ABA Therapy Solutions, LLC

INFORMED CONSENT

I, ___________________________, agree to have my child ______________________ evaluated/treated through ABA Therapy Solutions, LLC. I understand that these services are based on an applied behavior analysis (ABA) model and will be provided by a professional trained in ABA. I understand that state laws may require that confidentiality be broken under certain circumstances, specifically, if I am judged by the behavior analyst to be of danger to myself and/or others, gravely disabled, or if there is suspected child abuse.

I also understand that ABA Therapy Solutions, LLC specializes in the evaluation and treatment of problem behaviors as well as skill acquisition, and that if ABA Therapy Solutions, LLC is unable to meet my particular needs, I will be referred to an appropriate agency or individual. If my child or I are here with a medical-related problem, my physician will be made aware of my treatment through ABA Therapy Solutions, LLC and is responsible for medical aspects of my case (i.e., medication, physical examination, etc.)

Concerns about services may be directed to Linda A. Peirce, MEd, BCBA, (772) 678-6704.

_______________________________________
Signature

_______________________________________
Date

_______________________________________
Witnessed by