

Anchor Family Solutions

CLIENT INTAKE FORM

Full Name _____ Date of Birth _____ M F
Address _____ Emergency contact _____ Phone _____
Phone _____ Email _____
May we call/text you at the number listed? Yes No
May we email you at the address listed? Yes No

I understand that communication through unencrypted emails and text messages can pose a risk to confidentiality, in addition to leaving voicemails if someone has access to your phone. By signing this, I understand the risks that these types of communications can pose.

Signature _____ Date _____

****Please answer the questions below**

What are your children's names and ages? _____

Who lives at home with you? _____

Do you have any custody arrangements or potential family stressors? _____

Does anyone else care for your child? (i.e., sitter, nanny, relative) _____

Please describe your child's birth including week of gestation when born, non-standard medical intervention, complications, etc. _____

Has your child been hospitalized or had surgery? _____

Is there a family history of any behavioral or mental health diagnoses? If yes, please list. _____

Is your child prescribed any Yes No If yes, please list _____ medication?

Does your child take vitamins or supplements? Yes No If yes, please list _____

Who is your child's pediatrician? _____

Does your child receive any of the following services, or have they received any of the services in the past?

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Applied Behavior Analysis
- Counseling
- Early Intervention
- Other _____

Does your child attend school or daycare? If yes, what is the ratio of adults to children? _____

If in school, does your child have an IEP or 504 plan? _____

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What are the top 3 things you wish your children would do? _____

What do you wish your children would stop doing? _____

What is the most important thing to you at this time? _____

What kind of advice or support have you received so far? Was it helpful? _____

What does a good day with your family look like? _____

What are the most challenging moments for you and your family? _____

What do you cherish most about your child? _____

What frustrates you most about your child? _____

***Please mark any of the following behaviors or challenges your child exhibits**

- | | | |
|---|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Anxiety with Haircuts | <input type="checkbox"/> Repetitive questions/nagging |
| <input type="checkbox"/> Tantrum/Meltdowns | <input type="checkbox"/> Anxiety with Doctors | <input type="checkbox"/> Delayed milestones |
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Upset at change in routine | <input type="checkbox"/> Difficulty separating |
| <input type="checkbox"/> Non-Compliance | <input type="checkbox"/> Refusal to follow directions | <input type="checkbox"/> Difficulty with transitions |
| <input type="checkbox"/> Verbal Threats | <input type="checkbox"/> Does not play by themselves | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Sleep Difficulty | <input type="checkbox"/> Difficulty sharing | _____ |
| <input type="checkbox"/> Picky Eating | <input type="checkbox"/> Does not play appropriately | _____ |
| <input type="checkbox"/> Resistance to Dressing | <input type="checkbox"/> Difficulty turn taking | _____ |
| <input type="checkbox"/> Resistance to
Toothbrushing | <input type="checkbox"/> Difficulty waiting | _____ |

Please rate these challenges on a scale of 1-10, where 1 is minimally disruptive to your daily life and 10 is extremely disruptive to your daily life. _____

Describe your short term goals (6 months-1 year) _____

Describe your long term goals (1+ year) _____

How did you hear about us?

- Facebook
- Instagram
- Friend
- Referral from Provider
- Google Search
- Psychology Today Listing
- Other

I hereby give my consent for services for myself or my child/legal dependent with Anchor Family Solutions to include evaluation, therapy/training, and involvement in the treatment planning process. I may at any time decline specific recommendations. By signing, I ensure that all of the information on this form is accurate to the best of my knowledge.

Signature _____

Date _____

Anchor Family Solutions

CLIENT RIGHTS & RESPONSIBILITIES

YOUR RIGHTS

1. Reasonable access to service, regardless of gender, race, religion, national origin, age, sexual orientation, veteran status, or disability.
2. To be free from discrimination, harassment, abuse or neglect.
3. Personal dignity.
4. Service that is considerate and respectful of you and your family's personal value and belief systems.
5. Informed Consent.
6. Participation in resolving any ethical concerns related to your care or service.
7. Informational privacy and confidentiality. Information will be released to other parties only with the written authorization of you or your legal guardian, when appropriate. The exceptions to this right include: (1) release of information for treatment, healthcare operations or payment (2) child abuse or neglect (3) when there is a danger to yourself, others or property or (4) as otherwise permitted by law. Access to protective services and client advocacy.
8. Information is presented in an understandable manner to you and your family (including these rights and responsibilities).
9. The right not to be subjected to non-standard treatment or procedures, experimental procedures or research without written informed consent, after consultation with counsel or an interested party of your choice.
10. The right to treatment in the least restrictive setting, free from physical restraints and isolation.
11. The right to be free from corporal punishment.
12. To pursue any complaints or concerns you have.

YOUR RESPONSIBILITIES

1. Provide truthful and accurate information to the best of your ability.
2. Participate in care and service planning to the best of your ability and work to meet your agreed upon goals.
3. Attend all scheduled appointments. Any cancellations must be made at a minimum of 24 hours in advance or payment of full session fees shall be required as applicable by law.
4. Respect the rights of other clients, families, visitors and staff, particularly with regard to the confidentiality of information about other clients.

I FULLY UNDERSTAND AND AGREE WITH THE ABOVE RIGHTS AND RESPONSIBILITIES.

Signature _____ Date _____

Anchor Family Solutions

NOTICE OF PRIVACY PRACTICES

I understand that my provider wishes me to engage in a telehealth consultation.

My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.

I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Federal law requires Anchor Family Solutions to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. The date of last revision is May 9, 2019 and this notice is effective immediately as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and as under the Health Information Technology for Economic and Clinical Health (HITECH) Act effective September 21, 2013.

The Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present and future medical/mental health/substance abuse conditions and related health services. The privacy practices described in this notice will be followed by any health care professional who treats you, as well as all employees, medical staff trainees, students and/or volunteers of Anchor Family Solutions.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI):

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your treatment team will record goals/treatment plans/medications in order to determine the best course of treatment for you.

Payment: Your PHI will be used, as needed, to obtain payment for your mental health care services. For example, obtaining approval for continued services may require that your relevant PHI be disclosed to the health plan to obtain approval for the sessions.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this company. These activities include, but are not limited to, quality assessment and improvement activities performed by staff to verify that certain standards of care are being met.

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NOTICE OF PRIVACY PRACTICES

We may also use your protected health information in the following situations without your authorization unless you ask for a restriction. Including:

Business Associates: There may be instances where services are provided to our organization through contracts with third party-Business Associates (BA) who create, receive or transmit PHI on the behalf of Anchor Family Solutions.

Anchor Family Solutions maintains agreements with these entities and they are subject to the same privacy standards.

Communication with Family: Unless you object, we may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. All communication with family members requires your written, specific authorization.

Research: Anchor Family Solutions does not routinely participate in research studies. Any disclosure of information for research purposes shall be based on your written, informed consent, and assurances that the researchers shall comply with ethical standards for ensuring the confidentiality of your information.

Appointment Reminders/Cancellations: Unless you object, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services or an upcoming cancellation of services.

Treatment Alternatives: Unless you object, we may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising: Anchor Family Solutions does not routinely contact clients for fundraising. Unless you object, we may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.

Law Enforcement: We may disclose health information purposes as requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders (i.e. subpoenas); in emergency circumstances; or when required to do so by law.

Public Safety/Emergency: Consistent with applicable Federal and State laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities: We may disclose health information to a health oversight company for activities authorized by law, including audits, investigations, inspections and licensure.

Abuse/Neglect: We may disclose health information for purposes of reporting child or elder abuse and/or neglect, as well as suspected domestic violence.

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law.

Uses and Disclosures Requiring Authorization:

Your authorization is required for uses and disclosures that include:

Behavioral therapy notes

Marketing if the marketing involves financial remuneration to Anchor Family Solutions

Sale of PHI that results in remuneration to Anchor Family Solutions.

All other uses and disclosures that are not described in this notice will only be made with authorization from an individual.

Anchor Family Solutions

NOTICE OF PRIVACY PRACTICES

Your Rights:

You have a right to restrict disclosures of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and if the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual has paid for the service out of pocket in full.

You have the right to revoke this authorization/notice, at any time, except to the extent that your healthcare professional has taken an action in reliance on the use or disclosure in the authorization.

You have the right to inspect your PHI. Under federal law; however, you may not have or inspect the following records, behavioral therapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding and PHI that is subject to law that prohibits access. We may deny your request to inspect and copy in certain very limited circumstances.

You have the right to request restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practice. Your request must state the specific restriction requested and to whom you want the restriction to apply. However, the law does not require Anchor Family Solutions to agree to the requested restriction if your health care professional believes it is in your best interest to permit use and disclosure of your PHI. You then have the right to use another healthcare professional.

You have the right to amend your individually identifiable health information. anchor behavioral consulting may deny the request if you ask us to amend information that 1. Is not created by Anchor Family Solutions 2. Is not part of the health information maintained by anchor behavioral consulting 3. Is not part of the information you would be permitted to view 4. Is accurate and complete.

You have the right to receive an "accounting" of disclosures, which identifies certain persons or organizations to which we have disclosed your PHI. Many routine disclosures we make will not be included in this accounting, but the accounting will identify many non-routine disclosures of your information.

You have the right to confidential communications. You may request communications in a certain way or at a certain location. For example you may prefer that we use your cell phone number rather than leave a message on your home phone.

You have the right to obtain a copy of this notice upon request.

You have a right to receive PHI in an electronic format but the company has the right to impose a fee.

You have the right to be notified in the event of a breach of your PHI.

Any requests to invoke your rights should be made in writing to the company's Compliance Officer.

Changes to this Notice: Anchor Family Solutions reserves the right to amend this Notice at any given time. We will post a copy of the revised notice in prominent areas of the company as well as give you an updated copy of this document.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. No one will retaliate or take action against you for filing a complaint.

Questions: If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact Anchor Family Solutions at 201-579-0455.

By way of my signature, I acknowledge I have received this Notice of Privacy Practices and understand my rights contained in this notice.

Signature _____

Date _____

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Anchor Family Solutions

INFORMED CONSENT

I look forward to working with you and my goal is to provide a high level of quality care. I would like to take this opportunity to acquaint you with my practices and policies as understanding them is an essential element in your family's care.

Confidentiality

Confidentiality is one of the most important pieces of counseling and one that Anchor Family Solutions takes very seriously. All employees of Anchor Family Solutions have access to files and sign a confidentiality agreement upon employment.

All conversations are kept confidential except for the following circumstances:

Confidential information, including diagnosis, dates of service, demographic information, and requests for treatment progress to determine if benefits will continue will be released to insurance companies in order to provide reimbursement.

Emergency: If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

Cases where the client signs a release of information.

Information necessary for consultation with other licensed professionals to assist with treatment. When utilizing consultation, identifying information is never disclosed.

Instances where law or a subpoena requires client records or testimony.

Information releases as outlined in the HIPAA Notice of Privacy Practice.

Disclosure is required by Federal or state law or regulation as instances of child abuse and neglect, abuse of the elderly or disabled individuals, and harm to self or others.

Instances of outstanding balance in which the therapist reserves the right to pursue payment through collection services or the courts.

Chance of Meeting in Public Places

There is always a chance that we may run into each other in a public place. Clients may have different feelings about this, therefore to ensure your comfort and protect confidentiality, if I see you in public, I will not acknowledge you or approach you. However, if you choose to approach me, this is fine. I will not talk about any issues from therapy in a public setting. If after the encounter, you have any concerns, we will address them during our next session.

Technology and Social Media

There are many ways for clients and clinicians to communicate, including calling, texting, and emailing. Clinicians may use text messaging and emails for reasons including, but not limited to: appointment reminders or changes, billing purposes, or responding to what you may send to the therapist. It is the client's option to email or text with personal information. It is difficult to ensure full confidentiality when using devices such as cell phones and computers for emailing due to computer hacking, robbery, and other unforeseen circumstances. Anchor Family Solutions tries to ensure confidentiality by taking the following actions to protect your identity: only storing your name and phone number in cellular devices, offering email encryption as needed, and using passwords to unlock/open cell phone, computer, and billing software. Anchor Family Solutions may use social media to promote their business on sites such as but not limited to; Facebook, Instagram, LinkedIn and business websites. It is the client's choice to like or post on any of these sites, in addition to other sites our practice may be listed on such as Yelp or Google. Anchor Family Solutions will never force you to like or post anything on social media. If you choose to be connected to Anchor Family Solutions, you must make yourself aware that others may see your name/post and this could affect the confidentiality of our relationship. Anchor Family Solutions will not be held liable for any repercussions of your decision to like/comment on any public site. Furthermore, we ask that you do not use social media as a means to communicate with your clinician. Clinicians will not communicate with clients through social media. All employees at Anchor Family Solutions will also refrain from accepting any personal friend requests or having any connections on their personal social media sites with anyone they are currently counseling.

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INFORMED CONSENT

Emergency Situations

If there is an emergency outside of counseling sessions and you are unable to get in touch with your therapist, you are advised to call 911.

Purpose and Goals of Coaching

Throughout coaching, the purpose and goals of coaching will be discussed and explored. In the client form, there will be a portion for you to fill out stating your presenting problems and the goals you have for your child and/or family.

Techniques and Procedures

There are many different techniques that can be used and are based on an individual basis. As coaching continues, I will explain to you what we will be doing and the purpose and goal of each technique. As always, please ask questions whenever you feel the need.

Potential Risks

Entering behavior analytic family coaching services is a choice made on the client's behalf and my goal is to help you reach your fullest potential. While coaching can be very enjoyable, at times it may be difficult. Coaching can bring up feelings that are uncomfortable for clients in addition to lack of progress. Everyone's situation is unique and potential risks can change as the coaching relationship continues, therefore, it is recommended to discuss any concerns and continue to ask questions as needed.

Qualifications and Experience

I graduated from West Chester University with a Bachelor's of Science in Communicative Disorders and a minor in French Language in 2013 and a Master's of Psychology in Applied Behavior Analysis from Capella University in 2016. In addition, I am a Board Certified Behavior Analyst. My experience includes in home, community, and clinic behavior therapy, public and private school paraprofessional for children, adolescents, adults and families. I have been a Board Certified Behavior Analyst since 2019.

Approach

There are many different approaches to applied behavior analysis. I have completed additional training in augmentative communication, trauma informed therapy, skills based therapy, and parent implemented behavioral skills training. Throughout our sessions I may pull strategies from some or all of the methods listed above.

Appointments

Your appointment time is reserved exclusively for you. Each appointment requires advanced preparation on my behalf to ensure a high level of attention and care specific to your needs. If you are unable to keep your appointment, my practice requires a minimum of a 24-hour notice to cancel or reschedule. This will ensure that those clients on the waiting list will have access to any available appointments. Any cancellations must be made at a minimum of 24 hours in advance or payment of full session fees shall be required. Failure to attend a session without contact or cancellation, may result in a charge of \$125, which is not covered by your insurance. It is at Anchor Family Solutions' discretion to charge.

Returned Checks

There is a \$25 fee applied to all returned checks.

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Fees/Contract

The initial session fee is \$150.00. Regular session fees are as follows: virtual or walk & talk family coaching (60 mins): \$90.00, functional behavior assessment \$250.00, program book \$150.00. Additional codes may be used if needed with fees varying. Fees are subject to change and the therapist will provide this information in writing within 90 days of change to clients prior to fee change.

Private Pay

Charges for services are due and payable at the time services are rendered. Anchor Family Solutions accepts payment in the forms of Cash, Check, Venmo or Credit Card.

Insurance

Anchor Family Solutions does not accept insurance. While we strive to make services accessible for all families, insurance requires a child to have an Autism Spectrum Disorder (F84.0) diagnosis in order for ABA services to be covered. Insurance also dictates length of sessions and what goals may be worked on and billed for. Since we want to ensure that families are learning strategies for all behaviors and skills that are important to them, we choose to remain a private pay company.

Collections

Except when previous payment arrangements warrant otherwise, accounts ninety (90) days past due may be referred to a collection agency. Any collection costs or attorney fees necessary for the collection of any outstanding debt of this practice will be charged to and paid by the debtor.

Discharge from Care

Anchor Family Solutions reserves the right to discharge any client from this practice at any time for failure to comply with treatment recommendations or office policy responsibilities. In addition, if Anchor Family Solutions is not capable of working with you, we are able to refer you to someone more appropriate immediately, which is part of our ethical obligation. In addition, multiple missed appointments can also result in discharge, as consistency is vital to the therapeutic relationship and I will suggest referral options in this event. Therapist will inform you of termination and provide you with a 30-day notice from that day along with assisting you to find other services, if needed. However, client may choose to leave prior to the 30 days. Termination of services will automatically result if there is no client/staff contact for 60 days.

Request for Medical Records

By law, we are allowed 30 business days to give you a copy of your records. You must request your records by filling out the authorization to release confidential records and information form that I can provide to you at your request. You will be charged \$1.00 per page of your record.

Please sign and date this form, acknowledging that you have read and understood our policies and consider this an agreement between you and Anchor Family Solutions Thank you.

I hereby certify that I have read and understand this statement.

Signature _____ Date _____

Anchor Family Solutions

AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

I request that Anchor Family Solutions provide professional services to:

First Name

Last Name

I, _____, am responsible for payment at the beginning of each session and understand that Anchor Family Solutions is private pay. The following is the fee schedule for services in this practice for sessions for private pay clients:

_____ Initial Consultation \$150 per 60 min

_____ Virtual or Walk & Talk Family Strategy Session \$90 per 60 min

_____ Child Development Screening \$75 per 45 min

_____ Caregiver Support \$125 per 60 min

Additional charges:

Phone Calls: Anchor Family Solutions does not charge for phone calls under 15 minutes. Phone calls that exceed 15 minutes with clients or collateral contacts (ie. school counselors, doctors, etc.) will be charged an individual fee of \$100.

Letter Writing: Anchor Family Solutions will charge \$20 per page for letter writing.

Collection Fees: In the event that your account is placed with an attorney or collection agency because of an unpaid balance remaining on your account, you hereby agree and promise to pay a collection fee of \$50 or 20% of the total balance due, whichever is greater, upon placement with an attorney or collection agency because of an unpaid balance remaining on your account.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform them that I wish to end it. I agree to meet with this therapist at least once before stopping services. I agree to pay for services provided to me (or this client) up until the time I end the relationship. I agree that I am responsible for the charges for services provided by this therapist to me (or this client), although other persons may make payments on my (or this client's) account.

Signature _____

Date _____