



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).

Informed Consent for Applied Behavioral Analysis (ABA) Services

Client Information	
Client Name	
Date of Birth	
Parent/Legal Guardian Name(s)	
Relationship to Client	
Address Address Line 1 Address Line 2 City, State, Zip Code	
Phone Number	
Email Address	

01. Purpose of This Consent

This Informed Consent for Applied Behavioral Analysis (ABA) Services is intended to provide clear information about the nature of ABA services, the roles and responsibilities of all parties, potential benefits and risks, and the rights of clients and families. By signing this form, you acknowledge that you have been informed about ABA services and voluntarily content to receive such service from **The Companies**.

02. Description of Applied Behavior Analysis (ABA)

Applied Behavioral Analysis (ABA) is an evidence-based approach to understanding and improving behavior. ABA services may include, but are not limited to:

- Behavioral assessments and observations
- Development of individualized treatment plans
- Direct therapy sessions
- Data collection and analysis
- Caregiver and family training
- Coordination with other professionals, as appropriate

Services are individualized based on the client's assessed needs, strengths, and goals, and are designed to promote skill acquisition and reduce behaviors that may interfere with learning or daily functioning.

03. Treatment Team & Supervision

ABA services may be provided by a team that can include Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBAs), Registered Behavior Technicians (RBTs), Behavior Technicians (BTs), and/or other qualified staff under appropriate supervision, in accordance with applicable laws and professional standards.

A supervising clinician is responsible for overseeing treatment planning, implementation, and ongoing progress monitoring.

04. Potential Benefits

Potential benefits of ABA service may include, but are not limited to:

- Improvement in communication, social, academic, and daily living skills
- Reduction of behaviors that interfere with learning or safety
- Increased independence and adaptive functioning
- Improved family understanding of behavior and skill development strategies

While many individuals benefit from ABA services, specific outcomes cannot be guaranteed.

05. Potential Risks & Discomforts

ABA services may involve some risks or discomforts, which can include:

- Temporary frustration or emotional discomfort during skill acquisition
- Exposure to challenging situations as part of learning new skills
- Fatigue or stress related to participation in therapy sessions

Treatment plans are designed to minimize risks and prioritize the client's dignity, safety, and well-being. Families are encouraged to discuss any concerns with the treatment team at any time.

06. Alternatives to ABA Services

You understand that participation in ABA services is voluntary and that alternative interventions, therapies, or supports may be available. You may choose to seek services from other providers or pursue alternative approaches at any time.

07. Parent / Guardian Participation

Parent(s) or legal guardian(s) may be asked to participate in treatment planning, caregiver training, and coordination of care. Active participation can enhance treatment effectiveness and generalization of skills across environments.

08. Confidentiality

Information obtained during the course of ABA services is confidential and will be handled in accordance with applicable federal and state laws, including HIPAA. Please refer to **The Companies'** Notice of Privacy Practices for detailed information regarding the use and disclosure of protected health information.

09. Right to Ask Questions and Withdraw Consent

You have the right to ask questions about ABA services at any time and to receive clear and understandable answers. You may withdraw your consent for ABA services at any time, in writing, without penalty. Withdrawal of consent may affect the ability of **The Companies** to continue providing services

10. Acknowledgement & Consent

By signing below, you acknowledge that:

- You have read and understand the information contained in this form
- You have had the opportunity to ask questions and receive satisfactory answers
- You voluntarily consent to Applied Behavior Analysis (ABA) services provided by The Companies

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