

Dear Prospective Family,

Thank you for choosing A Behavioral Approach LLC for your child’s education. Below you will find a checklist of documents that need to be returned to our office after receipt of this letter. Please do not hesitate to contact our office at 860-531-9621 if you have any questions. Documents can be faxed to 860-391-8668.

**Admissions Checklist**

* General Information Form – Complete and Return
* Client Medical Information Form (3 pages) – Complete and Return
* Emergency Contact/Medical Treatment Release Form – Complete and Return
* Additional A Behavioral Approach Policies (3 pages) – Sign and Return

\*\*Please retain a copy for your records\*\*

* Authorization to Release Information Form – Complete, Sign and Return
* Video Taping/Photography Consent Form – Complete, Sign and Return
* HIPPA Notice of Privacy Practices (3 pages) – Sign and Return

\*\* Please retain a copy for your records\*\*

* Additional information:
* Please provide a copy of your child’s most recent IEP.
* Please provide a complete, and most recent, diagnostic evaluation.

Thank you,

A Behavioral Approach, LLC Office Staff

Phone: 860-531-9621

Fax #:860-391-8668

Email: office.abact@gmail.com



**General Information Form**

**Name of Child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Please provide us with some information about your child:

Y\_\_\_\_ N \_\_\_\_ Behavioral Support (i.e. aggression, repetitive behaviors)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y\_\_\_\_ N \_\_\_\_ Social Skills Support (i.e. interactions, perspective taking)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y \_\_\_\_ N \_\_\_\_ Self Help Skills (i.e. toileting, community skills)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there additional service(s) that you interested in?**

\_\_\_\_ BCBA Consultation/Parent Training \_\_\_\_ ABA Therapy at Home/Community

\_\_\_\_ Social Skills Group \_\_\_\_ Other (daycare, Clinic, schools)

If other, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other information you would like us to know regarding your request (i.e. specific behaviors of focus not noted above i.e. toileting, tying shoes):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Student Medical Information**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnoses**: Does your child have any diagnoses? \*\* Required for insurance coverage.

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Diagnosing Physician | Date Diagnosed | Diagnosis Code |
|  |  |  |  |
|  |  |  |  |

**Medical:**

|  |
| --- |
| **Medical Conditions: (Seizures, etc.)** |

|  |
| --- |
| **Medications:** (Please list all medications your child is currently taking). |

**Dietary:**

|  |
| --- |
| **Food Allergies:** Please list any food allergies your child has and the severity of each allergy. |
| **Other Allergies (Bee stings, etc.)** Please list any other allergies your child has and the severity of each allergy. |
| **Any specific diet needs/restrictions?** |

**Other:**

|  |
| --- |
| **Any significant medical family history?** |

|  |
| --- |
| **Any surgeries or hospitalizations? Please include dates, procedure, and location.** |
| **Is your family involved in any legal disputes?** |
| **For Children 12 and older:** Has your child abused alcohol or drugs (can include prescription drugs)? |
| **For Children 12 and older:** Has your child used nicotine? |



**Emergency Contacts**

**1) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Medical Treatment Release**

**In the event of a situation requiring medical treatment, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent/Guardian)**

**hereby grant permission for any and all medical treatment to be given to my child,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by qualified medical personnel, including but not limited to (Child Name)**

**the administration of first aid, the use of an ambulance, and use of anesthesia and/or**

**surgery, under the recommendation of qualified medical personnel.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**A Behavioral Approach LLC Policies**

**Student Cancellation / No Show Policy**

A Behavioral Approach LLC understands that there may be times when school is missed due to emergencies or obligations to work or family.

However, if a child has a no show for two consecutive days, no show for three days in a month or cancel / no show for a total of four days within a six-month period, A Behavioral Approach LLC will notify the sending district and the child may discharge the student.

No-show is defined as a missed days with no notification by student, family or guardian.

**I have read and understand the above information, and I agree to the terms described: \_\_\_\_\_ Initials**

**Illness Policy**

While we understand the home sessions are very important to your child’s progress, an ill child will not perform well and may expose the staff who visit several different students during the course of a week. We follow the same policy as most schools and Daycare centers. Please use the following guidelines and keep your child home if they display the following symptoms. Your child will be sent home from school for illness or if any of these symptoms are present:

· -fever of 100 degrees or greater (before medication)

· -an undiagnosed rash

· -an earache or draining ear

· -diarrhea or vomiting

· -severe sore throat

· -persistent or severe cough

· -persistent or severe headache

· -any known communicable disease

· -evidence of head lice

If your child has a fever of 100 degrees or greater, they must be fever free without medication for 24 hours before returning to school. A child also needs to be free of diarrhea or vomiting for 24 hours to return to school.

**I have read and understand the above information, and I agree to the terms described: \_\_\_\_\_ Initials**

**Inclement Weather Policy**

A Behavioral Approach LLC has adopted the following policy for inclement weather. If local districts are closed, school will be cancelled. A Behavioral Approach will post school closings on NBC, and will send out notification to families via email or text.

**I have read and understand the above information, and I agree to the terms described: \_\_\_\_ Initials**

**Discharge Policy**

A Behavioral Approach works with students and their families to ensure our programming meets their needs. We have a team approach to a child's education and do expect both student and family participation in the program.

A Behavioral approach will not discharge a student without first consulting with:

* The student’s parents or guardian
* The district that placed the student
* Any other agencies that have a responsibility for the students educational program.

Prior to the discharge of a student from A Behavioral Approach, due to behavioral problems or unacceptable progress, we will exhaust all other reasonable alternatives. In a non-crisis, these alternative can include:

* Scheduling and convening a PPT to discuss and plan alternatives to discharging the student.
* Whenever possible, this meeting will take place at least 30 calendar days prior to the projected date of discharge.
* A Behavioral Approach will ensure that meeting notification is provided to all invited participants (including program staff, the students parent or guardian, and the placement agency). This notification will be disseminated at least 2 weeks prior to the date of the meeting.

In a crisis situation, these alternatives can include:

* A suspension of the student from the program for a maximum of 10 days
* Scheduling and convening a PPT to discuss and plan alternatives to discharging the student prior to the end of the students suspension.
* A Behavioral Approach will ensure that meeting notification is provided to all invited participants (including program staff, the students parent or guardian, and the placement agency). This notification will be disseminated at least 2 weeks prior to the date of the meeting.

Should the student be discharged from A Behavioral Approach, A Behavioral Approach will send the parents and or guardian a discharge letter, within 5 days with updated progress and or a program summary.

**I have read and understand the above information, and I agree to the terms described: \_\_\_\_\_ Initials**

\*Additional policies and procedures are available upon request.



**AUTHORIZATION TO RELEASE INFORMATION**

The confidentiality of personally identifiable information is required under the policies and procedures outlined in Connecticut General Statutes, EHA-B Reg. 300-129, and the Family Educational Right and Privacy Act (34 Code of Federal Regulations Part 99), as well as A Behavioral Approach LLC and procedures. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes, policies and procedures.

I, in behalf of myself, or as parent or guardian, authorize A Behavioral Approach LLC to obtain and/or release information to the following:

|  |  |  |
| --- | --- | --- |
| Name of Person and/or Organization | Address of Person and/or Organization | Phone # |
|  |  |  |
|  |  |  |
|  |  |  |

This information pertains to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s Name) (Date of Birth)

The information obtained/released may be used only for the following purposes:

\_\_\_\_\_\_ Assessment & Treatment Planning \_\_\_ Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This release remains in effect for one year from date of Authorization, unless specifically withdrawn, in writing, by parent or guardian.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ Guardian) (Date)

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Video Taping/Photography Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be videotaped or photographed by A Behavioral Approach LLC for one or all of the following purposes:

\_\_\_\_\_\_ Education and/or Program Materials

For the purpose of creating educational and/or program materials that will describe the nature of A Behavioral Approach LLC techniques, services or aid in the understanding of applied behavior analysis. These videotapes or photographs will be used to post on the A Behavioral Approach LLC Website, Social media page, Release to the media to promote an event, or as needed from time to time for A Behavioral Approach LLC purposes.

\_\_\_\_\_\_ Education and Treatment Planning

I understand that under this area that any videotape or photographs will be shown only to other A Behavioral Approach LLC staff or professionals directly involved in the care and treatment of my child; other professionals who may be consulting to assist in a successful treatment outcome; or to provide feedback to my child's treatment. All information obtained in these videotaped/photographed evaluation/sessions will be available to me and the video tape or photographs returned after the above stated occurrences. I also understand that neither the videotape nor the photographs will be copied or utilized for any other purposes that stated above.

\_\_\_\_ General Research and Education

My child's evaluation/session may be videotaped or photographed or both for general research and educational purposes. They may be collected to aid in the collection of data. All or some of any video tape or photograph may be used in the teaching and/or training of professionals.

I understand that the authorization may be rescinded at any time when presented in writing to A Behavioral Approach LLC by myself or other authorized guardian.

Guardian/Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**HIPAA Privacy Notice of A Behavioral Approach LLC Policies and Practices**

**“Protecting the Privacy of Your Health Information”**

This notice describes how your psychological and medical information may be used or disclosed and how you can get access to this information. Please take the time to review it carefully.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

A Behavioral Approach LLC (**A Behavioral Approach LLC’s** professional and administrative staff) may use or disclose your Protected Health Information **(PHI)**, for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

* "PHI" refers to information in your health record that could identify you.
* "Treatment, Payment and Health Care Operations"

– Treatment is when A Behavioral Approach LLC provides, coordinate or manage your health care and other services related to your health care. An example of treatment would be when an A Behavioral Approach LLC Case Manager consults with another health care provider, such as your family physician or another psychologist.

– Payment is when A Behavioral Approach LLC obtains reimbursement for your healthcare. Examples of payment are when A Behavioral Approach LLC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

– Health Care Operations are activities that relate to the performance and operation of A Behavioral Approach LLC. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

* "Use" applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* "Disclosure" applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

**II. Uses and Disclosures Requiring Authorization**

A Behavioral Approach LLC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when A Behavioral Approach LLC is asked for information for purposes outside of treatment, payment or health care operations, A Behavioral Approach LLC will obtain an authorization from you before releasing this information.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) A Behavioral Approach LLC has already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

**HIPAA Privacy Notice of A Behavioral Approach LLC Policies and Practices continued**

**III. Uses and Disclosures with Neither Consent nor Authorization**

A Behavioral Approach LLC may use or disclose PHI without your consent or authorization in the following circumstances:

· Child Abuse – If, in the ordinary course of our work, A Behavioral Approach, LLC has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then A Behavioral Approach LLC must report this suspicion or belief to the appropriate authority.

· Health Oversight Activities – If a State of Connecticut licensing board or the Department of Public Health is investigating A Behavioral Approach LLC, the board may subpoena records relevant to such investigation.

· Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and A Behavioral Approach LLC will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation or release of information is court ordered.

· Serious Threat to Health or Safety – If A Behavioral Approach LLC believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals; A Behavioral Approach LLC may disclose the appropriate information as permitted by law.

· Worker’s Compensation – A Behavioral Approach LLC may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**IV. Patient’s Rights and A Behavioral Approach LLC’s Duties**

Patient’s Rights:

· Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information. However, A Behavioral Approach LLC is not required to agree to a restriction you request.

· Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient or client of the office. On your request, A Behavioral Approach LLC will send your bills to another address.)

· Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. A Behavioral Approach LLC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, A Behavioral Approach LLC will discuss with you the details of the request and denial process.

· Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. A Behavioral Approach LLC may deny your request. On your request, A Behavioral Approach LLC will discuss with you the details of the amendment process.

· Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. On your request, A Behavioral Approach LLC will discuss with you the details of the accounting process.

· Right to a Paper Copy – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.

A Behavioral Approach LLC’s Duties:

· A Behavioral Approach LLC is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.

· A Behavioral Approach LLC reserves the right to change the privacy policies and practices described in this notice. Unless A Behavioral Approach LLC notifies you of such changes, however, A Behavioral Approach LLC is required to abide by the terms currently in effect.

· If A Behavioral Approach LLC revises its policies and procedures (for which it reserves the right to do), A Behavioral Approach LLC will provide you with a revised notice by directly handing it to you if you are actively seen in our offices at that time.

**V. Complaints**

If you are concerned that A Behavioral Approach LLC may have violated your privacy rights, or you disagree with a decision A Behavioral Approach LLC made about access to your records, you may send a written complaint to the Connecticut Department of Education.

**VI. Effective Date, Restrictions, and Changes to Privacy Policy**

This notice went into effect on November 12, 2016

***I have read and understand the above information, and I agree to the terms described:***

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student Contact Information**

**Child Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Home Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Home Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_