



ASPIRE BEHAVIORAL ACADEMY

44 Bearfoot Road, Suite 200, Northborough, MA 01532

CAREGIVER HANDBOOK

A Guide for Families Partnering With Us

INDIVIDUALIZED • EVIDENCE-BASED • FAMILY-CENTERED ABA SERVICES

Ages 3–21 | Center-Based, In-Home & Telehealth Services

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Dear Families,

Thank you for choosing Aspire Behavioral Academy (ABA). We are honored that you have chosen us to be part of your family's journey, and we take that responsibility seriously. Our goal is to deliver individualized, evidence-based Applied Behavior Analysis (ABA) services in a setting that promotes safety, dignity, and meaningful progress.

We recognize that every child is unique, and we are committed to developing services that reflect your child's strengths, needs, and goals. We believe the best outcomes happen when families and providers work as a team, and we encourage ongoing collaboration, open communication, and family involvement throughout your time with us.

The child receiving services is always the central focus of care. Parents and legal guardians are essential participants in treatment planning and clinical decision-making — this remains true even when services are authorized or funded by a third party such as an insurance provider or school district. If disagreements arise regarding treatment recommendations or service delivery, ABA addresses concerns promptly and professionally, guided by ethical standards, clinical judgment, and your child's overall welfare.

This handbook outlines the mutual expectations between ABA and the families we serve. Please read it thoroughly, and don't hesitate to contact our team with any questions.

Respectfully, the ABC Team

Our Mission

Our mission is to provide comprehensive, individualized, and evidence-based autism services that foster growth, learning, and independence. Through the principles of Applied Behavior Analysis (ABA) and collaborative partnerships with families and communities, we aim to promote positive development, enhance communication and social skills, and improve the overall quality of life for individuals on the autism spectrum.

Our Vision

Our vision is to be a leading provider of autism services, recognized for our commitment to excellence, innovation, and compassionate care — a future where children with autism thrive in a supportive and inclusive society, empowered by the skills, confidence, and independence gained through personalized intervention and family partnership.

Our Diversity Statement

ABA is committed to fostering an inclusive and equitable environment for the individuals, families, and professionals we serve. We recognize and respect diversity across ability, race, ethnicity, language, culture, gender identity and expression, age, family structure, and socioeconomic background. This commitment is reflected in our hiring and training practices, clinical decision-making, family engagement, and the materials and resources we use in service delivery. We actively work to reduce barriers to care and welcome family feedback on access, representation, and inclusion so we can continue to grow.

PART 1 Accessibility, Diversity & Language Access

Accessibility and Accommodations

ABA provides equitable access to services, facilities, materials, and technology for individuals with disabilities. Reasonable accommodations are available to support participation in services and may include adjustments to the physical environment, assistive technology, or modifications to communication methods. Families who need disability-related accommodations may submit a request at any time to ABA administration; requests are reviewed and addressed promptly, consistent with applicable law.

Closed Captioning and Accessible Media

Closed captioning is provided on external-facing video content, including marketing and educational materials, whenever feasible. Families who need assistance accessing captions or an alternative accessible format may contact ABA administration.

Translation and Language Access Services

Language should never be a barrier to quality care. ABA provides translation and interpretation services for oral and written communication, at no cost to families whose preferred language is not English, when requested and feasible. Language preference is collected at intake to help ensure the right supports are in place from the start; families may also update this preference at any time.

To request free translation services: Contact the Clinical Director at

(508) 276 -5040 or info@aspirebehavioralacademy.com

PART 2 Professional Boundaries, Gifts & Transactions

ABA maintains professional boundaries to ensure ethical, objective, and equitable services for every family. These guidelines protect the integrity of the therapeutic relationship and keep every treatment decision focused on your child's needs.

Incentives and Referrals

ABA does not offer incentives, rewards, cash, gift cards, discounts, or other items of value to families in exchange for attending sessions, continuing services, or referring or recruiting other families. This prohibition is absolute and applies to any form of remuneration or cash-equivalent.

Gifts to ABA Staff

We understand families may want to show appreciation, and we genuinely value that kindness. However, ABA asks that families not give personal gifts to individual staff members, and staff are not permitted to accept cash, checks, gift cards, or personal payments of any kind. If you'd like to show appreciation, a thank-you note, positive feedback to our administrative team, or a compliment we can share internally is always welcome and appreciated.

Gifts to Clients

ABA staff do not provide personal gifts to clients. If ABA offers group items — such as clinic-wide activities or seasonal events — they are offered fairly and consistently across all clients, never in exchange for attendance or participation.

Fundraising and Financial Transactions

To maintain appropriate boundaries, we ask that families not sell goods or services to ABA staff, request staff participate in personal fundraisers, or ask staff to donate to events or campaigns. Likewise, ABA staff do not solicit donations, request financial contributions, or promote personal fundraisers to families, and may not encourage families to participate in political, religious, or other outside organizations during the course of services.

Questions about this policy, or whether something is appropriate, can be directed to ABA administration or your child's clinical supervisor at any time.

PART 3 Professional and Ethical Compliance

ABA is committed to delivering services that are ethical, lawful, and consistent with professional standards. Our staff follow applicable laws, credentialing requirements, and the BACB Ethics Code, and clinical services are provided only by qualified staff working within their scope of practice, under active supervisory oversight.

Raising Ethical or Professional Concerns

Families are encouraged to raise any question or concern about whether services are being delivered consistent with professional or ethical standards. Reports may be made directly to ABA administration or the Compliance and Ethics Officer, who reviews concerns promptly and objectively. General service dissatisfaction or operational concerns are addressed through the grievance procedures in Part 16 of this handbook.

Internal Review

When an ethical or professional conduct concern is reported, it is reviewed by administrative or supervisory personnel not directly involved in the concern whenever possible. The review may include document review, interviews, and an assessment against applicable laws and organizational policy. Corrective action is implemented where warranted, and families are informed once the review concludes, consistent with privacy requirements.

External Reporting Options

Families have the right to submit concerns directly to appropriate external entities, including professional licensing boards, credentialing organizations, insurance regulators, or accrediting bodies. ABA cooperates fully with any required external reporting or investigation process. Depending on the nature of the concern, families may contact:

- **Behavior Analyst Certification Board (BACB)** — for concerns involving the ethical or professional conduct of a certified BCBA, BCaBA, or RBT (www.bacb.com)
- **Massachusetts Board of Registration of Allied Mental Health and Human Services Professions (LABA)** — for concerns involving a Massachusetts-licensed behavior analyst
- **Your health insurance plan's member grievance or appeals department** — for concerns involving billing, coverage, or authorization decisions
- **Massachusetts Division of Insurance** — for concerns about how an insurance plan is handling a claim or grievance (mass.gov/orgs/division-of-insurance)
- **Massachusetts Department of Public Health (DPH)** — for concerns involving facility licensing or healthcare safety standards
- **Massachusetts Department of Children and Families (DCF)** — for suspected abuse or neglect of a child (Child Abuse Emergency Line: 1-800-792-5200)
- **Disabled Persons Protection Commission (DPPC)** — for suspected abuse or neglect of an adult with a disability (1-800-426-9009)

- **Massachusetts Commission Against Discrimination (MCAD)** — for discrimination concerns
- **Office for Civil Rights (OCR)** — for HIPAA privacy concerns
- **ABC's Human Resources team** — for concerns specifically involving staff conduct, professionalism, or workplace matters a family would like documented outside the clinical chain
(hr@autismbehavioralconsultants.com)

Using any of these external options is always your right, and doing so never affects your family's access to services at ABA.

PART 4 Program Overview & Client-Centered Care

ABA provides high-quality, evidence-based ABA services for children and adults diagnosed with Autism Spectrum Disorder and related developmental disabilities. Our services are grounded in evidence-based practices that support skill development, independence, and reduction of challenging behaviors, and are designed to promote independence, functional communication, and meaningful participation across home, school, and community settings.

Services Offered

- Clinic-based, home-based, and community-based individualized ABA therapy
- Individualized behavior management services
- ABA group programs and social skills development groups
- Telehealth services, where clinically appropriate

Treatment Planning and Clinical Oversight

Each client receives an individualized treatment plan developed and supervised by a Board-Certified Behavior Analyst (BCBA), who conducts comprehensive assessments, establishes measurable and clinically appropriate goals, and ensures effective, data-driven teaching and behavior intervention strategies. Progress is monitored regularly using objective data so treatment decisions can be adjusted as needed.

Patient-Centered Service

ABA ensures that all clinical and administrative decisions place client welfare and best interest above all other considerations, including funding or payer restrictions.

- **Patient Priority:** All treatment and discharge decisions are based solely on clinical need and therapeutic benefit
- **Conflict Resolution:** Any conflict between payer requirements and clinical recommendations is reviewed by the Clinical Director and Operations Officer, with resolutions documented and communicated transparently
- **Accountability:** Deviations trigger corrective action and retraining to uphold client protection and treatment integrity

Accurate Representation of Services and Outcomes

ABA represents its services accurately and responsibly in all written, verbal, and public communications, including provider credentials and realistic expectations for treatment. ABA does not engage in misleading or deceptive statements about services offered or anticipated outcomes.

PART 5 Intake, Enrollment & Insurance

Office Hours

- **Monday–Friday:** 10:00 AM – 6:00 PM
- **Social Skills Group (Saturday):** 10:00 AM – 4:00 PM
- **Closed:** July 4th, Labor Day, December 25th, January 1st

How to Begin Services

- Visit our website and complete the online intake form
- Submit required documentation (diagnostic report, physical, insurance information)
- ABA's Intake Coordinator reviews the submission within 3–5 business days
- A follow-up call confirms details, verifies insurance, and discusses next steps for assessment scheduling upon insurance authorization

Families on a waitlist receive status updates at least every 30 days if their status remains unchanged. Families who remain on the waitlist beyond one month are re-offered relevant community and educational resources for continued support in the meantime.

Financial Notification and Insurance Verification

This applies to all new intakes, re-authorizations, and any change in insurance coverage.

- **Information Collection:** During intake, families provide current insurance details and a copy of their insurance card
- **Verification:** ABA confirms eligibility, ABA coverage, deductibles, co-pays, and pre-authorization requirements
- **Family Communication:** Families are notified of any out-of-pocket costs before services begin

PART 6 Informed Consent, Privacy & HIPAA

ABA respects your right to make informed decisions about your child's care. Before services begin, families receive clear information about treatment procedures, risks, benefits, and their rights. Consent may be updated or withdrawn at any time.

HIPAA and Confidentiality

ABA follows HIPAA and applicable state privacy law regarding the use, storage, and disclosure of protected health information (PHI). Information is accessed only by authorized personnel and shared only as permitted by law or with your written authorization. If you would like privacy while discussing your child's progress, simply ask staff to move to a private location.

Notice of Privacy Practices and Records Access

Families receive a Notice of Privacy Practices at intake, explaining how health information may be used and shared. Parents and legal guardians have the right to review and request copies of their child's records, request corrections, and place reasonable limits on information sharing, consistent with applicable law. Questions about privacy rights or records may be directed to the Clinical Director.

Informed Consent and Assent

ABA requires informed written consent before beginning any services, assessments, or data collection. Consent forms are reviewed annually or whenever significant changes occur. Separate written consent is required for telehealth, video recording, or release of information to outside providers.

When developmentally appropriate, ABA also seeks the client's assent to participate. If a client withdraws assent during a session, staff pause the activity and consult the supervising BCBA on next steps; assent considerations are documented in the clinical record.

PART 7 Staffing, Supervision & Clinical Oversight

Every client is served by a structured clinical team, with clear lines of supervision and accountability at every level.

Supervision Structure

Clinical Director → Supervising BCBA → Case Managers / Lead RBTs → Behavior Technicians (BTs/RBTs). Every direct-care staff member operates under active BCBA supervision, consistent with BACB supervision requirements.

Staff Qualifications and Ongoing Competency

All clinical staff are trained and credentialed appropriate to their role, and complete ABA's onboarding and ongoing competency verification process before providing services independently. Staff competency is reassessed on an ongoing basis through supervision, fidelity checks, and internal audit.

Client Assent and Ongoing Collaboration

Supervising BCBAs maintain ongoing collaboration with families and continually assess client assent and comfort with treatment procedures, adjusting the approach as needed to keep services respectful and effective.

PART 8 Clinical Care Philosophy & Decision-Making

Clinical Decision-Making Framework

Every clinical decision at ABA is grounded in assessment data, individualized client need, and current best practice in ABA — never in payer convenience or administrative preference. Where a payer requirement and clinical recommendation conflict, ABA resolves the conflict in favor of the client's clinical need, consistent with our Patient-Centered Service commitment in Part 4.

Professional Boundaries in Clinical Care

Clinical staff maintain clear professional boundaries with clients and families at all times, consistent with the BACB Ethics Code and ABA's Code of Ethics, Integrity & Professionalism policy.

Limits of Treatment Outcomes and Data-Based Decision-Making

ABA is an evidence-based approach, but individual outcomes vary based on many factors. ABA does not guarantee specific treatment outcomes. All treatment decisions are based on objective data collected throughout service delivery, reviewed regularly by the supervising BCBA.

PART 9 Clinic Operations & Scheduling

Attendance and Cancellations

Caregivers must ensure the child is available and ready at scheduled times, and must notify staff at least 24 hours in advance of a cancellation. Frequent cancellations — more than 3 per week without valid reason — may result in a review of services, since consistent attendance is closely tied to treatment progress.

Late Arrival and Late Pick-Up

Please arrive on time for scheduled sessions; late arrival may shorten your child's session to stay on schedule for other clients. For clinic-based services, please arrange prompt pick-up at the end of each session — repeated late pick-up may require a scheduling conversation with your BCBA.

Drop-Off and Pick-Up Procedures

Only individuals authorized on your child's intake paperwork may drop off or pick up your child. Staff will request photo ID from anyone not already familiar to the team.

Transportation

For home- and community-based sessions, caregivers are responsible for ensuring safe transportation and a safe, structured environment for staff to conduct services, consistent with ABA's in-home safety standards. Caregivers may also be able to utilize MassHealth PT-1 (Prescription for Transportation) services to help arrange transportation to and from clinic-based sessions, depending on their individual insurance eligibility.

PART 10 Caregiver Participation & ABA Service Delivery

Caregiver Responsibilities

- **Participation:** Attend scheduled meetings and training sessions, and provide input on goals and progress
- **Consistency:** Follow through with recommendations and strategies provided by the team
- **Communication:** Maintain regular communication with the supervising BCBA and technician team
- **Environment:** Ensure a safe, structured environment for in-home sessions, or provide timely transportation for clinic-based sessions
- **Confidentiality:** Protect the privacy of other clients and staff at all times

Parent Training

Parent training empowers caregivers to actively participate in their child's ABA program, covering positive reinforcement, behavior management, functional communication, daily living/self-help skills, and natural environment training — aimed at improving strategy implementation at home, deepening understanding of behavior function, and reinforcing skills across settings. Parent training is a mandatory, required component of your child's treatment plan, not an optional extra — equipping caregivers with these skills is essential to your child's progress, since skills learned in session only become lasting change when consistently reinforced at home. Caregivers are expected to attend scheduled parent training sessions as an ongoing condition of services.

Social Skills Training

Social skills training helps clients interact effectively across settings through modeling, role-play, and targeted instruction on specific social challenges, supporting generalization of skills beyond the therapy center.

Behavior Support Plans

Caregivers receive a copy of their child's Behavior Intervention Plan (BIP). Consistent implementation at home and during non-session times is essential to progress, and caregivers should report major incidents or changes in the child's behavior or environment to the clinical team.

Data Collection and Progress Monitoring

RBTs collect data during every session. Progress reports are shared regularly, and goals are adjusted based on that data. Caregivers may be asked to help with generalization and maintenance of skills outside of session.

Use of Evidence-Based Practices

ABA uses only evidence-based ABA practices supported by current research. Non-evidence-based or unproven interventions are not used as part of ABA's treatment approach; if a family requests a specific technique, the supervising BCBA will discuss its evidence base openly.

Family Participation in Care Planning

Families are invited to participate in the initial assessment and goal-setting process, and treatment plans reflect each family's priorities, values, and culturally relevant needs. No significant modification to the treatment plan is made without prior caregiver review and written consent. ABA makes reasonable accommodations — flexible scheduling, virtual meetings, language support — to support family involvement throughout treatment.

PART 11 Program Requirements & Emergency Procedures

Program Materials and Billing

Session and program materials remain the property of ABA unless otherwise noted. Billing and documentation reflect services actually rendered, consistent with ABA's Quality Assurance and Improvement Policy, which routinely audits documentation and billing accuracy.

Medical Emergencies, First Aid & Medication

ABA does not administer, store, or dispense medication to clients under any circumstance. Caregivers are responsible for administering all prescribed or over-the-counter medication before or after sessions. Staff may support medication management only by observing and documenting parent-reported medication changes or side effects relevant to treatment, encouraging families to consult prescribing physicians about concerns, and immediately reporting any observed adverse reaction or health emergency to caregivers and supervisors.

Emergency Preparedness and Disaster Response

In a medical or behavioral emergency, staff follow ABA's established safety protocols and contact caregivers immediately. Caregivers must keep emergency contact information current at all times. Full detail on ABA's emergency and disaster procedures is available in ABA's Disaster, Crisis & Emergency Management Policy.

Incident, Injury, and Illness Reporting

Any incident, injury, or illness occurring during a session is documented and reported to caregivers promptly, consistent with ABA's Incident Report Form (SOP-001) process.

PART 12 Health, Safety & Daily Care

Illness Policy

Sessions must be canceled if a child has a fever ($\geq 100.4^{\circ}\text{F}$), vomiting, diarrhea, persistent cough, sore throat, rash, or any contagious illness (e.g., flu, strep, COVID-19). Services may resume once the child is fever- and symptom-free for at least 24 hours without medication, has completed any required isolation period, and — if necessary — has physician clearance.

Diapering and Toileting

For clients requiring diapering or toileting support, ABA staff follow standard hygiene and safety procedures, including handwashing before and after, use of gloves, and respectful, dignified care consistent with the client's individualized plan. Details specific to your child's plan are reviewed with you directly by the supervising BCBA.

Infection Control and Cleaning

Therapy materials and high-touch surfaces are disinfected after each session, consistent with ABA's Health, Safety & Emergency Preparedness Policy. Staff follow standard handwashing and PPE protocols throughout the day.

Lunch, Snacks, and Personal Items

Please label all personal items and any food brought to sessions. ABA is not responsible for lost or damaged personal belongings. Families should notify staff of any food allergies at intake and whenever those needs change.

Controlled Substances Policy

ABC maintains a zero-tolerance policy for illegal substances, alcohol, and unauthorized controlled substances on any ABA premises or during any ABA service delivery, for staff, clients, and visitors alike.

Epidemic or Pandemic Protocols

During public health emergencies, ABA follows federal and state health guidance, may transition to telehealth, conducts symptom screening, enforces hygiene and PPE protocols, and communicates any service changes to families promptly.

PART 13 Behavior Support & Safety Procedures

ABA uses only the least restrictive, clinically justified strategies necessary to keep clients and staff safe during a behavioral crisis. Any physical intervention procedure is used only by staff currently certified in ABA's approved crisis prevention and de-escalation training, only when de-escalation strategies have not resolved imminent risk of harm, and only for the briefest time necessary. Every use of physical intervention is documented and reviewed by the supervising BCBA and Clinical Director.

Designated safe areas are used, where clinically appropriate, to reduce stimulation and support a client's return to regulation — always under continuous staff supervision, never as seclusion or punishment. Full detail is available in ABA's Disaster, Crisis & Emergency Management Policy, Section 11 (Behavioral Crisis Response Plan).

PART 14 Visitors & Communication

Client Guidelines

- Schedule center visits in advance
- Review progress notes regularly
- Collect home data when requested
- Communicate openly with staff about concerns
- Minimize lengthy conversations at drop-off/pick-up; schedule a meeting if a longer discussion is needed
- Participate in available incentive programs, where offered

Visitors Policy

All visitors, including extended family, must sign in at the front desk and receive a visitor badge before entering treatment areas, consistent with ABA's clinic security standards. Visitors may observe sessions only with prior approval from the supervising BCBA, to protect the clinical environment and other clients' privacy.

Communication with Families

Clinical staff maintain open, regular communication with families through check-ins, progress reviews, and planning meetings. Families are always welcome to ask questions, raise concerns, or suggest modifications.

PART 15 Safety, Emergency & Mandated Reporting

Reportable Incidents

ABA staff are mandatory reporters. We report and document incidents such as suspected abuse or neglect, elopement, and serious injuries (e.g., fractures, burns, choking), consistent with Massachusetts law (M.G.L. c. 119, § 51A; M.G.L. c. 19C).

Abuse Prevention and Supervision Safeguards

ABA maintains continuous supervision standards and environmental safety checks specifically designed to prevent and quickly detect any abuse, neglect, or safety concern during service delivery.

PART 16 Family Satisfaction, Complaints & Grievances

ABA is committed to a culture of openness, accountability, and continuous improvement. Before services begin, all families receive clear written and verbal communication about their rights and the process for filing complaints or grievances. ABA prohibits any retaliation, discrimination, or adverse treatment against anyone who raises a concern in good faith.

Internal Complaint Process

Complaints may be submitted verbally or in writing to your ABA Supervisor, Clinical Director, or ABA administration. If unresolved, complaints may be escalated to the Clinical Director. Upon receipt, ABA initiates an impartial review and responds with findings and any corrective action taken.

External Complaint Process

If a concern is not adequately addressed internally, families may escalate to external bodies, including state licensing boards or the applicable insurance provider's grievance department.

Family Satisfaction Survey

ABA administers an annual Family Satisfaction Survey to evaluate service quality, communication, and caregiver engagement. Results are reviewed by leadership through ABA's Quality Improvement Committee and used to develop targeted improvement actions.

PART 17 Privacy, Security & Data Protection

ABA is committed to safeguarding the confidentiality, integrity, and availability of all patient information, consistent with HIPAA and applicable contractual obligations.

Electronic and Physical Records

Electronic records are secured through encryption, password protection, firewalls, secure backups, and role-based access controls; data in transit (telehealth, email, portals) is encrypted and transmitted via secure platforms. Physical records are stored in locked filing cabinets in restricted-access areas.

Rights & Awareness

At intake, families receive written notice of privacy practices, including how information is collected, used, stored, and disclosed, and are informed of their right to access records, request corrections, and learn about security measures in place. ABA reviews these rights in accessible language and confirms understanding through signed acknowledgment.

PART 18 Technology, Telehealth & Consent for Media Use

Technology and Telehealth

Where telehealth is clinically appropriate, sessions are conducted through secure, HIPAA-compliant platforms only. Separate written consent is required before any telehealth service begins.

Consent for Use of Photos and Videos

ABA maintains a documented consent system for using patient photos, videos, testimonials, or commentary for marketing, training, or instructional purposes. Consent forms clearly describe the permissions granted, and families may rescind consent at any time without penalty — ABA will promptly honor and fulfill any request to withdraw consent.

Prohibition on Sharing Client Information in Media

ABA staff are strictly prohibited from creating or sharing any written, photographic, or video content that could disclose identifying information about current or former clients in any social media context. Any violation is subject to corrective action, up to and including termination.

PART 19 Discharge, Transition & Service Fading

Discharge Criteria

A client may be discharged when treatment goals have been met or maximum benefit achieved; the family requests termination; the client relocates or transitions to another provider; there is prolonged non-attendance or non-compliance; safety or ethical concerns necessitate discharge; or insurance coverage or funding ends.

Planned Discharge

The supervisor reviews progress data and confirms discharge readiness. Written notice is provided to the family at least 14 days in advance, and the discharge summary includes current performance levels, mastered and ongoing goals, recommendations for continued support, and referral resources if applicable.

Unplanned or Emergency Discharge

Initiated when safety, legal, or ethical circumstances require immediate termination. Documentation includes the rationale and notification to the guardian, payer, and referring provider.

Service Fading

As a client approaches their treatment goals, ABA gradually reduces service intensity in a planned, data-informed way — rather than an abrupt stop — to support the client's continued independence and successful transition out of intensive ABA services.

Transition of Care

For staff changes or case transfers, the outgoing clinician completes a handover summary including current programs, data, and progress notes. Families are informed in writing and introduced to the new provider, and the supervising BCBA ensures no interruption in service delivery. Discharge or transition documentation is filed in Rethink Behavioral Health, with copies shared with families and payers when applicable.

PART 20 Quality Assurance & Continuous Improvement

ABA's Quality Improvement (QI) Committee meets quarterly to review clinical outcomes, family satisfaction data, audit findings, and organizational performance, using that data to guide training, supervision, and policy updates. This process is described fully in ABA's Quality Assurance and Improvement Policy and Quality Improvement Plan. Family feedback — through the annual Family Satisfaction Survey, complaints process, and everyday communication with your clinical team — is a direct input into this ongoing improvement cycle.

PART 21 Interdisciplinary Collaboration

ABA promotes a collaborative approach to treatment by working closely with other professionals involved in a client's care, including occupational therapists, speech-language pathologists, school personnel, and medical providers, to keep everyone aligned in goals and strategies. A signed Release of Information Authorization Form is required from the parent or legal guardian before any communication with external professionals takes place.

PART 22 Caregiver Acknowledgment Form

By signing below, I confirm that I have received and reviewed the ABA Caregiver Handbook, understand the policies and procedures described within it, and agree to the mutual expectations it outlines between my family and Autism Behavioral Consultants.

Client Name: _____ Date of Birth: _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

Contact Information

- **Organization:** Autism Behavioral Consultants
- **Address:** 44 Bearfoot Road, Suite 200, Northborough, MA 01532
- **Phone:** (508) 276 -5040
- **Email:** info@aspirebehavioralacademy.com
- **Website:** www.aspirebehavioralacademy.com

This handbook works together with ABA's full policy set

Including the Health, Safety & Emergency Preparedness Policy; Disaster, Crisis & Emergency Management Policy; Compliance, Auditing & Continuous Improvement Policy; Quality Assurance and Improvement Policy; and Code of Ethics, Integrity & Professionalism. Ask your clinical team if you'd like more detail on any topic covered here.