



ABA Today



ABA4Autism



ABA New England



Gateway4ABA

Consent to Treat

This fillable form may be used for ABA New England, ABA4Autism, ABA Today, or Gateway4ABA. Complete the applicable company selection and signature sections contained in the form.

Before completing this form

Open the PDF in a compatible viewer to enter information and save your responses.



ABA Today



ABA4Autism



ABA New England



Gateway4ABA

HEREAFTER: "The Companies"

NOTE: This form can be used for one or more of the listed companies. See the signature page for the applicable company(ies).

Consent to Treat

Information	
Client Name	
Date of Birth	
Parent/Legal Guardian Name(s)	
Relationship to Client	

01. Provider Information

This Consent to Treat applies to ABA services provided by **The Companies**, including their affiliated clinicians, employees, contractors, and supervised trainees.

02. Consent for Evaluation & Treatment

I, the undersigned parent or legal guardian, hereby voluntarily give my informed consent for **The Companies** to evaluate and provide Applied Behavior Analysis (ABA) services to the above-named client.

I understand and agree that:

- ABA services may include, but are not limited to, behavioral assessments, treatment planning, skill acquisition programs, behavior reduction strategies, caregiver training, data collection, and progress monitoring.
- Services may be provided in various settings, including but not limited to the home, center, school, community settings, or via telehealth when appropriate and authorized.
- Services may be delivered by Board Certified Behavior Analysts (BCBAs), Assistant Behavior Analysts (BCaBAs), Registered Behavior Technicians (RBTs), Behavior Technicians (BTs), and supervised trainees, consistent with applicable laws and professional standards.

03. Understanding of Treatment

I acknowledge that:

- The goals, methods, and expected outcomes of ABA treatment have been explained to me in understandable terms.
- ABA treatment outcomes cannot be guaranteed, and progress varies by individual.
- Treatment plans may be modified over time based on data, clinical judgement, and client needs.

04. Risks & Benefits

I understand that:

- Potential benefits of ABA services may include improvements in communication, social skills, adaptive functioning, and reduction of challenging behaviors.
- As with any behavioral or therapeutic intervention, there may be risks, including temporary increases in challenging behavior, frustration, or emotional discomfort.
- I have the right to ask questions at any time regarding treatment methods, risks, or alternatives.

05. Voluntary Participation & Right to Withdraw

I understand that:

- Participation in ABA services is voluntary.
- I may withdraw consent for treatment at any time by providing written notice to **The Companies**.
- Withdrawal of consent may affect the ability to continue services and may impact insurance coverage.

06. Coordination with Other Services

I understand that ABA services may be coordinated with other professionals involved in my child's care (e.g., physicians, educators, therapists) when appropriate and when proper authorizations are in place.

07. No Guarantee of Insurance Coverage

I acknowledge that:

- Consent to treat does not guarantee insurance authorization or reimbursement.
- I am responsible for understanding my insurance benefits and any financial obligations in applicable financial responsibility agreements.

08. Acknowledgement & Signature

By signing below, I acknowledge that I have read, understand, and agree to this Consent to Treat. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

See Signature Page Below



ABA Today
EIN: 83-1284899



ABA4Autism
EIN: 46-2924423



ABA New England
EIN: 88-3984639



Gateway4ABA
EIN: 86-2549483

INSTRUCTIONS:

Signatory should sign under the banner(s) of the relevant company(ies) from which they are receiving services or employment.

ABA Today

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

ABA4Autism

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

ABA New England

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed

Gateway4ABA

Signatory Printed Name

Manager Printed Name

Signatory Signature

Manager Signature

Date Signed

Date Signed