

# Treatment/Assessment Agreement

This agreement is hereby made and into this day of \_\_\_\_\_ by and between \_\_\_\_\_ and Hudson Valley Licensed Behavior Analyst, P.C.

The said parties, (do/do not) hereby agree to the following:

**Consent For Treatment.** I give consent for evaluation and treatment to be provided for myself/my child by Hudson Valley Licensed Behavior Analyst, P.C. I understand that I can revoke this consent for treatment at any time in writing to Hudson Valley Licensed Behavior Analyst, P.C.

**Payment Agreement.** I assume full responsibility for and agree to pay all costs, charges, and expenses for services rendered. Each bill shall be paid in full at time of service or on date stated on bill. I agree to pay all costs and fees, including attorney fees, in the event Hudson Valley Licensed Behavior Analyst, P.C. brings any action because of any failure by someone or me on behalf to pay Hudson Valley Licensed Behavior Analyst, P.C. bills in full.

**Preauthorization Requirements.** I understand that it is my responsibility to obtain all pre-authorizations and to comply with all requirements of any insurance plan that I am relying on for coverage of Hudson Valley Licensed Behavior Analyst, P.C. charges.

**Cancellation Policy.** Should I be unable to attend my scheduled appointment, I will notify by phone my clinician, leaving a message as necessary. I understand that I will be billed a regular therapy fee if the clinician has not been notified at least twenty-four hours prior to my scheduled visit. Please note that insurance will not reimburse for missed appointments.

**Treatment Cooperation.** I agree to cooperate with Hudson Valley Licensed Behavior Analyst, P.C.'s efforts to provide services to my child and my family and I will participate in the treatment process and will follow through with any interventions recommended by Hudson Valley Licensed Behavior Analyst, P.C. I agree to notify Hudson Valley Licensed Behavior Analyst, P.C. of any changes in diets, medication, or the addition of other treatments prior to the onset of these changes.

**Therapists.** Hudson Valley Licensed Behavior Analyst, P.C. will supervise and monitor services provided to me by Hudson Valley Licensed Behavior Analyst, P.C. therapist. All scheduling will occur between the therapist and myself. Therapists are not permitted to babysit for their clients at any time or under any circumstance.

**Solicitation.** I agree not to solicit the Hudson Valley Licensed Behavior Analyst, P.C. staff that work with my child. This includes babysitting, extra therapy hours, etc.

**Risks.** I understand that there is a risk associated with any type of therapy or intervention. I agree that to the fullest extent of the law, Hudson Valley Licensed Behavior Analyst, P.C. shall not be liable to the client for any special, indirect, or consequential damages whatsoever, whether caused by Hudson Valley Licensed Behavior Analyst, P.C. negligence, breach of contract, or other cause whatsoever including, but not limited to, loss of behavioral consulting services and the costs related to locating a new provider of such consulting services. This does not include willful or intentional wrongs.

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Signature of Parent/Guardian

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Printed name of Parent/Guardian

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Date