Behavior Analysis Consultants of Mid Florida
304 E Pine St. #19
Lakeland, FL 33801

Fax: 863-279-1204
www.bacmf.com

Demographic Information

Child's Name: _____ DOB: _____ Gender: _____

Primary Caregiver(s) Name: _____

Address: _____ City/Zip: _____

Email: _____ Phone #: _____ Phone #: _____

School: _____ Exceptional Student Education Y__ N__ 504 Plan Y___ N___

Referral Information

Diagnosis: _____

Is client verbal? If so, describe his or her skills: _____

_____

_____

Preferred Days and Times for Video Sessions:

_____

_____

Other specific needs, medical diagnoses or information we should be aware of: _____

_____

_____

General Concerns you would like to discuss: _____

_____

_____

_____

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TERMS OF SERVICE

1. **Behavior Analysis Services and Rates**
   BACMF agrees to furnish client with the services of a Board Certified Behavior Analyst (BCBA or BCaBA) at the rate of $50.00 for a 30-minute video session and $75 for a 1-hour video session.

2. **Pre-Pay Service**
   Client will pay for service in full prior to services being scheduled. Services can be paid by Cash-App, Credit or Debit Card, or check only. A 3% surcharge will be added to all card transactions. Checks should be addressed to Behavior Analysis Consultants of Mid Florida at 304 E Pine St. #19 Lakeland, FL 33801 and must be received prior to scheduling video session. Please email info@bacmf.com for any payment questions or concerns or ask your behavior analyst.

3. **Rescheduling, No Show, Cancellation Policy**
   If your behavior analyst is unable to meet during your scheduled time, you will receive notification as soon as possible with dates and times to reschedule. If client needs to reschedule, please email info@bacmf.com as soon as possible.

   If client fails to login at scheduled time, the behavior analyst will wait up to 15 minutes before declaring a no show. If client chooses to schedule the appointment at later date, 15 minutes will be deducted from the next scheduled appointment. There is a no refund policy for no shows with no rescheduling.

   Refund Policy: Video sessions cancelled within 24 hours will receive a full refund.

   Liability Waiver
   This is to certify that client fully understands the inherent risks associated with Applied Behavior Analysis (ABA) therapy services provided to my child, _____(Child's Name), including potential for behavioral fluctuations, physical discomfort during interventions, and the possibility of unforeseen reactions. I hereby voluntarily assume all such risks and release BACMF and its staff from any liability for injuries or damages arising from my child's participation in ABA therapy, except in cases of gross negligence. I further agree to follow all instructions provided by the ABA therapists and to promptly report any concerns regarding my child's safety or well-being.

4. **Service Expectations**
   I understand that I am participating in coaching sessions only and that these sessions will not produce a Functional Behavior Assessment or Behavior Intervention Plan. Instead, I will receive a service summary document that describes the target behaviors, recommendations, and strategies provided to me. I can schedule 1 to as many sessions as necessary, there is not a minimum session requirement.

_____ _____
Caregiver Signature Date

_____ _____ _____
Agency Representative Signature Title Date

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CONSENT FOR ASSESSMENT, TREATMENT AND CONSULTATION

Initial Box(es) as appropriate:

☐ I give my consent for assessment, treatment, and/or consultation to be provided for _____ (your name) and _____ (child's name).

☐ Assessment procedures may include

Review of documentation, records, and/or referral information

Interviews/questionnaires with parents, children, and/or significant others

☐ Treatment and/or Consultation may include:

Caregiver training in published curricula or individualized strategies

Role-modeling appropriate application of parenting tools during interactions with client

_____ _____
Client Signature (if client is an adult) Date

_____ _____
Parent / Guardian / Legal Custodian Signature (if client is a child) Date

_____ _____
Agency Representative (if applicable) Date

_____ _____
Agency Name (if applicable) Email or phone number