



721 South Blvd. [suite 210], Oak Park IL 60302

ABA Service Agreement and Consent Form

This document contains significant information relating to the Applied Behavior Analysis (ABA) services being presented, the cost and responsible party for that support, and best practice policies on behalf of LifeSpeed: Behavioral Support Services, LLC (LifeSpeed). It is important that you (the Caregiver) read through this information carefully and ask questions at any time if anything is unclear. When you sign this document, it will represent an agreement for LifeSpeed to provide ABA services to the person you are authorized to consent on behalf of (the Client). You will also be responsible for 1.) services not covered by your insurance carrier [as applicable], 2.) Co-payments and deductibles, and 3.) any expense associated with LifeSpeed collecting a debt owed to the company by virtue of a payment discrepancy. For the duration of time that services are rendered, please be aware that you and - if applicable - the person receiving services both reserve the right to withdraw from ABA support at any time without penalty, excepting any outstanding payments due from previous service dates. LifeSpeed recognizes and complies with the Behavior Analyst Certification Board (BACB) Professional and Ethical Compliance Code for Behavior Analysts. A copy of this Code can be found at:

https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english_190318.pdf

Please feel free to contact Tony Russo, the owner of LifeSpeed, at (312) 404-7225 or trusso@uptolifespeed.com with any questions or concerns about this Agreement or the ongoing ABA services being provided.

Outline of Services

- ABA services will be available to children, adolescents, and adults with or without a certain diagnosis based on the need to regulate socially significant behaviors more effectively. Certain provisions may apply regarding a specific diagnosis if someone is seeking funding for ABA support through a third-party source, such as a private insurance company or the HFS Medicaid Waiver program.
- When appropriate, LifeSpeed will offer the Caregiver contact information for other professionals who may be better able to assist with the issues the Client is experiencing.
- Services provided by LifeSpeed will focus on the development and implementation of an Individual & Family Treatment Plan (IFTP) centered on the principles of ABA. ABA services will be carried out by a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA), Registered Behavior Technician (RBT), or a highly trained Behavior Therapist under the direct supervision of a BCBA.
- LifeSpeed provides ABA services based on each Client's current level of individualized needs. The IFTP will outline both antecedent and consequence-based strategies that are centered on positive reinforcement, with the overall objective of increasing the Client's opportunities for rewarding and meaningful experiences.



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- All recommendations contained in the IFTP will be explained to the Client and Guardian(s) prior to implementation. The assigned BCBA will thoroughly answer any related questions about the Assessment(s) used or service(s) recommended.
- ABA services are those services provided by LifeSpeed that seek to directly benefit the Client and include but are not limited to research for and development of the IFTP, on-going data collection, data analysis and graphing, implementation of behavior-based techniques during the course of sessions, IFTP revisions, collaboration and supervision amongst LifeSpeed colleagues to ensure best practices, and thorough training of Caregivers and any associated service providers.

Note: Caregiver participation is a necessary expectation of effective ABA service delivery; this may include but is not limited to attending and contributing to support team meetings, accurately collecting data, and consistently implementing the recommended strategies. If there is lack of Caregiver involvement, LifeSpeed reserves the right to reconsider the appropriateness of the recommended services. LifeSpeed recognizes that Caregiver feedback is integral to implementing best practices, and as such constructive recommendations are always welcome. Nevertheless, LifeSpeed reserves the right to implement said suggestions per the Supervising BCBA's professional experience, in addition to relevant research related to the Client's goals. Please review the Caregiver Handbook for a detailed description of relationships and expectations.

Additional Important Information

All employees of LifeSpeed are committed to providing consistent, professional ABA services as scheduled and agreed upon in advance. Excessive cancellations may result in termination of the relationship, as consistency of implementation is crucial to Client success. Please be aware that all LifeSpeed employees are required to share Client information with Tony Russo to ensure efficient service delivery. Additionally, other LifeSpeed team members may be viewing sensitive information despite a Client not being under their direct care - as applicable and at the complete discretion of Tony Russo unless otherwise agreed to in writing by both parties.

LifeSpeed follows the standards set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and treats all Client information as sensitive unless otherwise informed, in writing, by the Client that such material should be shared with a third party. There are situations that are exempt from Client consent, such as in cases of abuse/neglect, when a LifeSpeed employee is aware of a Client's intention to harm himself/herself or another person, and any other information as required by existing State and Federal laws.

Note: All LifeSpeed employees are mandated reporters and are required to call the Child Abuse Hotline when they have reasonable cause to believe that a child known to them in their professional or official capacity may



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be an abused or neglected child. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation. Furthermore, if any LifeSpeed employee suspects the abuse, neglect, financial exploitation, or self-neglect of an adult who, because of a disability or other condition/impairment is unable to seek assistance for himself or herself, the person must report this suspicion to an agency designated to receive such reports immediately.

Consent for Services

Your signature below indicates that you have received and read the information in this document. Consent by an authorized person on behalf of the Client is required prior to the implementation of any ABA services. Please direct any question/concerns you may have to Tony Russo, owner of LifeSpeed, at trusso@uptolifespeed.com prior to signing.

The above-stated policies have been fully explained to me. I understand everything outlined in this Agreement, agree to abide by any conditions set forth herein, and freely give my consent to LifeSpeed for ABA services to be implemented as proposed.

Signed this _____ day of _____, _____.

COMPANY:

LifeSpeed: Behavioral Support Services, LLC

By: _____
Supervising BCBA Name

Supervising BCBA Signature

CLIENT:

Client Name

Client Signature (if appropriate)

PARENT/GUARDIAN:

Parent/Guardian Signature