Client Services Agreement

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Welcome to Peak Behavioral Center! We are excited to work with you and your family. Our center offers an interactive approach to providing therapy to your child. Our Mission is to make a positive impact in the lives of individuals, families, and communities by providing services that not only change the lives of children but their families as well. We are committed to helping you and being there with you every step of the way. The purpose of this agreement is to provide clients and their families with guidelines, policies, and expectations involved with receiving service and interacting with Peak Behavioral Center. At any time, please don't hesitate to ask questions or for clarification.

1. Parents' Active Participation: As part of the services provided by Peak Behavioral Center you will receive parent training and consultation services in Applied Behavior Analysis and how it will be utilized to treat your child. Your child will receive direct intervention services in our clinic (or other approved settings), as authorized by your health plan or other funding source. In addition to the treatment we provide, we work to guide you and provide consultation on strategies and tools you can use at home.

Participation in intervention services can result in a number of benefits to you and your child. In order to increase the changes of these benefits (skill acquisition, relief for stressful situations at home or in public, increased bonding between child and parents, and more), cooperating and coordinating with your service team is imperative and required. Intervention services require active involvement on your part to consistently follow through with the Behavior Intervention and Skill Acquisition/Treatment Plan set up for your child, collection of behavior and skill acquisition data and completion of homework assignments.

Lack of parent follow, commitment, or intervention of services with the appropriate guardian may result in termination of services. It is only our goal to improve the lives of our client families and we share that expectation with everyone involved. Interactions with clients and families will be documented. Most funding sources require at least one hour of parent training per month or at least three hours per quarter. Parents/Guardians are expected and encouraged to reach out to their BCBA via email, in person, or via call/text (phone communications must be approved by any Peak Behavioral Center employee whose information is requested). If the employee does not wish to provide their phone number, our office will be available to receive phone and text messages as an alternative.

Data Collection: Parents may be requested to collect both skill acquisition and ABC data for targeted behaviors. Data is critical in evaluating the effectiveness of treatment and behavior plans. Your service team will also be responsible for collecting data at each direct session. Such data, collected by staff and parents, assists with plan progress, adjustments, and communicating the appropriate information with the funding agency. All funding sources require analysts to document client progress and parent involvement in assessment and/or reassessment reports. All funding sources require that these reports be signed by the parent/guardian. Our office will send these documents to be signed by the parent/guardian. Please review, sign, and return assessment reports as soon as possible to avoid delays to treatment, authorizations for treatment, and potentially delays in service. If there is an issue or question concerning the report, please contact the BCBA directly. It is imperative that the reports be returned in a timely manner as we are not responsible for delays in service or authorization of services if client signatures are delayed. When an authorization expires due to reports not being submitted on time to continue services, ABA services may be placed on hold until the authorization is approved. There is not a guarantee that the same team members will be available once services resume.

2. Cancellation Policy

Cancellations must be given as soon as possible. Please be aware that sudden cancellations can affect your service team negatively and create scheduling conflicts for our daily operations and impact other families. By initializing below, the client agrees to provide cancellations, schedule changes, and all other relevant information as soon as they are aware of it. By initialing below, client understands that multiple and/or consistent schedule changes/cancellations may result in, but is not limited to:

- Change of Schedule - Notification will be sent via email, text, or phone call
- Services being placed on hold - Notification will be sent via email, text, or phone call
- Termination of services and subsequent discharge from Peak Behavioral Center

We will make our best efforts to work with clients with challenges, concerns, or any other situation that may affect their child's attendance. If there are any concerns or questions, please do not hesitate to ask our staff or directly speak with either Adam Schneider or Megan Gilbertson. Our goal is always to provide the best service possible and this begins with full cooperation, collaboration, and coordination from each client and their family. We value your feedback and want to know, as soon as possible, if we can assist in anyway

Excessive cancellations may result in a fee of $35 may be charged (unless a fee is not allowed under your insurance). Before a fee is charged, one notification via email will be sent to families in the hopes of ending consistent cancellations. This fee is to protect our staff who are financially impacted when cancellations become excessive.

Peak Behavioral Center reserves the right to cancel services. We will always communicate the intent to cancel services in advance and to coordinate solutions for families to avoid cancellation if possible. Further issues and/or lack of cooperation, communication, and collaboration will result in termination of services and discharge from our program.

3. Peak Behavioral Center Cancellations

We will always make our best efforts to coordinate and communicate a cancellation as soon as we are aware of it. It is important to note that accidents, emergencies, and unforeseen circumstances may occur that require us to cancel an appointment and request that your child be picked up from our clinic. We take as many measures as possible to avoid this. In the event of a cancellation, we will contact you and, if needed, all other contacts we have to notify you of a cancellation. If scheduling challenges or other obstacles consistently create an issue that causes a cancellation, we will do our best to accommodate and create solutions to improve the situation. Again, if there are ever concerns, questions, or proposed solutions in these situations, don't hesitate to contact our office.

4. Ability to Serve Policy

As a parent, guardian, or family member, you are presented with challenges that can be difficult, emotionally taxing, and more. As your provider, this is at the forefront of our minds as we work with your child. When your child is with our team, we consider the best way to approach scenarios and situations that may arise involving your child being sick, progress towards their goals, and what is only best for your family. Our policy is to always work towards being able to not only service your child but to provide the best service possible.

In the event that your child is:

- Sick with a fever, diarrhea, vomiting, or other potentially concerning symptoms
- Excessively tired to a point where treatment can't occur
- Experiencing or being influenced by another factor that makes treatment unethical or not possible

We will immediately contact and consult with you on the best course of action. Please be reminded, our team consists of Behavioral Analysts, Registered Behavior Technicians, and administrative staff. We are not doctors, nurses, or professionals in a position to advise administering medication (especially those involved with syringes or other sharp objects or other treatment that a Medical Doctor (MD) or Pro re nata (PRN) nurse can administer). As the parent/guardian of your child, we respect and will follow your advice as long as it does not create an unethical situation for our licensed staff.

In the event that we are not able to service your child under any situation, we will contact all contacts available to pick up the child. Please note that we are a behavioral clinic and are not a daycare so allowing a child to stay strictly to care for them outside of behavioral services is not allowed and will not be encouraged. As mandated reporters, it is our therapists and analysts responsibility to report children who are not picked up by their guardian and are left in our care when we cannot reasonably serve them. We prefer to avoid this outcome as we understand that situations arise that create difficulties in everyone's daily life. We will always make numerous efforts to contact you.

5. Direct Service Providers Peak Behavioral Center selects your treatment team based on the individual needs of your child, the company is unable to guarantee that your child will have a particular therapist or supervisor. Due to scheduling conflicts and other unforeseeable circumstances, staff changes may occur. Therapist availability is subject to their current caseloads and availability, location and insurance credentialing. If you need to change your child's weekly therapy time, ABA cannot guarantee that your current therapist and/or supervisor will be available during that time. We will always notify your family as soon as we are aware of changes with your direct service provider that affect your service.

6. Confidentiality:

Duty Not to Discuss or Disclose Certain Information:
Peak Behavioral Center acknowledges that during the term of this Agreement, we may have access to and become acquainted with confidential information of the Child, the Client and/or the Child's or the Client's family. Peak Behavioral Center agrees that it will not discuss or disclose any information of a confidential nature, directly or

indirectly, or use any such information with any third party either during the term of this Agreement or at any time thereafter, except as required by law, unless it obtains the prior written consent of the Client.

7. Confidentiality of E-mail, Cell Phone, and Fax Communications:

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Peak Behavioral Services at the beginning of consultative services or direct intervention services if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Peak Behavioral Center has a signed business agreement with G-Suite for HIPAA secured emails and we aim to provide services in an atmosphere of trust. All records are kept in a safe, secure environment. All services are confidential except to the extent that a release of information is authorized in writing by the client and/or caregiver or under other conditions as mandated by state or federal law.

8. Performance of Peak Behavioral Center Employee's, Agents or Representatives:

The Client understands and agrees that, pursuant to the laws of the State of Florida, Peak Behavioral Center, its employees, agents and/or representatives are mandated to and shall immediately report and/or notify any governmental agency of any and all indications of child, dependent, elder, or domestic abuse and/or child, dependent, or elder neglect observed or detected before, during or after the completion of any session. Moreover, the Client understands and agrees that, pursuant to the laws of the State of Florida, Peak Behavioral Center, its employees, agents and/or representatives are not permitted to remain in the home alone with any minor, child or dependent for the purpose of providing services unless such minor, child or dependent is accompanied by a parent or assigned caretaker present in the home at all times throughout the session (this includes opportunities to practice skills in the community, be it in the front yard, walk to the local park, or away from the home). Aside from the care and safety of your child, we value the learning opportunities for parents and caregivers which are presented across treatment locations. For these purposes, “assigned caretaker” includes any employee, agent and/or representative employed, hired, or otherwise retained by or from another professional caregiver. Accordingly, the Client agrees that if he or she leaves or is otherwise not able to be present for any reason whatsoever at any time prior to the completion of such session, Peak Behavioral Center shall immediately terminate such session and promptly leave the premises. Finally, the Client understands and agrees that it shall not request or otherwise seek to have Peak Behavioral Center, its employees, agents, or representatives take any responsibility whatsoever for the temporary custody of the Child.

9. Assigned Caretakers:

Assigned caretakers must be 18 years of age or older. Peak Behavioral Center therapists and supervisors are not permitted to remain in the home with the child if the assigned caretaker is a minor. The client agrees to assign only individuals who are 18 years of age or older to be present when the parent is away from the home during Peak

Behavioral Center sessions. Proof of age identification is required of the caretaker, both in the home or when picking up from our center. It is the responsibility of the parent/caregiver to provide assistance during an accident or emergency situation regarding the client that may arise during treatment. The parent or designated caregiver is also responsible for changing client's diapers or assisting the client in the bathroom as needed; staff are not permitted to change diapers or clean toileting accidents in the home or a daycare unless a toilet training program is being implemented. Client will notify Peak Behavioral Center if a person other than the assigned caretaker will be picking up from our center. Proof of identity will be required at pickup.

10. Daycare:

If services are to be provided at a daycare, staff members are not permitted to be alone with the client and the daycare is considered the caregiver responsible for the client. Staff members are not permitted to sign any documentation with the exception of a sign in/sign out form. It is the parent's responsibility to communicate with the daycare for approval of services in their setting and to communicate with Peak Behavioral's management team if the daycare requires background checks for all team members. It is also the parent's responsibility to inform the daycare that a team member is not responsible for toilet training unless a toilet training program is implemented. Please be advised that we are not a daycare provider of any kind. You are responsible for having your child picked up on time when we are unable to service them and communicate a need for pickup. You are also responsible for picking up your child on time everyday.

11. Videotaping/Recording by Peak Behavioral Center:

To track your child's progress more effectively, Peak Behavioral Center has a camera system installed in the clinic that is actively recording clinic operations. The purpose of the video is to enable Peak Behavioral Center staff to review your child's program, progress, staff performance, and to ensure the quality of our program. These videotapes are strictly confidential and will be stored as a part of your child's confidential record. These videotapes will not be shared with anyone without your explicit permission. These videotapes are not available to the client or other third parties unless a written request is made and to the extent outlined in state and federal law. By acknowledging this form, you are aware of the camera system and its purpose. Clients, parents or other third parties are not permitted to videotape intervention sessions.

12. Observations by Outside Agencies/ School Personnel: Outside individuals that are involved in the Client's program (such as representatives from the child's school or school district as well the client's teacher, or outside therapists) may observe an intervention session only when the supervisor is present. We request that clients contact a supervisor advance to request their presence at the session during which an outside individual wishes to observe. Direct service providers other than the supervisor are not permitted by company policy to interrupt their session to respond to questions by outside individuals nor are they permitted to conduct a session with an outside individual present without supervisor approval.

13. Schedules: Consistent scheduling, advance notice, and flexibility allow us to create a schedule that creates the most stable environment for therapy to be given. We ask all families to consider not only their child when making requests but also our team's commitment to your child. Schedules are created by finding the best fit between client and therapist/analyst availability. During onboarding, we will ask about your current availability. We will do our best to match that availability with our staff's availability. After review of our schedule, we will provide time slots for service that are available. Concerns for scheduling should be addressed during onboarding. Requests for availability and potential changes of any kind to the schedule must be communicated via email to our office before Wednesday of the current week. Requests will not be accepted for the current week. We cannot guarantee that the schedule change will be effective the following week based on a variety of factors (staff commitments and time off requested for example) though we will always communicate throughout the process and do our best to accommodate the request. Frequent and/or sudden changes to the schedule may result in a change of therapist, a hold on services, and can impact your child's progress. We ask all families to provide notice of changes with ample notice. Please be advised that Peak Behavioral Center cannot and will not schedule a child for services for more than 8 hours a day per maximum allowed requirements by all insurance payers.

14. IEP/Collaborative Meeting Attendance: Staff may be available for IEP meetings by request of the family. We request that the parent or primary caregiver discuss upcoming IEP meetings with the supervisor with as much advance notice as possible to increase the likelihood that the supervisor's schedule will allow for attendance at the IEP. It is important to note many health plans do not fund behavioral service providers to attend IEP meetings. Please discuss this with your team supervisor and with your funding source to resolve any issues or concerns with this policy.

15. Background Clearance/Qualification Recognition of all Staff: Please note that the requirements for all RBTs and BCBAs include a background check, clean record, and being above the age of 18 in order to receive their licenses. Many of our behavior technicians and Lead Analysts are enrolled in a Master's Program for Applied Behavior Analysis and working towards furthering their career/qualifications to a higher level in the field of ABA.

16. Client/Family Relationship: It is imperative that employee/client relationships remain professional. Expectations include

1. Staff will not discuss their personal life or the personal life of any other staff member.
2. Staff will not baby-sit or work in any other capacity with the client outside of employment by Peak Behavioral Center without prior approval from the Owner or Director of Operations.
3. Clients are prohibited from leaving the child or siblings home alone during therapy sessions. Someone approved by the client's parent/guardian who is 18 or older must be always present.
4. Staff are never allowed to leave the client's house with the child without a parent or adult caregiver present. A parent or caregiver must be always present at the session. Outings outside the home/school require parents be in close proximity. This applies to outside play in the yard or taking a walk. Parents must be in plain view at all times. At beach camps/pools, employees are not allowed to swim or go in the water without prior approval from the Owner or Director of Operations.

5. Employees may accept small tokens of appreciation (e.g., notes, handmade cards, etc.) from clients/parents, however, we ask that such tokens not exceed $10.
6. Staff are only permitted to work during a client's party if there is written protocol they will be working on, and approval is obtained from the supervisor.
7. Staff are not allowed to ask for contributions from clients for fundraisers nor are they allowed to contribute to client involved fundraisers.
8. Staff shall not comment or discuss opinions pertaining to the child's functioning level and outcome. Comparing or discussing other children, including the use of first and/or last names, is a breach of client confidentiality and is strictly prohibited.
9. Staff shall not discuss their schedule or availability with clients. All client schedule changes must be relayed through the supervisor or company scheduler. The supervisor will coordinate the client schedule changes with the scheduler.

17. Supervision of Treatment Team & Family Guidance sessions: As required by your insurance, BCBAs will supervise therapists during the course of your child's treatment. Please be aware that insurance only provides a limited amount of time that BCBAs can supervise. Supervision is always done in person with your therapist actively working with your child. Over the course of your child's time with us, BCBAs will be available for family guidance sessions to provide you with skills, tools, and strategies that can assist with everyday aspects of your child and family's life. These sessions are typically no longer than 1 hour. We highly encourage clients to have a line of communication with their BCBA to discuss any concerns, questions, or information pertaining to family guidance, resources, and other evolving situations with their child and their treatment.

18. Materials: Peak Behavioral Center staff members may bring a set of toys and materials to your home for the purposes of providing therapy. These toys are the property of Peak Behavioral Center and are for the sole purpose of therapeutic intervention. We may recommend you purchase some additional toys for your child's therapy session as well.

Supplies and Snacks

Please pack a lunch, snack, and drink every day or you may drop off snacks and drinks in bulk, if you wish. For children who are not yet toilet- trained, please send a supply of diapers and wipes to keep at the center. Please send your child in closed toe shoes for safety. Please send a change of clothes (2) as well. We will contact you when supplies run low, for restocking purposes. Peak Behavioral Center is not responsible for these supplies for your child.

19. Solicitation of Peak Behavioral Employees: The Client understands and agrees that Peak Behavioral Center staff may not work for the Client on a private basis under any circumstances. Peak Behavioral Center will immediately terminate services with the Client if the Client attempts to solicit any of Peak Behavioral Center employees for private work during or outside of normal business hours.

20. Working Environment: It is the duty of the Client's family to provide a safe and comfortable working

environment when in the client's home. We will terminate services if a therapist is made to feel unwelcome, uncomfortable, or unsafe in the environment (in accordance with state and federal OSHA requirements). Peak Behavioral Center reserves the right to terminate services if a client's home is unsanitary (e.g., visible urine and feces, dirty diapers left on the floor; pests, excessive smoke etc.) and not conducive to the provision of services.

Furthermore, Peak Behavioral Center adheres to a zero-tolerance policy related to the discrimination and harassment of others based on age, race, gender, ethnicity, culture, language, religion, national origin, sexual orientation, socioeconomic status, or disability. As such, should any person, be it employee or client, feel that they are being discriminated against, harassed, or have been subjected to hostile actions or communication, Peak Behavioral Center will take immediate action to investigate the occurrence and take appropriate action.

Finally, the Client understands that it is inappropriate for the Client, or members of the Client's family, to discuss any issues of a personal nature which do not relate to the Client's program with any Peak Behavioral Center staff members. Employees of Peak Behavioral Center will not engage in conversations which are outside of the scope of the child's ABA treatment as this may lead to a dual relationship or one that conflicts with providing professional and excellent treatment to your child.

21. Privacy Notice under Health Insurance Portability and Accountability Act: The HIPAA Privacy Rule, effective April 14, 2003, established national standards to guard the privacy of a patient's protected health information. Peak Behavioral Center will collect certain confidential information regarding the client, the family, and the clinical services provided on behalf of the client. This information will be kept private. The confidential information will be shared with the service provider with whom we have a contractual relationship on behalf of the client.

The HIPAA Security Rule, effective April 20, 2005, requires that our employees adhere to controls and safeguards to: (1) ensure the confidentiality, integrity, and availability of confidential information; and (2) detect and prevent reasonably anticipated errors and threats due to malicious or criminal actions, system failure, natural disasters and employee or user error. Such events could result in damage to or loss of personal information, corruption or loss of data integrity, interruption of agency activities, or compromise to the privacy of agency clients, employees, and their records .If you have questions regarding the agency's HIPAA compliance practices, please contact the Director of Operations of Peak Behavioral Center, at 321-800-3770.

22. Client Satisfaction/Concerns/ Suggestions

At Peak Behavioral Center we strive to ensure that all families are completely satisfied with the services we provide. We do realize, however, that differences or difficulties may arise between families and staff members. Families are free to discuss their problems and suggestions with management. If any such situation occurs, please call the Director at any time at 321-800-3770.

23. Termination of Services:

Peak Behavioral Center operates under the idea that treatment is only continued when there is a benefit to the client. Peak Behavioral Center may terminate services at any time. Before discharging, we will always communicate and discuss this with you or any designated family member. Services may be terminated for reasons including but not limited to:

- Treatment goals have been met. BCBA recommends and asserts that discharge is appropriate.
- Communication, behavior, or situations caused by the client or anyone associated with them that are detrimental to client needs, staff safety, clinic operations.
- All other relevant reasons that discharging makes sense.

You have the right to stop treatment at any time. If maintaining staff in the home becomes an issue, termination may be necessary, although referrals to other providers can be made available upon request. Consistent cancellations and/or changing of schedules can lead to difficulty maintaining staff and could result in termination.

We require that sessions should be at least three hours in length. Disrespectful treatment of staff can result in termination of services. Failure to follow policies/procedures may result in termination of services.

24. Informed Consent for Behavioral Services:

I hereby voluntarily apply for and consent to services by Peak Behavioral Center. This consent applies to myself or the client named below. Since I have the right to refuse services at any time, I understand and agree that my continued participation implies voluntary informed consent. I understand and agree that my disclosures and communications are considered privileged and confidential except to the extent that I authorize a release of information or under the other following conditions: (1) where abuse or harm of a minor, disabled, elderly or an incompetent individual is known or reasonably suspected; (2) where an immediate threat of physical violence against a readily identifiable victim is disclosed; (3) other conditions as mandated by state or federal law.

Liability Release:
In no event or under any circumstance, will I hold Peak Behavioral Center, or any employee of Peak Behavioral Center liable for any damages, including but not limited to: personal injury, medical expenses, loss of wages, loss of profits, or other incidental or consequential or special damages arising out of the operation, performance, instruction, therapy, training, consultation, supervision, service, participation, application, coordination, and any other factor relating to the ABA treatment/therapy/consultation sessions, administration, or any other kind of work provided Peak Behavioral Center.

25. Client Financial Responsibility

1. **Financial Responsibility:** I understand that Peak Behavioral Center will make all reasonable attempts to bill my insurance company first (to the extent permissible by state and federal health insurance laws) and will work with me to address potential barriers or denials. However, in the event that my insurance company does not pay for any portion of services provided, I agree and acknowledge that I am responsible for any fees remaining. Client will always be contacted with an invoice explaining the charges. All invoices are due upon receipt. Upon request, clients may choose their form of payment. We accept cash, checks, or credit cards. Additional fees incurred due to a non-valid or returned check will be charged to the client. Anytime a client has an open balance, we will reach out to communicate that an invoice is unpaid. If an invoice is unpaid for more than 14 days, client services may be suspended, terminated, and the invoice may be sent to collections. Before discharging, suspending services, or sending payments to collections, an email and phone will be given in attempt to allow an opportunity for the client to remedy the situation.

I UNDERSTAND AND ACCEPT THAT I AM ULTIMATELY FINANCIALLY RESPONSIBLE FOR ALL CO PAYMENTS, DEDUCTIBLE AND COINSURANCE AMOUNTS AS MAY BE APPLICABLE TO PEAK BEHAVIORAL CENTER PROVIDING ABA SERVICES TO PATIENT(S). I GIVE CONSENT TO BE CONTACTED VIA ANY OR ALL CONTACT INFO THAT I HAVE PROVIDED FOR MYSELF AND/OR ON BEHALF OF MY CHILD OR CHILDREN AS PATIENTS.

Signature of Client or Legal Guardian/Responsible Policyholder:

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2. **Authorization to Release Information:** I authorize Peak Behavioral Center to release information requested by my insurance company to complete my claim.

Signature of Client or Legal Guardian/Responsible Policyholder:

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3. **Authorization to Pay Claims To Peak Behavioral Center:** I authorize payment from the insurance company to be directly sent to Peak Behavioral Center. This allows Peak Behavioral Center to file claims on my behalf.

Signature of Insured/Responsible Policyholder:

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Loss of Eligibility or Change of Insurance:

Medicaid Eligibility: Peak Behavioral Center uses a real time Medicaid Eligibility software that alerts us every morning if a child loses eligibility for Medicaid coverage, If we receive an alert your child lost Eligibility, services will be canceled immediately and will not resume until your child shows active again in the Medicaid portal.

TPL: If your child had Medicaid and is placed on a secondary insurance in which Medicaid is the third party Liability our Eligibility software will alert us as soon as it shows in Medicaid system and your child will not be allowed to receive services until authorized with wither the commercial insurance or Medicaid, Peak Behavioral Center does not accept clients on a commercial and Medicaid plan, a TPL.

Change in Commercial Insurance: If your child changes commercial insurance plans you must notify the front office immediately to ensure we are in network and to change the authorization. If claims are denied for failure to notify the office in a timely manner to determine whether or not we accept the plain and change authorization, parent/guardian will be charged for 100% of denials according to the contract rate of insurance your child was on prior to change in coverage. By signing this agreement, you agree to notify us about changes in commercial insurance and that you understand the contents of this paragraph.

Client Consent to Confidential Communications

We will need to frequently communicate with you regarding your child's treatment program, schedule, and other related matters, it is important that we have a reliable means of doing so. As such, we ask that you provide us with your preferred email(s) and phone number(s), as well as your consent to send/receive emails and confidential voicemails from us. Please initial next to each to provide consent.

Please know that while we take safeguards (e.g., communicating only what is the most essential information in correspondences) to protect you and your child's Protected Health Information, most common email addresses do not provide end-to-end encryption. As such there is an acknowledged risk to information being accessed. Should you wish for us to not send emails, please provide an alternative, preferable, more secure means of communication.

By signing this agreement, you understand that Peak Behavioral Center and its staff may send important and confidential emails to the email addresses provided on intake. You understand that Peak Behavioral Center has taken proper precautions to protect my/my child's Protected Health Information and permitting this as a means of communication is essential for treatment as there may be frequent instances where information needs to be exchanged via email between myself and Peak Behavioral Center.

By signing this agreement, you understand that Peak Behavioral Center and its staff will need to call and/or text me at times to relay information related to my child's treatment or schedule. You understand that when leaving a message, Peak Behavioral Center will not state specific information related to diagnosis, however, they will need to state who they are, from where they are calling, and a brief message related to the topic (e.g., "your session today is confirmed with Mary").

By signing this agreement, you understand that your child's lead therapist/BCBA to communicate with my child's school and/or daycare personnel (teacher, paraprofessionals, principal, etc.) or other professionals working with my child (speech, occupational, physical therapists) regarding my child's behavior goals/progress/ behavior intervention plan as needed in means to consult/collaborate with all professionals treating my child as part of a multidisciplinary team.

By signing this agreement, you consent to this confidential communication. Should your contact information change at any time, you agree to update Peak Behavioral Center and its staff so that we may maintain communication related to my child's treatment program. Should you wish to withdraw my consent to any of the above, you understand that I must submit a written request.

HIPAA Informed Consent Release Agreement

By signing this agreement, you understand that you hereby give consent to and authorize all treatment that may be advisable or necessary. This above consent shall apply to all sessions now and in the future, unless you revoke this authorization via written certified letter sent to the following address. The effective date of the revocation will be the date the letter is received by Peak Behavioral Center at 1329 Winter Garden Vineland Rd Ste 110 Winter Garden FL 34787

Furthermore, you agree that you will inform Peak Behavioral's office of any changes to Patient(s) medical history, insurance coverage, telephone number and/or address as they occur and, periodically, verify that my Patient information on record is accurate. You certify that this information is true and correct to the best of your knowledge.

You understand that Peak Behavioral Center will retain Patient(s)' medical records for the greater of six (6) years or the period required by applicable state or federal law, whichever is longer, after which they will be destroyed unless legally required otherwise.

You also authorize payment of medical benefits to Peak Behavioral Center when an assigned Patient(s)' claim is filed.

Also, your signature authorizes Peak Behavioral Center to release any medical information necessary to process Patient(s)' insurance claims or to other health practitioners for on-going treatment purposes including but not limited to my child's school and/or daycare personnel (teacher, paraprofessionals, principal, etc.) or other professionals working with my child (speech, occupational, physical therapists)

Furthermore, your signature below acknowledges that Peak Behavioral Center has provided you with a Notice of Privacy Practice which describes how medical information about Patient(s) may be used and disclosed and how you can get access to this information, in compliance with HIPAA.

I have read and understand Peak Behavioral Center's Patient Information Policy & Informed Consent Release Agreement and Notice of Privacy Practice and agree to their terms. By signing this agreement you attest that all information given to Peak Behavioral Center is known to be valid and true. A photocopy of your consent and release may be used in lieu of the original.

26. Medication Administration Policy

Our program does not directly administer medication to children. However, we understand that some children may require medications during the course of the day. We are committed to supporting families by providing information and assistance with any questions they may have regarding medications and potential accommodations.

We do not administer medications to children, including over-the-counter and prescription medications. If a child's health or medication needs change, families should inform us as soon as possible to allow us to assist with planning any necessary accommodations or support strategies. We will work collaboratively with families to identify appropriate accommodations or actions, keeping the child's health and safety as our primary concern.

If an accommodation is needed, families should provide written documentation from a licensed healthcare provider. A signed authorization may be required for us to work with other medical professionals if necessary for health-related concerns.

If a medical emergency arises, immediate action will be taken according to established emergency procedures, including contacting the family and/or emergency services as needed.

27. Nail Cutting Authorization

To avoid injury to our staff and to maintain safety for your child, we may need to cut down or trim your child's nails. By signing this agreement, you authorize us to trim and/or cut down your child's nails. If you do not wish for your child to have their nails cut by us, please make sure they are the appropriate length so as to not allow for the injury of Peak Behavioral Center staff.

28. Photo Release

By signing below, I grant permission to Peak Behavioral Center to take photographs and/or video recordings of my child during therapy sessions, center activities, events, or outings.

I understand that these images and recordings may be used for:

- Clinical purposes (documentation, supervision, training).
- Internal communications within Peak BC.
- Marketing or promotional purposes, including but not limited to social media, newsletters, websites, and printed materials.

I acknowledge that my child's name and personal information will remain confidential and will not be disclosed in any public use of the images or recordings. This release is voluntary, and I understand that I may withdraw consent at any time by submitting a written request to Peak BC administration.

29. Client Acknowledgement

By signing this client agreement, you are acknowledging that you understand the above conditions of service and commit to Peak Behavioral Center policies and procedures. By Signing Below, I am confirming that I approve of the medically necessary treatment for ABA services. I accept that during treatment I am expected to implement home based treatments, and should I have any concerns, I should contact my child's supervising BCBA or the Center's Director to discuss these concerns.

I have read, understand, and will adhere to this Client Service Agreement.

Client's Name: _____

Parent's Signature: _____