



AUTISM
2023
PARENTS
HANDBOOK
WORLDWIDE

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Website: www.autismworldwide.us.com



AUTISM WORLDWIDE, LLC

www.AutismWorldwide.us.com

The focus of Autism Worldwide is to bring about autism awareness and autism treatments through education and training to ensure worldwide knowledge on best practices including ABA treatment approaches and easy recognition for autism to ensure a better quality of life and to help them achieve independence.

At Autism Worldwide, LLC, we cherish every child as an individual.

In addition to behavioral and educational programming, we focus on the needs of the family and its fundamental role in the success of our behavioral and educational programming. We are dedicated to providing each family with customized support and training using the principles and techniques of applied behavior analysis (ABA) while following the ethical guidelines set forth by the Behavior Analysis Certification Board (BACB).

Thank you for choosing us as your provider and we look forward to this journey with you and your child!

Sincerely,

Alicia Lasaga Aviles
Chief Executive Officer
August 2019

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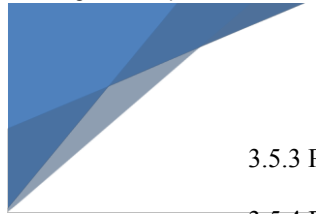
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AUTISM
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INTRODUCTION
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1.1 Welcome.

The new client paperwork that you will complete will help familiarize you with our policies and procedures regarding our ABA services. Additionally, the information you provide in the intake packet will help us in getting to know you and your child. Furthermore, the information will assist us in planning and designing a highly customized ABA program for your child.

At Autism Worldwide we would like to take this opportunity to thank you for entrusting us in providing services to you and your family. ABA treatment is about teamwork and we value you as part of the team, therefore, if at any time in this process you have any questions please feel free to contact one of our staff in the office and we will be glad to help you.

Thank you for selecting Autism Worldwide as your provider for Applied Behavior Analysis (ABA) services to help meet the needs of your child.

1.2 Purpose of this Handbook.


This Client Handbook and Contract is designed to provide you with the information you need to ensure you understand what Applied Behavior Analysis (ABA) is, how Autism Worldwide, LLC applies ABA methods and principles and what you can expect should you enter a partnership with us to provide services to your family.

1.3 Company Background and Mission Statement.

In 2017, Autism Worldwide was created to improve the quality of life for individuals diagnosed with Autism Spectrum disorders. The focus of Autism Worldwide is to offer a comprehensive package of education and training for schools, health care departments, governments, and corporate businesses to help them understand how to integrate these special individuals into our society. To make them be able to support and live by themselves and to gain an increase in quality of life through life experiences.

The mission of Autism Worldwide is to bring about autism awareness and autism treatments through education and training to ensure worldwide knowledge on best practices including ABA treatment approaches and easy recognition for autism to ensure a better quality of life and to help them achieve independence.

Autism Spectrum disorder (ASD) is a complex developmental disorder where signs typically appear during early childhood. ASD affects communication, social skills, and brings about repetitive behaviors. It is considered a “spectrum condition” because it affects individuals differently and to varying degrees. There is no known single cause of autism, but increased awareness, early diagnosis, intervention, and appropriate services lead to significantly improved outcomes. Some of the behaviors associated with autism includes delayed speech or no verbal communication; difficulty making eye contact, narrow and



persistent intense interests; poor gross and fine motor skills, and sensory sensitivities. The diagnosis of ASD is applied based on analysis of communication and social deficits and restrictive repetitive patterns of behavior.

The Company is committed to its long-term development by meeting customer needs through ABA therapy.

1.4 Data Protection.

The Company will hold and collect data in relation to your child's treatment. Autism Worldwide will protect the privacy and confidentiality of patients and their PHI (Protected Health Information). All data will be treated with the utmost confidentiality.

The Company is committed to:

- Keeping all personal information confidential and secure
- Making sure the information is accurate, up-to-date and as complete as possible.
- Removing irrelevant information as necessary.
- Follow the law and regulations of the HIPAA Compliance procedures.

All personal information regarding your treatment may be held on a computer and also in your personnel file. Copies of any letters, memos or emails relating to changes in your terms and conditions of services may also be stored electronically or in your personnel file.

Information will not be disclosed to any external third party without your consent, except where it is necessary in order to comply with statutory requirements. You may, at any time, request access to the information held about you; such requests should be made to: glasaga@autismworldwide.us.com and access will be provided or denied within a reasonable period.



A large, light blue, semi-transparent version of the Autism Worldwide logo is centered on the page. Overlaid on the center of this logo is the number "2" in a dark blue, serif font, followed by the words "ABA" and "THERAPY" in a dark blue, serif, all-caps font, stacked vertically. The word "AUTISM" is written in a large, light blue, serif, all-caps font above the logo, and the word "WORLDWIDE" is written in the same large, light blue, serif, all-caps font below the logo.

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2.1 What is ABA?

Applied Behavior Analysis (ABA) is a research based, scientific method that began with the work of B.F. Skinner. The science measures observable behavior. It looks at what occurs before a behavior (antecedent) and what happens after a behavior (consequence). In addition, the methods of ABA are applied by breaking down skills into simple steps and teaching each step-in succession. Skills are taught with the use of prompting to assist learning. A correct response is followed by positive reinforcement which increases the likelihood that a behavior or response will occur more often in the future. Autism Worldwide uses Errorless Learning in order to decrease frustration and make teaching and learning a fun activity.

Applied Behavior Analysis (ABA) is the study of the functional relationship between one's behaviors and their environment. Data is collected on the stimuli that elicits, increases, decreases, or maintains the child's behavior. The data is analyzed and a treatment plan or an individualized ABA program is implemented. As the child's treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to utilize behavioral contingencies to help the child learn more functional skills that can replace undesirable behaviors and improve quality of life. Autism Worldwide seeks to produce significant results enabling the child to adapt to their environment thus preparing them for a brighter future.

ABA based intervention is validated for Autism Spectrum Disorder (ASD) but is also applicable to children with other developmental disabilities. It is a set of principles and guidelines upon which educational programs are based and should not be used synonymously with a specific program. An ABA program targets specific developmental areas such as:

Attending skills • Imitative skills • Fine motor and gross motor skills • Language skills • Conversational skills • Functional play • Functional skills/self-help skills • Social skills • Toileting skills • Problem behaviors.

Other forms of teaching encountered within the field of ABA are: Verbal Behavior (VB), Discrete Trial Teaching (DTT), Natural Environment Teaching (NET), Pivotal Response Teaching (PRT) and Fluency-based instruction. Each use a specific method of instruction and are all based on the principles of ABA.

***ABA is a science that is evidence based and all of our treatment stems from research. We understand that families may want to try other treatments that are non-evidence based such as, essential oils, gluten and casein free diets, CBD, equine therapy, and others. Our therapists will not administer any of these treatments as our scope of field is just ABA. Since we do not have the knowledge on these other treatments, we cannot make any recommendations on these non-evidence-based treatments and can only suggest that you do scientific research as a parent and look for research studies to show effectiveness of treatment.**



2.2 How Does ABA Work?

ABA:


- Provides age-appropriate learning objectives.
- Provides one-on-one therapy, initially administered in the home or center and then generalized to other settings, including the school.
- Involves an intensive treatment program, between 20 and 40 hours of therapy per week.
- Provides continual support to parents throughout the time the child works with Autism Worldwide. We also support the child, family, teachers and school administration during the period as the child's transition to school.

ABA therapists provide individual behavior therapy in the child's home, or shadowing at the child's school, in coordination with school administrators. Our ABA therapists received comprehensive training in behavioral theory, reinforcement, the application of discrete trial training, the nuances of prompting and fading prompts, behavior management, generalization, maintenance of acquired skills, and interactive play with peer groups and social development. In addition, continuous refresher training courses and research on new techniques shall be provided to therapists so that they are able to maintain a desired level of quality of service.

The philosophy of ABA is Determinism; all behavior is governed by the laws of behavior and therefore there is a reason for all behavior. We can predict and control behavior when we discover the variables governing a particular behavior.

2.3 What to Expect from ABA Therapy?

1. After the free consultation and the intake packet has been filled out, your insurance will be contacted to request an authorization to do an initial assessment.
2. An initial assessment will be conducted with you and your child by the BCBA.
3. The BCBA will take up to two weeks to write up the assessment report and send to you to look over.
4. The report will be submitted to insurance for approval to begin treatment.
5. Once approved, treatment will begin. During treatment the therapist will take data on our data collection software.
6. Treatment will occur at home, school, and/or center and will occur as scheduled. Treatment is a 1-1 therapy with the RBT. The BCBA will come to supervise twice a month and to discuss progress with you as well as to conduct parent training.

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7. The BCBA will check progress and graphs weekly and make changes to treatment interventions as needed.
 8. At the end of every session in the center, parents will receive a home note describing what activities were done at therapy for the day.
 9. Every 6 months an official progress report write up will be made and discussed with parents.
 10. As goals are met and progress continues a fade out plan will be discussed.

2.4 How Many Hours of ABA Therapy Does Your Child Need?

Autism Worldwide cannot predetermine the number of hours that your child may require from an ABA program. After the initial assessment, the BCBA or BCaBA will be able to make the recommendation as to how many hours are appropriate to meet the specific needs of the child. This may be anywhere from 10-40 hours per week.

2.5 What Are Our ABA Treatment Methods?

We use a wide variety of behavior analytic teaching methods such as:

- Discrete Trial Training
- Incidental Teaching
- Verbal Behavior
- Social Stories
- Chaining
- Task Analysis presentation
- Prompt hierarchies
- Shaping
- Token Economies
- Antecedent Control
- Reinforcement
- Video Modeling
- Peer Social Skills Groups
- Peer Modeling
- Errorless Learning Techniques
- Pivotal response training
- Fading



2.6 What Assessments Do We Use?

Assessments are ongoing. In addition to 1:1 session, we provide client advocacy, IEP goal development consulting, consultation and integration of goals from other professionals (i.e. OT, PT, SLP), family training and social skill groups as part of wrap around scope of service for complete client care. We use the Vineland, VB-MAPP, AFLS, and ABLIS assessments to determine needs and write the program plan.

2.7 Why Should Parents Get Training and Follow Through?

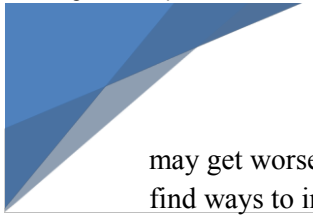
Parents are integral to the success of each child. Autism Worldwide strives to include parents in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills. Consistency of programming across settings is our ultimate goal. The BCBA Supervisor is available to train parents in the areas of behavior management and the application of discrete trial training in the hopes that parents will also become part of the child's therapy team.

In order for ABA therapy to be successful for your child's life, we need you to follow through with what we are working on. Your therapist and supervisor have your child's best interest in mind, his/her recommendations will work best if you follow them when we are not with your child. As an example, potty training won't work if at the moment the therapist is gone, you put your child back in diapers. The only way a child will be out of diapers is if he/she goes to the potty every time he/she is awake.

Insurance companies require parent training goals in order to authorize services. They will not re-approve your child's therapy if they don't see you involved in your child's therapy. Insurances require a minimum of 60% parent's follow through. We take data on We-Portal on parent follow through.

2.8 How Long Will It Take Before My Child Will Speak/Use the Toilet/ Stop Throwing Tantrums/ Change Behavior?

No professional can or should give you absolute guarantees about any aspect of your child's development or behavior. We will use the science of ABA to collect data, which informs our decisions, and to select techniques and strategies to assist your child in acquiring effective behaviors and skills for independence. We will use the regular team meetings as a time to share information, raise questions and concerns, and plan intervention strategies. You can expect your child to show progress in the areas of his/her goals over time and we will monitor the progress with regular data collection. Please keep in mind that the behavior



may get worse before it gets better. Our aim is to help your child to realize his or her full potential, and find ways to interact with, participate in school/social opportunities and thrive in the world.



AUTISM
3
UNDERSTANDING
STAFF ROLES
AND
SERVICES
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3.1 Which Therapists Will Be Treating My Child?

1. BCBA. Board Certified Behavior Analyst.
2. BCaBA. Board Certified Assistant Behavior Analyst.
3. RBT. Registered Behavior Technician.


3.2 What is a BCBA And What is Their Role?

A Board Certified Behavior Analyst, or a BCBA, as defined by the Behavior Analyst Certification Board (BCBA), is an individual who has received a doctoral or graduate degree, completed coursework in Behavior Analysis, and has completed countless hours of supervised practical experience, and lastly, has passed the BCBA examination.

Their job consists of creating, individualizing, maintaining, evaluating, and supervising your child's ABA program and your team of behavior therapists. A BCBA does not only work with children or adults who have Autism. They specialize in behavior management.

A BCBA spends his or her day working to maximize your child's potential:

- **Face-to-face time:** Your BCBA may arrange to come to your home or clinic visit to see your child in action. This time allows your BCBA face-to-face time with your child in order to make direct and objective treatment decisions based on observation and data in order to ensure your child's success.
- **Supervision:** Your BCBA will also observe the behavior therapist, provide constructive feedback, model programs and interventions, and answer questions. A well-trained behavior therapist is quick, confident and motivated. It is the BCBA's job to make sure that the behavior therapist remains supported.
- **Behind the Scenes:** Your BCBA spends countless hours researching behavior analytic literature in order to stay up to date on effective programs, procedures, and practices. ABA is a science and involves many different technologies and principles.
- **Individualizing:** Your child's program is their own. The BCBA spends a lot of time working to ensure that goals and skills are tailored to how your child learns and what your child needs to grow. Whether your child needs help with communication, potty-training, etc; all programs are specific to your child.
- **Communicating:** The BCBA also communicates with your child's treatment team when applicable. We love to work together with your Speech Language Pathologist, Occupational Therapist, Pediatrician, Psychologist and YOU to ensure that we are aware of everything there is to know about your child, including progress the child is making in every area of their life and any difficulties your child may be having.

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- **Parent Training:** The BCBA works to help you and wants to ensure that we are providing a very thorough picture of your child's strengths and weaknesses and how you can help your child when not in therapy. We provide parent training/parent coaching, and work to help you become and remain experts of your child's ABA program.

When your BCBA is not with your child, be sure he or she are working for your child; your BCBA is in constant contact with your therapy team, has access to treatment data, and team notes, and is always aware of what is happening in your child's therapy. Your BCBA is also available to answer any clinical questions or concerns you have about your child's ABA program via email, text, and/or phone.

3.3 What is a BCaBA And What is Their Role?

A Board Certified Assistant Behavior Analyst, or a BCaBA, as defined by the Behavior Analyst Certification Board (BCBA), is an individual who has received an undergraduate level certification in behavior analysis, and has completed countless hours of supervised practical experience, and lastly, has passed the BCaBA examination. BCaBAs can supervise the work of a Registered Behavior Technician, and others who implement behavior-analytic interventions but must be supervised by someone certified at the BCBA level.

The assistant applied behavior analyst works closely under the supervision of an applied behavior analyst. Depending on the job duties and responsibilities assigned by the supervising behavior analyst, assistants may be required to:

- Assist the behavior analyst in completing assessments and developing ABA therapy.
- Collect and analyze data and make interventions and changes as needed.
- Administer ABA assessments.
- Monitor and record patient progress.
- Complete reports detailing the progress of an ABA program.
- Monitor the need for patient reassessment or referral.
- Discontinue any treatment procedure that appears harmful to the patient and immediately notify the supervising applied behavior analyst.

Assistant ABAs work under the supervision of applied behavior analysts in a large variety of settings and with an equally large number of populations, such as schools, private practices, in-home care, and community clinics, and with adults and children with autism spectrum disorders and other pervasive developmental disorders or traumatic brain injuries.



In most cases, assistant ABAs are not permitted to:

- Initiate a treatment program until the patient has been evaluated and the treatment planned by the supervising licensed behavior analyst.
- Perform a patient evaluation; however, they may administer specific assessments under the direction of the applied behavior analyst.
- Analyze or interpret evaluation data; however, they may participate in the screening process by collecting data and communicating data to the applied behavior analyst.

3.4 What is an RBT And What is Their Role?

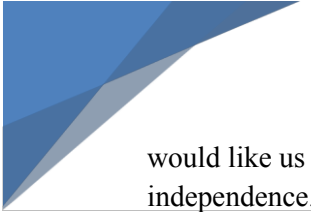
The Registered Behavior Technician, or RBT, as defined by the Behavior Analyst Certification Board (BCBA), is a therapist who practices under the close, ongoing supervision of a BCBA, or BCBA. The RBT is primarily responsible for the direct implementation of behavior-analytic services. The RBT does not design intervention or assessment plans. It is the responsibility of the RBT Supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The BCBA supervising the RBT is responsible for the work performed by the RBT on the cases they are overseeing.

An RBT spends his or her day working to maximize your child's potential through:

- Providing direct behavioral services to clients in individual and/or group sessions.
- Running skill acquisition programs with clients using Applied Behavior Analysis.
- Completing program writing with BCBA approval and maintaining client's program on software.
- Collecting data and graphing data as instructed using We-Portal.
- Maintaining respect and confidentiality for all clients.
- Maintaining and protecting the well-being of all clients during treatment sessions and emergencies.
- Facilitating communication and collaboration between all members of the client's team including staff, Behavior Analysts, parents, and outside health professionals.
- Assessing situations and making proper judgments keeping family culture and ethics in mind.

3.5 SERVICES

ABA Therapy is an individualized program that is created to meet your child's needs depending on your child's behaviors and strengths. Your child will work with a one-on-one therapist at home, at school, at the center, and/or in a community setting. The services given to your child will depend on the goals you



would like us to work on, as well as the goals we recommend in order for your child to gain independence.

Here is just a sampling of the services that are included:

- **Food Refusal.** We introduce new foods by letting them use their senses while exposing them to different tastes and textures of food.
- **Social Skills.** We will teach your child how to meet, socialize, and keep friends.
- **Potty Training.** Toilet training is always the hardest stage for both, kids and parents.
- **Functional Communication Training.** We help your child learn how to communicate his or her wants and needs.
- **Replacement Behavior Training.** We work on reducing problematic behaviors and teaching safe and appropriate replacement behaviors
- **Job Skills.** We prepare your teenagers for job readiness!

3.5 Schedule.

Autism Worldwide is open Monday through Friday from 8:00 AM to 6:00 PM.



AUTISM
4
COMPANY
POLICIES
AND
PROCEDURES
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4.1 In-Home Procedures.

Your cooperation on the following is required to assist us in working with your child:

1. Your child should be dressed and fed prior to therapist arrival unless these skills are being addressed in the program.
2. A parent or responsible adult must always be in the home when therapy is being provided. If a responsible adult is not present, we cannot provide services to your child that day.
3. If sessions are in the home, the area being used for therapy must be a comfortable temperature, well-lit and relatively free of distractions.
4. The therapist will call the family if they are going to be arriving more than 10 minutes late.
5. Parents and therapists should be respectful and courteous to each other. Open communication between parents and therapists is essential to the establishment of a successful program for the child. All communication must be done in a courteous and respectful manner. If there are any problems or concerns, please contact the BCBA or BCaBA Supervisor immediately.
6. Parents are encouraged to share with therapists any information that may be helpful in getting to know their child and will enable them to work successfully with the child.
7. In case of an accident or unusual incident, the therapist should complete an accident form and his/her supervisor and the family should be informed in the following 24 hours of the incident.
8. Parents must sign each therapist's timesheet on the online We-Portal, - HIPAA compliance platform- to confirm the number of service hours provided at the end of each session. Parents are responsible for ensuring accuracy of hours.
9. No therapy for siblings. Autism Worldwide therapists are not obligated to work with siblings. If a therapist feels a sibling can be used as a participant in a session, it is at their discretion.
10. The first 5 minutes of the session is used to prepare for the session and set up the environment. If you need a few minutes to talk with the therapist before the session, please let the therapist know, but be aware that your child may be anxious to begin "playing" with the therapist.
11. The last 10 minutes of the session are for the therapist to graph and record data regarding the session. Please allow this time without the child. Therapist will share highlights of the session and request your initials on the session notes sheet on the online platform.
12. During supervision session, the Supervisor and therapist will review the Child's treatment plan to update and incorporate any recommended changes. If parents would like to discuss any issues, please advise the therapist at the beginning of the therapy session. Any time taken for data entry and graphing, logbook update, or to discuss program issues shall be considered billable time.



WE WILL STOP RENDERING SERVICES IF THE FOLLOWING OCCURS:

- 1. There is no parent follow through. We will give you warnings if we notice this is happening, after the third warning we will discharge.**
- 2. If you cancel 30% of your sessions in 6 months of treatment, we will discharge.**

Please contact your therapist or supervisor about any treatment questions or concerns. The importance of continuity between home and Autism Worldwide cannot be over-stressed. Our aim is to develop an honest, open and supportive relationship with you, which complements life in your home rather than contradicts it. We are very aware of our influence as a role model for your child and without your extensive knowledge of your child we would be unable to enhance your child's development. Autism Worldwide therapists are always willing to discuss your child and their development. Please understand that therapist and supervisors do work with multiple families and may not be able to return calls immediately. If possible, email or text, and expect a response within 48 hours.

In following with the BACB's guidelines and standards, and in your best interest, we strive to maintain a therapeutic and support based relationship at all times. Our work is highly personal. Because we are providing you with support, we can become involved in many aspects of your life. We must monitor ourselves to make certain that we do not cross the professional/client relationship barrier. This can be difficult because of the intimacy we develop. Please understand that our behavior is not personal, but that we are working towards maintaining a professionally supportive role in your lives at all times and a personal friendship may compromise our ability to continue to view your family's situation through a professional's eyes. That said, we do develop a special unique relationship due to the nature of our business. We are committed to caring for you and yours as we work to achieve the goals we have set forth collaboratively.


4.1.1 Reinforcers.

The scientific principles of ABA use positive reinforcement as the foundation to behavior change. During our sessions, we will use reinforcers to motivate and reward your child for positive behavior. This could be stickers, candy, toys, electronics, etc. In order for reinforcers to be successful, they need to be used only during therapy time. **YOU NEED TO HIDE OR LIMIT THOSE REINFORCERS AND NOT GIVE THEM TO YOUR CHILD WHILE THERAPIST IS NOT WITH HIM/HER.**

4.2 In-Center Pick Up and Drop Off Procedures.

Your cooperation on the following is required to assist us to start working with your child on time:

1. Parents must drop off their children at the appointed time in the parking lot. If parents need to make arrangements, they must do so the day before by contacting your child's therapist through e-mail or text.



2. If parents are unable to arrive at the appointed time, they must arrange to set a different time session by contacting their child's therapist through e-mail or text.

3. Parents are only allowed to drop off their child no more than 5 minutes before the appointed session time.

4. Early drop off will only be accepted if parents have notified the therapist the day before and the time has been approved.

5. If parents are late to pick up their child, they must notify the therapist before the session ends. If the tardiness is more than 15 minutes, that time will be added to your session and will be billable.

4.3 Illness Policy.

Autism Worldwide understands that there will be times that children are unable to attend sessions. If a child is sick, it can spread illnesses to his/her therapist and passed on to other children. Parents are asked to use the same guidelines used in a school – if a child (or sibling) is too sick to attend school, he or she is too sick to participate in his/her therapy session. There is also limited progress and productivity that occurs in sessions when a child is ill.

Please notify the therapist, as much in advance as possible, at least the night before the scheduled session if you know that your child (or other children in your home) will not be able to participate in the program the next day due to illness.

Please see the following requirements for when a session needs to be cancelled:

- Fever of 100 degrees or higher. The child must be fever free for 24 hours without medication to return to therapy.
- Vomiting.
- Diarrhea (3 or more in a day).
- Severe cold symptoms (cough, green/yellow mucus, etc.).
- Severe rash.
- Conjunctivitis or pink eye (may return after 48 hours).
- Strep throat.
- Flu like symptoms.
- Mumps, measles, roseola, varicella, chicken pox, and other contagious diseases.
- Lice.
- For any bacterial infections, a child must be on an antibiotic for 24 hours before resuming therapy sessions.

- If your child becomes ill during a session or if the therapist arrives at the home and the child is sick, the therapist will not be able to work with your child and the therapy will end.

Therapy will resume as soon as the child's doctor clears him/her of being contagious or the remedy is completed.

4.4 Cancellation Policy.

There are times that things will come up that are beyond your control. If a session needs to be cancelled, Autism Worldwide requests that families cancel with a minimum of 24 hours' notice. In the event that it is not possible to cancel with 24 hours' notice (due to illness, family emergency, etc.), cancellation fees may be waived and will be addressed on a case by case basis with appropriate documentation. All cancellations need to be made to your therapist or BCBA via phone or email. Autism Worldwide reserves the right to bill for late cancellation fees.

1. We consider our meetings and therapeutic sessions very important and expect you to do the same. Please try not to miss appointments. If you must cancel, please provide notice to your therapist and/or BCBA at the earliest time possible, preferable within 48 hours.
2. If you do not give at least 24 hours' notice in advance, you will be charged **\$50 per session and this is not billable to insurance. It will be your responsibility.**
3. Your session is reserved for you. We are rarely able to fill cancelled session unless we know about the cancellation in advanced.
4. If more than 30% of scheduled sessions are missed, within a 6-month period, we reserve the right to dis-enroll the child from the program and offer the slot to someone else.
5. If a session is cancelled, and you would like to reschedule, please let us know. If the appointment time requested is not available, we will place you on our waiting list. If another client cancels their appointment, we will contact clients on the waiting list on a first come, first call basis.
6. The therapist must wait 15 minutes, if child is not there at the therapy time, then the therapist is allowed to leave. The child will be considered absent and you will be charged as a cancelled session.
7. If your family is planning an extended vacation (more than 2 weeks), please inform the therapist and supervisor. We will continue to reserve the spot for your child but cannot guarantee that your child will work with the same therapist.
8. If a therapist cancels a session, these hours may be made up as soon as possible and the family will be informed as to when this is going to occur.
9. The parents cannot change therapy hours due to scheduling. If there is an occasional issue such as doctor's appointment or family occasion, then every effort will be made to try to accommodate this.



These accommodations must be made through the Autism Worldwide Supervisor and the individual therapist.

10. A therapist cannot change appointment times without an agreement by the family and the supervisor.

11. In the case of a hurricane or inclement weather: a) Please listen to the radio for announcements of school closing for the district in which you reside. If the district schools are closed it is an indication that driving in that area presents danger and an Autism Worldwide therapist should not report to work that day.

12. Since schools in the district are closed on inclement weather days, the time missed on those days can be made up at the discretion of the therapist and the family.

4.5 Outings Policy.

Our mission is to work on behaviors in the most natural setting. Thus, our therapists are allowed to go on outings with the family and the client. Outings are considered when the therapist goes with you outside the home to help you deal with behaviors in the community. The main reason for an outing is for you to know how to take out your child out in the community. In order for your child to be independent, he/she needs to be comfortable in his/her surroundings and your confidence helps them.


There are some rules to follow:

1. The therapist is NOT allowed to take a child in their automobile.
2. Always let your therapist know where you are going so he/she can prepare the material he/she needs.
3. Caregiver must be present at all times during outings, therapist cannot be left alone with child, even if just for 5 minutes.
4. Therapist is only allowed to have 2 paid outings per month per client.
5. If you are planning a visit to a theme park and would like your therapist to accompany you, you need to call the BCBA in charge so we can schedule a whole day with your therapist. You are in charge of paying the RBT ticket. He/she will take care of meals.

4.6 Holidays and Vacations.

Autism Worldwide is closed during the following Holidays:

1. January 1st. New Year.
2. July 4. Independence Day.
3. Thanksgiving. Wednesday to Friday.
4. December 21st – January 3rd.



5. The last two weeks of December.

If you want us to see your child during any of these dates, please let us know at least one week in advance to look for a therapist for your child.

4.7 Gifts Policy.

The practice of giving your child's therapist a gift requires careful consideration by you.

The Professional and Ethical Compliance Code for Behavior Analysts under its Multiple Relations and Conflicts of Interest Policy specifies "Behavior Analysts do not accept any gifts from or give any gifts to clients because this constitute a multiple relationship."

Our company prohibits our therapists from providing, offering, or receiving any gift that serves to, or appears to, inappropriately gain an unfair advantage. However, under certain circumstances you may provide gifts to your child's therapist that are intended to generate goodwill, provided:

- The gift is given in good faith, without expecting any return favor or improper benefit.
- It is of nominal value under \$25.00 USD or its equivalent.
- Is provided openly and transparently.
- The gift is not cash. Gift cards are not considered cash.

4.8 HIPAA Compliance.


All of the PHI information (Protected Health Information) you shared with us is HIPPA protected. Autism Worldwide protects the privacy and confidentiality of its patients. It is essential that every Autism Worldwide therapists and Business Associates respects and maintains each client's right to confidentiality regarding his or her treatment and all personal information. All HIPPA laws apply. Please do not ask about another clients' program or treatment, as this information will not be discussed and could possibly lead to the dismissal of your child from the program.

4.8.1 Notice of Privacy Practices.

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.

YOUR HEALTH INFORMATION RIGHTS


Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

- 
1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
 2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
 3. **Request to receive communications of protected health information in confidence.**
 4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
 5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - is not part of your medical or billing records;
 - is not available for inspection as set forth above; or
 - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
 6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
 - to carry out treatment, payment and health care operations as provided above;
 - to persons involved in your care or for other notification purposes as provided by law;
 - to correctional institutions or law enforcement officials as provided by law;
 - for national security or intelligence purposes;
 - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
 - incidental to other permissible uses or disclosures;
 - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
 - made to patient or their personal representatives;
 - for which a written authorization form from the patient has been received
 7. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
 8. **Receive notification if affected by a breach of unsecured PHI**

OUR RESPONSIBILITIES:

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect



and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) most uses and disclosures of psychotherapy notes (ii) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of your health information; and (iv) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends, or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example, in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Fund raising: Unless you notify us you object, we may contact you as part of a fund-raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund-raising material you receive.

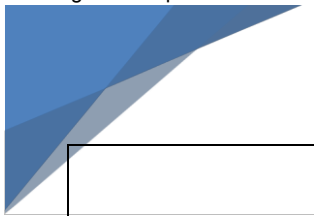
Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research



proposal and established protocols to ensure the privacy of your health information has approved their research.



FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, **Grace Aviles-Lasaga**, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at **AUTISM WORLDWIDE** or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services

Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Autism Worldwide, LLC

Grace Aviles-Lasaga
Privacy Officer
9754 Napoli Woods Ln
Delray Beach, FL 33446
Tel: (561) 843-0745
Fax: (352) 727-7935
glasaga@autismworldwide.us.com

NOTICE OF PRIVACY PRACTICES AVAILABILITY

You may obtain a copy of this note upon request.

Client's signature

Date

Client's name

4.7.3 Policies and Procedures for Patients' Rights.

INTRODUCTION

These policies and procedures address patient rights. Under HIPAA, patients are guaranteed certain rights and protections for their privacy, regarding certain information we maintain about them.

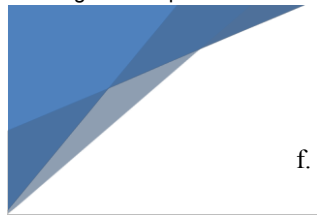
POLICIES AND PROCEDURES

ELECTRONIC HEALTH RECORDS

1. Patients have the right to obtain access to their PHI contained in an electronic health record, (as well as PHI contained in MS Word, Excel, PDF, HTML, plain text and other formats), and to direct us to send a copy of their electronic health record to a third party.
2. If a patient requests an electronic copy of PHI that is maintained electronically in one or more designated record sets, we must provide the individual with access to the electronic information in the electronic form and format requested by the individual, if that is readily producible, or if not, in an electronic form and format as agreed to by us and the individual, such as MS Word, Excel, text, HTML or text-based PDF.
3. Patients have the right to receive an accounting of disclosures of electronic health records including those for treatment, payment, and healthcare operations during the three-year period preceding the request.
4. The above rights for electronic health records are effective January 1, 2014. For electronic health records acquired after January 1, 2009, the rights are effective January 1, 2011.

RIGHT TO INSPECT AND COPY

1. Patients have the right to inspect and obtain a copy of their designated record set. A Designated Record Set is simply protected health information records that are used, in whole or in part, to make decisions about patients, their treatment, or billing for services rendered. For many practices, this mainly includes medical and billing records for a patient.
2. Patients wishing to inspect and/or copy their designated record set must submit their request in writing to the Privacy Officer at our mailing address. Patients will be informed in the Notice of Privacy Practices of the requirement that a request for access be in writing.
3. Patients may be denied access for the following reasons:
 - a. Access is reasonably likely to endanger the life or physical safety of the patient or another person
 - b. The information requested constitutes Psychotherapy notes
 - c. The information requested was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
 - d. The information is subject to (and access is denied under applicable provisions) or exempted from the Clinical Laboratory Improvements Amendments of 1988 (CLIA)
 - e. As an inmate, the patient's access can be denied by a correctional institution or us, as a provider acting under the direction of a correctional institution, if such access would jeopardize the health, safety, security, custody or the rehabilitation of the patient or other inmates, or the safety of any officer, employee or other person at the correctional institution or responsible for the patient's transportation



- f. The information was obtained in the course of research that includes the patient's treatment and access will be denied while research is in progress
 - g. The information requested that is also subject to the Privacy Act, 5 U.S.C. 552a.
 - h. The requested PHI was obtained from someone other than a health care provider under a promise of confidentiality and such access would be reasonably likely to reveal the source of the information
4. We will respond within thirty (30) calendar days to any written request for access to PHI. If additional time is required to satisfy the request, we will request an extension from the patient in writing. After that, we will have an additional 30 calendar days to fulfill the request.
 5. Denials for access will be communicated via a written letter to the address specified by the patient.
 6. If access is granted a copy of the patient's requested PHI will be made available for the patient to review or will be mailed to an address designated by the patient.
 7. Patients have the right to inspect and obtain a copy of our Notice of Privacy Practices which documents our use and disclosure practices.
 8. If Patients request a copy of their PHI, we will charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with the request. The fee schedule is based on our costs for copy supplies and labor costs for copying. We currently charge **\$0.15** per page for copies plus the actual cost of postage for mailing. For faxing documents, we charge **\$0.10** per page for the cost of fax supplies and telephone line costs.
 9. We will notify the patient of the cost involved and the patient may choose to withdraw or modify the request at that time before any costs are incurred.
 10. Patients must pay the fee in full before they can obtain a copy of the information; however, patients have a right to inspect their PHI without paying any fee.
 11. The Notice of Privacy Practices is required to be provided during the first encounter with the patient.
 12. The Notice of Privacy Practices must always be available upon request.
 13. The Notice of Privacy Practices will be posted in the place where services are provided.
 14. The Notice of Privacy Practices will be placed on this practice's web site (if we have one).
 15. When the Notice of Privacy Practices is revised, the revised copy will be posted and available upon request.


RIGHT TO AMEND

1. If the patient feels that the information, we have about them in their designated record set is incorrect or incomplete, they may ask us to amend the information. A Designated Record Set is simply protected health information records that are used, in whole or in part, to make decisions about patients, their treatment, or billing for services rendered. For many practices, this mainly includes medical and billing records for a patient.
2. Patients have the right to request an amendment for as long as the information is kept.

3. To request an amendment, the patient request must be made in writing and submitted to the Privacy Officer at our mailing address. The patient should include the reason that supports the request. Patients will be informed in the Notice of Privacy Practices of the requirement that an amendment request be in writing.
4. A written response will be mailed to the patient within sixty (60) calendar days on the disposition of their amendment request. If additional time is needed, this practice will inform the patient within the sixty (60) days in writing of the delay, the reason for the delay, and the date the accounting will be provided that will be no later than 90 days from the original request.
5. If the amendment request is accepted by this practice, we will:
 - a. Add the amendment to the patients PHI
 - b. Inform the patient that the amendment was accepted
 - c. Ask the patient in writing to identify entities that should be notified of the amendment
 - d. Obtain the patient's permission to contact those entities
 - e. This practice will make a reasonable effort to inform entities, including business associates, to whom we have disclosed the information and who could be predicted to use the information to the extent that the patient agrees that we may notify these entities
6. We may deny a patient's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny a patient's request if they ask to amend information that:
 - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - b. Is not part of the designated record set kept by our office
 - c. Is not part of the designated record set which they would be permitted to inspect and copy (see item 2 previous section); or
 - d. Is accurate and/or complete
 - e. The information constitutes psychotherapy notes
7. If the amendment request is denied by this practice, we will:
 - a. Provide a written denial notice within sixty (60) calendar days
 - b. Permit the individual to submit a written statement disagreeing with the denial and to give the basis for the disagreement
 - c. May write a rebuttal to the disagreement and provide a copy of the rebuttal to the patient
 - d. Will append the following to the record containing the disputed information:
 - Request for amendment
 - Denial of amendment
 - Statement of disagreement
 - Written rebuttal
8. This practice will include in any subsequent disclosure of the PHI contained in the disputed record:
 - a. The request for amendment that was submitted by the patient (or an accurate summary of the request)
 - b. The denial of request for amendment
 - c. Any statement of disagreement (or an accurate summary of the statement) submitted by the patient
 - d. This practice's rebuttal of the statement of disagreement

RIGHT TO AN ACCOUNTING OF DISCLOSURES

1. Patients have the right to request an "accounting of disclosures." This is a list of the disclosures we made of PHI about the patient, that were not made to the patient, pursuant to an authorization by the patient, was



not an incidental disclosure or part of a limited data set (data that does not include directly identifiable information), used for research, used for public health purposes, to persons involved in the patient's care, for national security or intelligence purposes, to correctional institutions or law enforcement, for treatment, payment or health care operations, or for disclosures made prior to the date of compliance with privacy standards.

An incidental use or disclosure is described as a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. Such incidental uses or disclosures are not considered a violation of the Privacy Rule provided that the covered entity has met the reasonable safeguards and minimum necessary requirements. For example, if these requirements are met, doctors' offices may use waiting room sign-in sheets, hospitals may keep patient charts at bedside, doctors can talk to patients in semi-private rooms, and doctors can confer at nurse's stations without fear of violating the rule if inadvertently overheard by a passerby.

2. Disclosures and requests for an accounting of disclosures will be tracked in the Log of PHI Disclosures form that will be maintained in the patients file.
3. To request an accounting of disclosures, the patient must submit a request in writing to the Privacy Officer at our mailing address. Patient request must state a time period that may not be longer than six years.
4. Patient request should indicate in what form they want the list (for example, on paper, electronically). The first list they request within a 12-month period will be free. We will charge the patient a reasonable cost-based fee for providing any additional lists within a 12-month period. The fee schedule is based on our costs for copy supplies and labor costs for preparation of the accounting. The estimated cost for the second accounting within a 12-month period will be calculated prior to preparing the accounting.
5. We will notify the patient of the cost involved and the patient may choose to withdraw or modify their request at that time before any costs are incurred.
6. Patients must pay the fee in full before they can obtain the requested accounting
7. This practice will respond to requests for accounting disclosures within sixty (60) calendar days.
8. If additional time is needed, this practice will inform the patient within the sixty (60) days in writing of the delay, the reason for the delay, and the date the accounting will be provided that will be no later than 90 days from the original request.

RIGHT TO REQUEST RESTRICTIONS

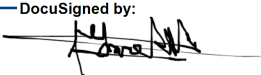
1. Patients have the right to request us to not disclose PHI to a health plan for payment or health care operations if the patient has paid out of pocket for the service.
2. Patients have the right to request a restriction or limitation on the PHI we may use or disclose about them for treatment, payment or health care operations. They also have the right to request a limit on the PHI we disclose about them to someone who is involved in their care or the payment for their care.
3. Other than the request for not disclosing to a health plan if the patient has paid out of pocket for the services, we are not required to agree to the patient's request for restriction. If we do agree, we will comply with the request unless the information is needed to provide the patient emergency treatment.
4. To request restrictions, the patient must make their request in writing to the Privacy Officer at our mailing address.
5. Each request must state the following:

- a. What information the patient wants to limit
- b. Whether the patient wants to limit our use, disclosure or both
- c. To whom the patient wants the limits to apply

6. If the Privacy Officer agrees to the restrictions, the request with an approval stamp will be attached to the front of the patient's file to allow anyone using or disclosing the patient's PHI to see the restrictions.
7. The Privacy Officer is authorized to agree to such restrictions on the practice's behalf.
8. This practice may terminate its agreement to restrict the uses and disclosures of an individual's information under the following conditions:
 - a. If the individual agrees to or requests the termination in writing;
 - b. If the individual orally agrees to the termination and the oral agreement is documented;
 - c. If the covered entity informs the individual that it is terminating the agreement, but the termination is only effective with respect to PHI created or received after the termination notification date.
9. In the event this practice believes that a use or disclosure of restricted PHI is necessary for emergency treatment, the covered entity may use or disclose the PHI to provide such treatment. If PHI is disclosed to a health care provider for emergency treatment, the practice will request that the health care provider not further disclose the PHI.
10. Any agreement to restrict PHI must be retained for a period of six (6) years from the date of its creation or from the date it was last in effect, whichever is later.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

1. Patients have the right to request that we communicate with them in a certain way or at a certain location.
2. To request confidential communications, patients must make their request in writing to the Privacy Officer.
3. We will not ask the patient the reason for the request.
4. We will accommodate all reasonable requests.
5. Patients must specify how or where they wish to be contacted.
6. The request with an approval stamp will be attached to the front of the patient's file to allow anyone communicating with the patient to see and honor the request for confidential communication.

DocuSigned by:

2715C7F833CF4BD...
1/19/2021





4.9 Client /Firm Agreement.

Client/ Firm Agreement

I _____ understand that my signature below indicates that I have read and agree to the conditions set forth in the handbook. It does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with Autism Worldwide, before commencing services for formal applied behavior analysis.

I understand that any of the points mentioned in the handbook can be discussed and may be open to change, on a case-by-case basis. If at any time during the therapeutic treatment I have questions about any of the subjects discussed in this handbook, I can talk with my therapist or his/her supervisor and Autism Worldwide will do its best to provide clean, concise answers.

I understand that after applied behavior analysis begins, I have the right to withdraw my consent to continue services at any time, for any reason. However, I will make every effort to discuss my concern with Autism Worldwide before ending behavior analysis services.

I understand that no specific promises have been made to me by Autism Worldwide about the results of treatment or training, the effectiveness of the procedures used by this company or the number of sessions necessary for behavior analysis to be effective.

I have read, or have had read to me, the topics and points in this handbook. I discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this handbook. I hereby agree to applied behavior analysis services with Autism Worldwide and to cooperate fully to the best of my ability.

I understand that Autism Worldwide may sever this relationship at any time by myself or should services no longer be of benefit to the client, or for any other valid reasoning, given the minimum of 2 weeks prior notice.

I understand that if I sever this relationship prior to the 2 weeks' notice, I will be responsible for fees incurred for those 2 weeks of scheduled sessions due to work lost.

Print Name: _____

Signature: _____ Date: _____