysis

Our team provides a range of services to help your child and your family. All programs are created from research-based strategies and developmentally appropriate curriculum. All services provided utilize the data collection and review procedures required for evidence-based ABA practices. The teaching of treatment goals is done in a one on one or group setting in a natural environment (NET) and Intensive Teaching (ITT) settings. There is an emphasis on Verbal Behavior. These services include:

### **Social Skills Training:**

- One-on-one settings
- Play dates - facilitated peer play
- Social groups - small groups customized for your child, his/her goals, with his/her peers, and in his/her community

### **Play Skills: Age-appropriate skills are taught**

- Toy play
- Pretend/imaginative play
- Cooperative play

### **Communication Training: Strategies are used to increase appropriate communication. Strategies include:**

- Mandatory Training (requesting) American Sign Language (ASL)
- Picture Exchange Communication System (PECS)
- Assistive Technology (AAC Device)
- Vocal speech
- Conversational language
- Commenting
- Turn taking
- Staying on topic
- Decrease problematic behavior by teaching increasing functional language skills and teaching replacement behaviors.

**Functional Behavior Assessment:** Functional Behavior Analysis (FBA) is an attempt to identify the maintaining variables of a particular behavior and hypothesize what function it may be serving for a child. Truly understanding why a child behaves the way he or she does is the first, best step to developing an effective intervention.

**Behavior Intervention Plan:** Behavior Intervention Plan (BIP) takes the observations made in an FBA or FA and turns them into a concrete plan of action for managing a child's behavior. A BIP may include ways to change the environment to keep behavior from starting in the first place, provide positive reinforcement to promote desired behavior, withhold reinforcement from undesired behavior.

**Assessments:** VB-MAPP, ABLLS-R, AFLS, Brigance Developmental Inventory, informal caregiver(s)/ teacher interview & observation, social skills inventory, reinforcer inventory, sensory integration checklist and other developmental checklists. Assessments are used to guide program development. They are NOT used to diagnose.

**"Potty Party":** We train caregiver(s) how to provide a child-specific plan for toilet training. Toilet training can be challenging; we are here to support and encourage this process.

**Daily Living Skills:** We assist in teaching your child day-to-day self-help skills; for example, dressing, eating, grooming, household chores, etc.

**Other:** We also can assist in community outings, family activities, doctor appointments, haircuts, developing schedules/routine, and improving sibling relations.

**School Consultation:**

- **Shadow Services:** one-on-one assistance in-group settings, such as private schools, daycares, camps and learning centers. Shadowing can assist with behavior, communication skills, social skills, etc. Shadow services are only optional per employee availability.
- **In School Facilitation:** help to collaborate with teachers and professionals to accomplish common goals.
- **Training Opportunities:** paraprofessional training, teacher workshops, etc.

**IEP Review:** Assist in creating IEP goals with the caregiver(s), teacher, and administrator. We can also attend IEP meetings to help advocate in the best interest of the child. Collaborate with caregiver(s) to understand how to navigate the IEP process.

**Academic Assistance:** Assist caregiver(s) and teachers in identifying strengths, weaknesses, and possible skill deficits with academics and help to provide strategies and break down skills for your child to have more success with schoolwork and homework.

**Program Development:** This includes ongoing assessments, data compilation, task analysis, program updates, reports, review any given documents, development of treatment plans, and sometimes direct instruction training program management. A description of the completed program development tasks, including time spent, during each month will be attached to the invoice each month. Time needed for program development is 4 hours each month. This time can be in addition to the weekly allotment of hours or can be done in place of a session. Please note that prices for program development are different from session prices. Program Development allows us to review your child's progress, research, and update any new plans your child may need. \* This service is not optional. It is mandatory with any other service.

**Transitioning and Fading:** Transitions can be the result of either the client's mastery of the established goal criteria, resulting in a transition to the next higher-level goal, or due to the client's deficiency or inability to reach current goal objectives, moving the client to a lower-level goal.

When situations occur where clients are moved to lower-level goals the prerequisite goals are re-evaluated and a new goal criteria set is established. Once the client is able to master the new goal criteria set, the original goals will be revisited, and the client will be eligible to move to the next higher-level set of goal criteria.

Fading refers to decreasing the level of assistance needed to complete a task or activity. When teaching a skill, the overall goal is for the student to eventually engage in the skill as independently as possible. The process of fading and shaping incorporates the use and withdrawal of various prompts.

Discharge and transition planning from one or all treatment programs will involve a gradual step down in services. Discharge from a comprehensive ABA treatment program occurs over several months. Treatment plans will be reviewed and evaluated, and discharge planning will begin when the child has achieved specific treatment goals, as measured by appropriate standardized protocols.

The process of fading will begin once the child's progress meets specific predetermined goals.

**Caregiver(s) Training:** We also offer intensive one-on-one caregiver(s) training. This consists of basic principles and techniques of ABA specific to your child's current needs to increase your child's independence, daily living skills, and communication as well as providing an opportunity for the child to generalize skills across their different environments. We coach you through behavior interventions and provide guidance and assistance on the implementation of ABA strategies.

This service is an integral part of your child's therapy and participation is required as part of the treatment process.

## Behavior Analyst Certification Board (BACB) Guidelines

ELSABA follows the Behavior Analyst Certification Board (BACB)'s ethical guidelines. Within these guidelines, clients have the right to effective behavior treatment, which includes individual's rights, professional relationships, and informed consent.

### **An individual has a right to....**

- Evidence-based and effective interventions
- Involvement and consent in the treatment planning process
- Services rendered or supervised by competent behavior analyst working within their scope of training.
- Programs that teach socially significant and functional skills that are tailored for the individual client.
- A behavioral assessment and ongoing evaluation
- Interventions that are free of harm and aversive.

### **A professional relationship requires:**

- Confidentiality
- Protecting the client's dignity, health, and safety
- Helping the client select outcomes and behavior change targets
- Maintaining records
- Advocating for the client
- Providing necessary and needed services
- Evidence-based practice and least restrictive alternatives
- Not a conflict of Interest

## **Evidence-Based ABA Practices**

ELSABA utilizes Evidence-Based Practices (EBP) as a means for decision-making in order to integrate the best available evidence with client needs and circumstances, and clinical expertise. This practice allows ELSABA to provide services uniquely matched to each client and its framework provides behavior analysts with a structure for pervasive use of the best available evidence in the complex settings in which they work.

Through the use of EBP ELSABA is able to clearly and explicitly recognize evidence supporting intervention options, understands the importance of contextual factors including client values that contribute to decision making, and the key role of clinical expertise in the conceptualization, intervention, and evaluation of cases.

## **Service Agreement and Consent Form**

This document contains important information about our professional services and business policies. Your signature(s) below indicates that you have read, agree and understand the above information in this document.

Client Name: \_\_\_\_\_

Caregiver Name 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Name 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee/Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## PHOTO/VIDEO CONSENT FORM

Every Little Step ABA utilizes photos and videos for purposes including but not limited to training, staff development and social media/marketing purposes. Every Little Step ABA is requesting your permission to take and use photographs and/or video recordings for these various purposes. Please read the information below and indicate your consent preferences by checking the appropriate boxes.

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### Consent Options

Please initial the boxes below to indicate your consent:

☐ **Training & Internal Use Only**

I give permission for my photos/videos to be used for internal training, staff development, and documentation purposes.

☐ **Social Media Use**

I give permission for my photos/videos to be shared on the organization's official social media channels (e.g., Instagram, Facebook, Twitter, LinkedIn).

☐ **Marketing & Promotional Use**

I give permission for my photos/videos to be used in public marketing materials, including but not limited to brochures, flyers, websites, advertisements, and presentations.

☐ **I DO NOT give consent**

I do not give permission for my photos/videos to be taken or used for any of the purposes listed above.

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### Consent Acknowledgment

I understand that my participation is voluntary, and I can withdraw my consent at any time by contacting Every Little Step ABA in writing. I understand that no compensation will be provided for the use of photos or videos. I understand that the organization will use media responsibly and in alignment with Every Little Step ABA's mission and values.

**Client Name:** \_\_\_\_\_

**Client/Caregiver Printed Name:** \_\_\_\_\_

**Client/Caregiver Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[www.everylittlestepaba.com](http://www.everylittlestepaba.com)

2207 Cottdale Ln, Ste 2. Little Rock, AR 72202

Ph: 501-539-3553



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## Authorization to Release Professional Information

This Authorization form gives Every Little Step ABA, LLC permission to use protected health information for purposes other than treatment, payment, or health care operations. It is for the purpose of releasing professional information to third parties. Be aware that THE INFORMATION USED OR DISCLOSED PURSUANT TO THIS FORM MAY BE SUBJECT TO REDISCLOSURE BY THE COVERED ENTITY AND THE INFORMATION YOU PROVIDE IS NO LONGER PROTECTED.

Child/Client's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name and contact information for PCP, Diagnostician, School etc.)

To:

- ☐ Release the following information to Every Little Step ABA, LLC.
- ☐ The above agency and Every Little Step ABA, LLC to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

Any information released or exchanged may not be disclosed to any other agency except those required by law. The following information is included in this release:

- |  |   |
|--|---|
| <input type="checkbox"/> Psychiatric Evaluation        | <input type="checkbox"/> Psychological Evaluation     |
| <input type="checkbox"/> Social History                | <input type="checkbox"/> Treatment Plan & Reviews     |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Test Results                 |
| <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Exam/Audiology/Visual/Speech |
| <input type="checkbox"/> Diagnostic Information        | <input type="checkbox"/> Other: _____                 |

This information may be transmitted:

☐ by mail      ☐ by fax      ☐ by phone      ☐ by e-mail

Be aware, the individual signing this authorization has the right, at any time and for any reason, to revoke the permissions granted by this form by way of written revocation. Such revocation is not effective until received by the covered entity.

**This consent automatically expires 30 days after termination of services.**

\_\_\_\_\_  
Legal Guardian/Caregivers Name

\_\_\_\_\_  
Legal Guardian/Caregivers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Witness Name

\_\_\_\_\_  
Employee/Witness Signature

\_\_\_\_\_  
Date