



## Service Agreement and Informed Consent

### Services Offered

Kimberly Macedo provides executive functioning coaching services in “Seeing my Time,” an executive functioning curriculum focused on organization and time management, along with academic and behavioral support in-home or within the academic setting. In addition to services offered we provide facilitated, on-site social skill support and individual social skill training along with Executive Functioning facilitated group sessions.

Collaboration with other providers is an integral part of successful treatment. At times it may be necessary for me to consult with other professionals involved in your child’s treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

### Approach

Kimberly’s approach to treatment is based upon her years of educational and hands-on training.

My approach has been described as warm, but direct and focuses on:

- The understanding of “ Seeing my Time” executive functioning Curriculum
- Working to better understand the function of behaviors in various settings.
- Focusing on skill building and will at times require homework between sessions.
- Tailoring treatment to meet the needs of the whole family and improve the interactions of all family members, not just the identified client.
- Recognizing your child and family’s strengths and building upon them.



Kimblery insists you not worry about the following:

- Making sure your house is perfectly clean, I understand how busy life can be and I am not here to judge you. I will always be respectful of your home.
- Apologizing for your child's behavior, that's why I am here. I understand that part of my work sometimes involves being verbally or physically aggressed against.
- Getting overwhelmed, needing a break or becoming emotional, change is hard and I am here to help!

### **Appointments**

Kimberly currently see clients Monday-Thursday and on special circumstances may choose to see clients on Friday-Sunday. Based upon the nature and location of my work, business hours will vary. Telephone calls are difficult to answer during the day as the nature of my treatment is largely mobile. Telephone messages can be left and will be returned as soon as possible. Email is the preferred way to reach Kimberly Macedo for issues surrounding scheduling sessions or calls. Please note lengthy calls or email exchanges beyond 10 minutes will be billed at the hourly rate. Confidential voicemails may be left for clinical matters. **Please note that due to the sometimes mobile nature of my practice I cannot be responsible for being a few minutes late. I will make an attempt to email, text or call you to notify you if I am going to be late.**

**Clients are billed the hourly rate for any drive time over 30 minutes from the office location. The office is located at: 13 Lodato Avenue San Mateo, CA 94403**

### **Cancellations**

Treatment sessions require a 48 hour notice for cancellation. There is no charge for sudden illness, but ample notification should be provided in the event a child is ill. Cancellations can be made via email. If services are scheduled to take place in your home and other members of your home are ill, please notify us ASAP. You will be responsible for charges of sessions not cancelled within 48 hours.

### **Confidentiality, Records and Release of Information**

All written records and information disclosed during sessions is kept confidential. I will not share any information provided without your written permission.



There are several exceptions to patient confidentiality. Under California State Law, some of the circumstances include court orders for information; suspicion of child, dependent or elder abuse and/or neglect and where a client poses a threat to the safety of self and/or property or others. If it is necessary to release information due to such circumstances, every effort will be made to first discuss the situation with you prior to the release of the information.

### **Safety**

We will assure to the best of our ability that children are kept safe during therapy. Due to the nature of behavioral therapy and social skill facilitation, children may be physically prompted (picked up, safely escorted, etc.) in a safe and non-punitive manner or you may be directed to physically prompt your child. As part of a behavioral intervention protocol, physical prompting and time-outs may also be required. **Kimberly Macedo will not utilize physical restraint nor will assist you with physically restraining your child outside of the use of body or structural proximity control.** If you at any time have questions surrounding an intervention utilized, please ask.

During the course of evaluation or treatment, young children oftentimes will seek physical contact in the form of hugs, high fives, playing out activities and scenarios with toys or sensory integration. All physical contact of this kind will be positive and safe.

### **Evaluation Process**

As part of evaluating your child, Kimberly Macedo will select evaluation tools and methods (direct observation, questionnaires, interview, play assessment, standardized tests or assessments) in light of the referral questions and will inform you of the nature and purpose of the assessment tools to be used. Following evaluation, Kimberly Macedo will meet with you to share the general results of the evaluation and recommendations about your child's needs for further services. Please note that any requested write up of this information is billable at the hourly rate.

### **Treatment and Rates**

A 90 minute intake session or at times, school observation will precede any treatment. Intake sessions typically will include a clinical meeting with caregivers and an observation of you and your child in the home.

**Please be prepared to provide payment for intake appointments at the end of the session. Following our first session, you will be billed by my bookkeeper at the end of each month.**

If a school and/or community observation is requested as part of an evaluation, this observation will be scheduled prior to our intake appointment. Scheduling this



observation prior to the intake appointment will better ensure an accurate observation of your child free of reactivity. Kimberly Macedo will work with you and the appropriate parties to determine the day, time, length and frequency of these observations.

Observations will be done in the least intrusive manner possible and results of the observation or discussion of the observation will not be shared with anyone on the date of the observation. A follow-up meeting or phone call will be necessary to discuss the observation with the site observed.

During the treatment period, I will work together to develop goals that best meet the needs of your child and your family. I may work together or meet separately with parents, caregivers, siblings and/or the child at any time during the course of treatment. Parents and/or caregivers will be active participants in all interventions as behavioral intervention typically is done as a family.

Due to the nature of consultation and direct services, observations and sessions will take place in the family home, school or community and involve travel time. The billable rate for treatment is **\$150/hour**. The treatment rate includes up to 30 minutes of travel time to our session, a 50 minute session and time for session documentation. Because treatment is an active process between myself and the family, time is available during the session for short discussion, questions or updates. If additional time is needed for lengthier discussion a separate session or phone consultation can be scheduled.

Please note that all written reports, materials developed for the purpose of treatment, attendance at meetings and collaboration with other providers is considered billable time at the hourly rate.

Clinic Treatment is billed at **\$150/hour**. Clinic treatment includes executive functioning coaching, collateral meetings or other sessions where there is no clinical indication that the sessions must take place in the home or other environment. The one hour session involves 50 minutes of direct service in the clinic, a short discussion and time to document the session. Additional questions or discussion will be set up at another time and will be billable at the full hourly rate.

Due to the nature of behavioral intervention and the importance of consistency and follow-through, situations may arise where I will be in the middle of implementing a strategy at the end of the session. Typically, the clinician will stay on site to carry out the intervention to ensure consistency and follow-through; this time will be billed at the hourly rate. If the clinician is going to be late to his/her next session, they will temporarily excuse themselves to notify the next client.



Treatment will be terminated once we jointly decide that your child has made satisfactory progress with behavioral concerns. If you decide to terminate treatment, we will discuss the decision to ensure an appropriate termination plan can be determined. Check-in and follow-up sessions will be available ongoing as needed. Please note the Seeing My Time curriculum will require commitment to a minimum of 10 sessions.

### **Payment**

Payment can be made via check, cash, Venmo or Paypal. A billing statement/invoice will be emailed by the first of each month for the prior month's services. All outstanding payments are due by the 7th of the subsequent month or subject to a **\$100 dollar late charge fee. Checks should be made payable to: Kimberly Macedo** Please note that a **\$25 dollar returned check fee will be charged for all returned checks.**

### **Insurance Reimbursement**

Currently, Kimberly Macedo does not accept insurance and insurance does not typically reimburse the services offered.

### **Consent for the Treatment of Minor Children**

Therapeutic services generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a guardian to give consent for services, Kimberly Macedo will require the guardian to submit supporting legal documentation prior to the commencement of services.



## **Patient Bill of Rights**

### **You have the right to:**

Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.

Have written information about fees, method of payment, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.

Receive respectful treatment that will be helpful to you.

A safe environment, free from sexual, physical, and emotional abuse. Ask questions about your therapy.

Refuse to answer any question or disclose any information you choose not to reveal. Request that the therapist inform you of your progress.

Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

Refuse a particular type of treatment or end treatment without obligation or harassment. Refuse electronic recording (but you may request it if you wish).

Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment

Report unethical and illegal behavior by a therapist

Receive a second opinion at any time about your therapy or therapist's methods.

Request the transfer of a copy of your file to any therapist or agency you choose. source: California Department of Consumer Affairs



### Consent

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms.

By signing this contract, I agree to the terms and conditions outlined above and authorize Kimberly Macedo to provide assessment and/or treatment services to my child and/or family. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above. Additionally, I agree to the terms of the Independent Contractor agreement outlined in this service agreement.

\_\_\_\_\_ Client or Child's name

\_\_\_\_\_ Client or Child's Date of Birth

\_\_\_\_\_ Parent/Guardian Name

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Parent/Guardian Name

\_\_\_\_\_ Parent/Guardian Signature

### ALTERNATE MEANS OF COMMUNICATION CONSENT

Please check the appropriate box and initial to indicate that you have read and understand the following:

I \_\_\_\_\_ authorize Kimberly Macedo and aforementioned Independent Contractor to email, text or voicemail me regarding appointment times and/or to exchange clinical information, as needed. By initialing this section you are aware of and authorize me to potentially send information that may be read or listened to by unauthorized persons, groups, companies or government agencies that Kimberly Macedo does not control or may not know of reading or listening to such information shared via these modes of communication. Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

### PHOTOGRAPHY/VIDEOGRAPHY CONSENT

I \_\_\_\_\_ authorize Kimberly Macedo and aforementioned Independent Contractor to photograph or video my child for the purpose of creating materials that support our treatment, such as visual icons, etc. My team will only utilize photographs or videos for the purpose of our benefiting our treatment and photographs and videos will be deleted after being utilized for the purpose discussed and intended.