



SERVICE AGREEMENT AND INFORMED CONSENT

Services Offered

Heather Batalden provides services specifically designed to help you and/or your child, or otherwise provide you with referrals to other professionals. Our current clinical and behavioral services consist primarily of behavioral evaluation and support which may include, but are not limited to: PCIT, parent training, in-home and in-school observation, assessment, consultation, training, meeting attendance and support, long-term consultation of behaviors impacting your child and the impact of those behaviors on your family, and short-term consultations with individuals, parents, educators and other related professionals. In addition to behavioral work we provide facilitated, on-site social skill support and individual social skill training. Heather also organizes and facilitates therapeutic group work.

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

Heather's approach to treatment is based upon training in counseling psychology, behavior analysis, and Parent Child Interaction Therapy.

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

- The understanding of balance between positive behavioral change and consistent implementation of behavioral strategies.
- Working to better understand the function of behaviors.
- 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.



Heather 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 and will work with you to manage this appropriately.
- Getting overwhelmed, needing a break or becoming emotional, change is hard and I am here to help!

Appointments

Heather Batalden currently see clients Monday-Thursday and on special circumstances may choose to see clients on Friday. 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 Heather Batalden for issues surrounding scheduling sessions or calls. Please note lengthy calls or email exchanges beyond 10 minutes will be billed at the clinician's 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 more than 15 minutes late.**

Clients are billed the hourly rate for any drive time over 30 minutes from the WOW 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 some 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. **Heather Batalden will NOT utilize physical restraint nor will assist you with physically restraining or instruction on how to physically restrain 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, Heather Batalden 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, Heather Batalden 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 60-90 minute intake session 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.

Following our first session, you will be billed by my accounting manager at the end of each month via the secure portal. You will receive an invite to the client portal via email. Please be sure to save your log-in information. You will be required to place a credit card on file via the portal to begin services. Credit cards will be billed on the 8th of each month if the payment has not been made.



If a school and/or community observation is requested as part of an evaluation, this observation may 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. Heather Batalden 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 Behavioral and Social Consultation Services, observations and sessions will take place in the family home, school or community and involve travel time. The billable rate for treatment is **\$350/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 behavioral consultation 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 at the clinician's rate.

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 **\$300/hour**. Clinic treatment includes 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 treatment goals. 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.

Payment

Payments should be made online via the patient portal. A credit card is to be placed on file and will be charged on the 8th of each month should another form of payment not have been received. Please be sure to check for the accuracy of your invoices prior to the 8th as changes will not be made once payment has been processed. Payments can also be made via Apple Pay or Zelle: 916-605-9324

Billing questions should be directed to:
accounting@wheelsofwellnessconsulting.com

Checks should be made payable to: Heather Batalden.
Please note that a \$25 dollar returned check fee with will be charged for all returned checks.

Insurance Reimbursement

If you plan to request reimbursement from your insurance, please understand that you should check your coverage carefully and contact your plan administrator with questions. Heather Batalden does NOT contract directly with any insurance company and I do not accept payment from insurance companies. Most families choose to submit their service invoice for reimbursement from their insurance company. Please note Heather Batalden will not advise or answer specific questions related to reimbursement or insurance coverage for services. Heather Batalden will not phone insurance companies for authorization nor consult with insurance companies on single case agreements. Please ensure the billing codes are covered as re-issuance of invoices will not be possible.

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, Heather Batalden 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, insurance reimbursement, 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 Heather Batalden and an Independently Contracted Behavioral Interventionist 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 Heather Batalden 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 Heather Batalden 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 Heather Batalden 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.