



## **SERVICES AGREEMENT AND INFORMED CONSENT**

### **Services Offered**

Carrie Sullivan provides services specifically designed to help you and/or your child, or otherwise provide you with referrals to other professionals. My current clinical and behavioral services consist primarily of Telehealth behavioral support and consultation. With limited availability, a hybrid model of Telehealth and direct in person behavioral support and consultation may be available in the Greater Sacramento Area, the San Francisco Bay Area and the surrounding areas. Clinical and behavioral services consist primarily of behavioral evaluation and support which may include, but are not limited to parent training, in-home and in-school observation, behavioral assessment, consultation, training, meeting attendance and support, long-term consultation of behaviors (both those that need to be increased, such as social and emotional learning, and those that need to be decreased) impacting your child and the impact of those behaviors on your family, and short-term consultations with individuals, parents, educators and other related professionals. Consultation can focus on a specific developmental area (e.g., adaptive living skills and increasing independence) or may cover a broader range (e.g., social and emotional learning, academic, language, improving sibling dynamics, facilitating peer socialization 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**

Carrie's approach to treatment is based on training in early childhood special education, Applied Behavior Analysis, Acceptance and Commitment Therapy, and trauma-informed care.

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

- Understanding the balance between positive behavioral change and consistent implementation of behavioral strategies.
- Working to better understand the function of behaviors as they relate to a diagnosis, interpersonal or family system, and/or environment.
- Focusing on skill-building and will at times require homework
- Tailoring treatment to meet the unique 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, preferences, and values and building upon them.
- Supporting parents in creating routines, systems, and connections with their child/ children that are authentic for them and will aide in creating lasting change for their family.



## **Appointments**

Carrie Sullivan currently sees clients Monday-Thursday and due to special circumstances may choose to see clients on other days. Telephone messages can be left and will be returned as soon as possible. Email is the preferred way to reach Carrie Sullivan. Please note that lengthy calls or email exchanges beyond 10 minutes will be billed at the clinician's hourly rate. **Please avoid text messages as these can be missed and are not confidential.**

**If in-person services are provided, clients are billed the hourly rate (\$300) for any drive time over 30 minutes (this will be discussed at initial contact).**

## **Cancellations**

Treatment sessions require a 48-hour notice for cancellation to avoid paying for the session. There is no charge for sudden illness, but ample notification should be provided in the event a session needs to be canceled.

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

All written records and information disclosed during sessions are 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**

I will assure to the best of my ability that children are kept safe during therapy. Due to the nature of behavioral therapy and social skill facilitation, children may be physically prompted (physically guided, 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 calming locations for de-escalation may also be required. **Carrie Sullivan 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 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, Carrie Sullivan 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, Sasha Torres 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 and will take up to four weeks to complete.

## **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 or school setting. We will make this decision together.

Payment is due at each session. For in person sessions, cash, check, or Zelle are options for payment. For all services, you will be required to place a credit card on file to begin services. Credit cards will be billed following each session unless other payment has been provided.

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. Carrie Sullivan 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. Carrie may work together or meet separately with parents, caregivers, siblings and/or the child at any time during treatment. Parents and/or caregivers will be active participants in all interventions.



The billable rate for treatment is **\$300/hour**. The treatment rate includes a 50-minute session and 10 minutes of time for session documentation.

Because behavioral consultation is an active process between myself and the family, time is available during the session for brief discussion, questions, or updates. If additional time is needed for a 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 are considered billable time at the hourly rate.

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 will process automatically following each session via the online patient portal. A credit card will be placed on file and charged generating an automatic superbill that can be submitted as part of an out-of-network provider insurance claim.

### **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. Carrie Sullivan does not contract directly with any insurance company and does not accept payment from insurance companies. Most families choose to submit their service invoice for reimbursement from their insurance company. Please note Carrie Sullivan will not advise or answer specific questions related to reimbursement or insurance coverage for services.



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

Therapeutic services 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, Carrie Sullivan 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 Carrie Sullivan to provide assessment and/or treatment services to my child and/or family. Furthermore, I agree with the financial responsibility for all services rendered per the terms described above.**

\_\_\_\_\_  
Client/Child Name

\_\_\_\_\_  
Child Date of Birth

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

\_\_\_\_\_  
Parent/Guardian Signature & Date

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

\_\_\_\_\_  
Parent/Guardian Signature & Date



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

### **ALTERNATE MEANS OF COMMUNICATION CONSENT**

I, \_\_\_\_\_, authorize Carrie Sullivan **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 Carrie Sullivan 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 Carrie Sullivan to photograph or video my child for the purpose of creating materials that support our treatment, such as visual icons, social stories, etc. Carrie Sullivan will only utilize photographs or videos for the purpose of benefiting our treatment and photographs and videos will be deleted after being utilized for the purpose discussed and intended. I understand that if I send a picture or video to Carrie Sullivan for the purpose of identifying a child during an observation, documentation of a behavior or any other reason, Carrie Sullivan will utilize the material only for the purpose intended.