

Behavioral Services Contract

Behavioral Services

The benefits from behavioral interventions (with a focus on executive function) can be many. Improvements in organization, time management, problem-solving, strategizing, planning and school performance are all possible outcomes. We will work to identify specific areas where your child faces challenges and will then develop a personalized plan to enhance those skills. Behavioral interventions may involve some risks including: frustration, a temporary increase in anxiety and anger and a temporary increase in the acting out behavior. In addition, while many people benefit from behavioral interventions, there is no guarantee that the interventions will lead to the desired results. To be successful, the intervention requires a very active effort on your part. In order to be most successful, you will have to work on the issues both during the intervention and on your own. A treatment plan will be established with you and your therapist and I will implement the behavioral component at home or “in the field”.

Interventions and Professional Fees

The intervention fee is \$75 per hour plus an additional \$50 for travel if needed. A plan will be made on how long the intervention will last, but sometimes it may go longer or need to be cut shorter. The fee will be prorated to the taken for the intervention. Once an intervention is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Checks are to be made out to Fulton Psychological Group (FPG) Intervention expenses are your responsibility and are not covered by insurance.

If there is an emergency, please do not contact me, rather, contact the police or go to a local emergency room.

Confidentiality

Within certain limits, information revealed by you during interventions will be kept strictly confidential and will not be revealed to any person or agency without your written permission. Because I work within a group practice, consultation may occur with professionals within this practice. Information will also be regularly shared with my supervisor, Christopher Fulton, Ph.D., who is bound by the same confidentiality laws. In addition, billing information may be accessed by administrative assistants and/or accountants. Recording of any part of the intervention may not occur without your written permission. There are times that I conduct interventions using telehealth (e.g. Zoom). Please know that when this occurs, confidentiality cannot be guaranteed given the nature of the communication. There are certain situations in which, as a behavioral interventionist, I am required by law to reveal information obtained during therapy to other persons or agencies. These situations are as follows: 1) if there is a threat of grave bodily harm or death to another person, 2) if I become aware of a situation of neglect or harm of a minor, 3) if a court of law issues a legitimate subpoena, and/or 4) if I become aware that an elderly person is being physically harmed. Should such a situation occur, I will make every effort to fully discuss it with you before taking any action.

Your signature acknowledges that you have read and understand the above explanations regarding informed consent, confidentiality, and patient responsibilities. You agree to enter a professional relationship under the terms outlined above and will constitute a binding agreement between us.

Patient's Name: _____ Date: _____

Signature (parent's if client is a minor): _____