



## Client Intake Form

This form is to be completed by the Parent/Guardian of the client of Behavioral Consulting of Tampa Bay, Inc. prior to the initial consultation visit. If you have not yet scheduled an initial consultation please contact one of our three clinic locations to speak with a representative.

### Parent/Guardian Information

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<b>Parent/Guardian 1 Name: (First, Middle, Last)</b>	
<b>Parent/Guardian 1 Email:</b>	
<b>Parent/Guardian 1 Phone #:</b>	
<b>Parent/Guardian 2 Name: (First, Middle, Last)</b>	
<b>Parent/Guardian 2 Email:</b>	
<b>Parent/Guardian 2 Phone #:</b>	
<b>Primary Street Address: (Street number) (City, State, Zip)</b>	
<b>Marital Status:</b>	

### Child's Information

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<b>Child's Name (First, Middle, Last)</b>	
<b>Child's Date of Birth</b>	
<b>Child's Social Security</b>	
<b>Primary Street Address (Street number) (City, State, Zip)</b>	

## Insurance Information

*A copy of the insurance card will be required at the time of initial visit*

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Name of Insurance Company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Social Security # of Policy Holder: \_\_\_\_\_

DOB of Policy Holder: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group ID: \_\_\_\_\_

## Medical Information

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Name of physician: \_\_\_\_\_

Physician address: \_\_\_\_\_

Physician phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any current health condition? If so, please explain below

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Please list any medications that your child is currently taking.

Medication	Dosage	Frequency	Side effects

Does your child currently have any diagnoses\*? If so, please state below.

\*Required for insurance coverage

Diagnosis	Diagnosing physician	Date diagnosed	Diagnosis Code

## Educational Information

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Does your child attend school? If so, please complete the information below.

Name of school: \_\_\_\_\_

Classroom Type: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone number: (\_\_\_\_) \_\_\_\_\_

***Current/Previous Therapy Provider Information (please attach most recent evaluations):***

***Behavioral Provider Name:*** \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Please state the therapy outcomes:

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***Speech Therapy Provider Name:*** \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Please state the therapy outcomes:

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***Occupational Therapy Provider Name:*** \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Please state the therapy outcomes:

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**Other Therapy Provider Name:** \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Please state the therapy outcomes:

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***Child's Current Behaviors and Expected Outcomes:***

Please provide detail regarding the concerns of your child's development, if any.

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Please describe any problem behaviors or interfering behaviors of concern.

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Please state the expectations/goals that you have for your child while engaging in a behavioral program:

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Please list any other information that may be helpful while assessing and/or conducting therapy with your child:

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Please state the preferred clinic location (Wesley Chapel, Brandon or Tampa), number of therapy hours (for Verbal Behavior Programs), and dates/times that would be most convenient for your child and your family, if applicable:

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Referred by: \_\_\_\_\_

**\*Please attach any assessments or evaluations that may aid in developing your child's program or behavioral interventions**

### **Verbal Behavior (ABA/VB) Program Information**

*Description*

Our Verbal Behavior program is designed for children who have autism or a similar disorder or children who exhibit skills deficit. It includes 1:1 therapy from a trained behavior therapist, BCaBA, or BCBA for a minimum of 10 hours per week to teach skills such as language/communication, self-help skills, social skills, academic and compliance skills.

### ***Intake Procedure***

An initial assessment is conducted (VB-MAPP) with you and your child which takes approximately 3 hours depending on the skill level of the child. Based on the information received from the assessment, the following programs may be recommended:

- 10-30 hours per week of individualized instruction by a trained verbal behavior therapist, BCaBA, or BCBA
- Weekly program review and maintenance by BCBA or BCaBA
- Biweekly or Monthly Supervision of program by BCBA or BCaBA
- Face-to-face/phone consult per month (at the clients request)
- Biweekly or Monthly program updates by BCBA or BCaBA

## **Behavior Reduction Program Information**

### ***Description***

Our behavior reduction program is designed for children who may or may not have a diagnosis but who engage in disruptive behavior in the home, school or community settings. This program focuses on teaching parents, teachers and other caregivers how to effectively decrease a child's disruptive behavior and increase compliance and other appropriate behaviors.

### ***Intake Procedure***

A Functional Assessment Interview is conducted with the caregiver/school staff in order to collect information regarding the behaviors of concern.

### ***Behavior Reduction Program***

- Initial Behavior Interview, Motivation Assessment Scale, and Functional Assessment Screening Tool are conducted with family and/or school staff at our office
- Records review
- Observation(s) of problem behavior in natural environment
- Review data collected by caregiver and/or school staff
- Develop formal written recommendations
- Review recommendations with caregiver and/or school staff at our office
- Follow-up visit(s) to model recommended interventions

## **Additional Services Offered**

### **Intensive Feeding Program**

#### ***Description***

Our intensive feeding program is designed for children with limited diets who cannot tolerate foods from a variety of food groups or novel foods.

#### ***Intake Information***



An initial feeding assessment is conducted with the caregivers in order to identify the foods that are tolerated and the foods that will be targeted during feeding therapy.

### ***Feeding Program Schedule***

The feeding program consists of 1-2 days per week of therapy for 2 hour sessions implemented by a BCBA or BCaBA.

## **Intensive Toilet Training Program**

### ***Description***

Our errorless toilet training program is designed for children with unsuccessful previous toilet attempts in which trained staff work with your child 1:1 at your home to teach independent toileting skills. Toilet Training schedule includes a 3 day, 36 hour program with additional in-home sessions the week following.

### ***Intake Information***

A toilet training intake meeting will be conducted with the caregiver at our office to determine current skill level and goals for the program.

## **IEP Support and Development**

### ***Description***

Behavioral Consulting staff are available to attend IEP meetings with the caregivers of our current clients in order to ensure goals and services are appropriate and in the child's best interest.

### ***Intake Information***

It is recommended that a draft copy of the IEP be obtained at least 3-5 days prior to the IEP meeting in order for our staff to review the goals and discuss changes, modifications, and priorities with the family.

## **Client Services Agreement**

This Agreement, effective on the date that the last party signs the Agreement (the "**Effective Date**"), is by and between Behavioral Consulting of Tampa Bay, Inc. ("**BCOTB**") and

\_\_\_\_\_ (the "**Client**") (BCOTB and Client are referred to collectively as the "**Parties**"). The Parties agree as follows:

### **1. Term of Agreement**

This Agreement remains in effect from the Effective Date until either party terminates this Agreement by giving 10 days' written notice.

## **2. Services Provided by BCOTB**

Client agrees to cooperate with BCOTB's efforts to provide services to Client's child and Client's family and Client agrees to participate in the treatment process and will follow through with any interventions recommended by BCOTB. BCOTB will supervise and monitor services provided to Client and/or Client's child by individual therapists and consultants who are employed by BCOTB. Client acknowledges that BCOTB shall have exclusive responsibility and authority to make all professional judgments and decisions with reference to the services rendered to Client or Client's child.

Client acknowledges that, if Client's child is participating in a 1:1 treatment program (Verbal Behavior Program) with BCOTB, a minimum of monthly to biweekly supervision is required to properly supervise the program, to observe Client's child engaging in the recommended program, and to implement changes to the Child's program. This process typically takes 1.5 to 2 hours and the therapists on the child's team must also be in attendance.

**3. Payment for Services.** Clients without a current insurance authorization, who are paying privately for services, agree to pay for all services when services are rendered.

### **A. Insurance Policies**

If a current insurance authorization is on file, Client authorizes BCOTB to file insurance claims on Client's behalf. Client also agrees to pay all co-payments, deductibles and fees for co-insurance at the end of each week in which therapy is provided.

Even though BCOTB will verify eligibility and benefits, Clients should be advised that a Statement of Benefits provided by an insurance carrier is never a guarantee of payment. In some cases, certain claims may be denied as "non-covered" services. In which case, Client agrees to pay for all previously provided "non-covered" services. Client also acknowledges that BCOTB may temporarily suspend services until payment has been received.

### **B. Billed Services**

BCOTB bills per quarter hour for all services provided. Rates may be adjusted at any time without prior notice. In addition to assessments and direct therapy services, the following additional services may be billed in order to ensure optimal outcomes for your child's progress:

- a. Monthly Program Updates
- b. Therapist Supervision
- c. Review of Data and Graphs
- d. Development of Program Materials
- e. Parent Meetings and Training
- f. School Meetings and Consultation
- g. Behavior Plan Development
- h. Reports Required by Insurance Carriers
- i. Travel Fees, when applicable
- j. Telephone Consultations

BCOTB strongly recommends that, for out-of-office services, Client be present for the duration of the therapy session. For all therapy services provided in an out-of-office setting including, but not limited to, the Client's home, a community location, a private residence and a school or after care facility, Client hereby waives any and all liability against BCOTB for all damages, costs, claims and disputes related to services provided by BCOTB in the out-of-office locales.

### **C. Cancellations and Late Appointments**

BCOTB understands that emergencies and illnesses arise, which may cause a session to be cancelled. BCOTB reserves consult/therapy time for Client and Client's child; therefore, BCOTB requires that Client provide at least 4 hours' notice in advance of any cancellation. If Client fails to provide 4 hours' notice of a cancellation, Client shall pay a \$30.00 cancellation fee. If Client arrives late to a scheduled appointment, Client shall pay the rate of the full appointment. If a Client is late to pick up their child at the end of the therapy session, Client shall pay the additional time at the therapy rate on a quarter hour basis. Repeated failures to attend scheduled sessions or consistent late arrivals to scheduled sessions/pick up times may result in termination of services.

#### **4. Termination**

Either Party may terminate this Agreement for any reason, including breach by either Party, or without reason, by providing ten (10) days written notice to the other Party.

##### **1. Default**

Any of the following events or conditions shall be construed as a Default of this Agreement: (a) Client fails to pay any payment when due; or (b) Client indicates, through writing or otherwise, that Client has become insolvent, or otherwise incapable of making payment for BCOTB's services; or (c) the filing by or against Client of a petition under the Bankruptcy Code or any amendment thereto.

##### **2. Remedies**

If any event of Default exists, BCOTB may, at any time, do one or more of the following in any order: (a) Require Client to pay to BCOTB on a date specified by BCOTB all acquired and unpaid payments for services rendered by BCOTB; (b) terminate this Agreement; (c) submit the dispute to mediation in accordance with this Agreement; and/or (d) file suit against Client to enforce Client's obligations that are due and owing pursuant to this Agreement. None of the above remedies are exclusive and BCOTB's exercise of one or more of the remedies listed above shall not preclude its exercise of any other remedy at any other time. No delay or failure on the part of BCOTB to enforce any right or remedy shall operate as a waiver or as acquiescence in any Default.

##### **3. Attorneys' Fees**

In the event a Party is required to enforce any term of this Agreement, other than through the use of mediation services pursuant to this Agreement, the prevailing Party shall be entitled to recover attorneys' fees and costs incurred for pursuing or defending such action or claim.

##### **4. Jurisdiction and Venue**

This Agreement, and rights and obligations of the Parties pursuant to the Agreement, shall be governed and construed in accordance with the laws of the State of Florida. Any actions, claims or disputes regarding the subject matter of this Agreement or relating to the relationship between BCOTB and Client shall be brought in the appropriate court in Hillsborough County, Florida. For purposes of venue, this Agreement is deemed to have been executed in Hillsborough County, Florida.

**5. WAIVER OF JURY TRIAL**

CLIENT AND BCOTB, BY SIGNING THIS AGREEMENT, MUTUALLY AND WILLINGLY WAIVE THE RIGHT TO A TRIAL BY JURY OF ALL CLAIMS MADE BETWEEN THE PARTIES, WHETHER NOW EXISTING OR LATER ARISING INCLUDING ALL CLAIMS, DEFENSES, COUNTERCLAIMS, CROSSCLAIMS, THIRD PARTY CLAIMS AND INTERVENOR'S CLAIMS, WHETHER ARISING FROM OR RELATED TO THE SERVICES PROVIDED BY BCOTB, THE PERFORMANCE OF THE DUTIES AND RESPONSIBILITIES OF THE PARTIES PURSUANT TO THIS AGREEMENT, OR WHETHER RELATED TO THE RELATIONSHIP BETWEEN THE PARTIES.

**6. Dispute Resolution**

Should a dispute related to this Agreement arise between the Parties, the Parties shall make good faith efforts to resolve such dispute without filing an action or other claim with a court or other entity. If the Parties' good faith discussions should fail, the Parties agree to submit the dispute to mediation services. The Parties shall agree on an appropriate third party, who is non-biased and not related to the Parties in any way, in order to mediate the dispute between the Parties. The Parties agree to equally divide the costs of the mediation services amongst themselves. Only after the Parties exhaust the courses of action in this Section shall a Party be entitled to file an action or claim with a court of competent jurisdiction or some other type of entity.

**7. Non-Competition / Non-Solicitation**

Client acknowledges that BCOTB will incur substantial costs in providing and arranging for the services to be provided to Client's family, including supplies, services, personnel, and other items that are the subject of this Agreement. Accordingly, Client agrees that, during the term of this Agreement, plus one (1) year after the Agreement expires, is terminated or otherwise concludes:

Client shall not attempt to directly or indirectly own, manage, operate or control or participate in the ownership, management, operation or control of, or become associated, as an employee, director, officer, advisor, agent consultant, principal, partner, member or independent contractor with any person, enterprise, firm, partnership, corporation, limited liability entity, cooperative or other entity operating a behavioral consulting services firm or other competitive business located, or providing services, within a twenty (20) mile radius of the areas where BCOTB provides services.

Client shall not attempt to divert any business of BCOTB to any other competitive establishment that is located within a twenty (20) mile radius of the areas where BCOTB provides services. The geographic area where BCOTB provides services is defined to be the areas where BCOTB maintains physical offices.

Clients shall not solicit or employ any employees or independent contractor of BCOTB, including consultants or therapists, in any manner including, but not limited to: as an employee, consultant, or through a third party, other than general advertisement, without prior written approval by BCOTB during the term of this Agreement and for at least two (2) years after the expiration, termination or conclusion of this Agreement. Unless otherwise agreed to by the Parties, in the event that Client violates this Section, Client agrees to pay BCOTB a fee of fifty percent (50%) of the gross annual salary paid by BCOTB to such employee or independent contractor, including consultants and therapists. Such fee shall be paid by Client upon the hiring of such employee or independent contractor, including consultants and therapists, in any capacity.

If any restriction contained in this Section is held by any court or regulatory body to be unenforceable or unreasonable, a lesser restriction shall be enforced in its place and the remaining restrictions set forth in this Agreement shall be enforced independently of each other.

## **8. Confidentiality**

Except as may be required by law, during the term of this Agreement, plus five (5) years after the Agreement expires, is terminated, or otherwise concludes, Client shall maintain the confidentiality of all business policies, procedures, techniques, trade secrets other knowledge or processes developed by BCOTB. Client acknowledges that all program materials are prepared solely for Client's use and cannot be copied, disseminated, published, or shared with third parties without the approval of BCOTB. Client acknowledges that all program materials must be returned to BCOTB upon termination, expiration or conclusion of this Agreement.

## **9. Non-Disparagement**

Client shall not directly or indirectly, make any statement, whether in commercial or noncommercial speech, disparaging BCOTB or any affiliate of BCOTB, or any products or services offered by any of these.

## **10. Severability**

If any provision of this Agreement shall be deemed invalid, unenforceable or contrary to applicable law by a court of competent jurisdiction, the remaining provision(s) in whole or in part shall remain and survive if full force and effect.

## **11. Waiver of Consequential Damages**

Client acknowledges that there is a risk associated with any type of therapy or intervention and that therapy outcome is dependent upon several variables and success cannot be guaranteed. Therefore, Client hereby agrees that to the fullest extent permitted by law, BCOTB shall not be liable to Client (or to Client's child, family members, or any other individuals participating in BCOTB's services under this Agreement) for any special, indirect, incidental or consequential damages whatsoever, whether caused by BCOTB's own negligence, breach of contract, or other cause or causes including, but not limited to, loss of behavioral consulting services and the costs related to locating a new provider of such consulting services.

## **12. Limitation of Liability**

Client agrees that, to the extent a dispute, claim or other action arises between the Parties for injuries, losses, expenses or damages experienced by Client, Client's child, Client's family members or any other individuals participating in BCOTB's services under this Agreement, which relate to the services provided by BCOTB or any cause or causes including, but not limited to, **BCOTB's own negligence, acts, omissions, breach of contract or other liability**, whether arising in contract, tort, strict liability or otherwise, BCOTB's liability, if any, for the loss or damage sustained shall be limited to \$50,000 OR the total sum paid to BCOTB for its services by or on behalf of Client, whichever sum is greater.

### **13. Indemnification**

Client, and Client's respective successors and assigns, hereby jointly and severally indemnify and hold BCOTB, its affiliates and respective directors, officers, employees, consultants, attorneys and agents ("**Indemnified Parties**" or "**BCOTB**"), harmless from and against any and all liabilities, claims, actions or causes of action, assessments, losses, penalties, costs, losses, damages and expenses, including attorney's fees (including, without limitation, contingency or similar fee arrangements) and expert witness fees, sustained or incurred by BCOTB as a result of, or arising out of, or by virtue of: (a) the relationship between Client, Client's child and/or Client's family and BCOTB; (b) the services provided by BCOTB to Client, Client's child and/or Client's family; (c) the inaccuracy of any representation made by the Client to BCOTB herein; (d) **BCOTB's own negligence or misconduct**; or (e) any and all liabilities arising out of any claim made by any person, organization or association against BCOTB with respect to the services contemplated by this Agreement, except for claims based on the gross negligence or willful misconduct of BCOTB.

BCOTB may defend any such claim or cause of action brought or asserted against BCOTB arising out of any of the foregoing set forth in subsections (a)-(e) of this section at the expense of Client, with counsel designated by BCOTB, and to the exclusion of Client. Alternatively, BCOTB may call upon the Client to defend any such action at Client's sole cost and expense. BCOTB may, in its sole and exclusive discretion, adjust, settle, or compromise any such claim or cause of action made upon or brought against BCOTB, and Client shall indemnify BCOTB for any such amounts adjusted, settled or compromised, as well as all costs and expenses, including attorneys' fees (including, without limitation, contingency or similar fee arrangements) incurred in connection therewith. Client acknowledges and agrees that Client's liability and obligations hereunder are unconditional, unlimited and shall continue in full force and effect at all times hereafter, including, without limitation, unless specifically terminated in writing by BCOTB.

Therefore, the Parties agree to the terms of this Agreement as set forth above:

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

BEHAVIORAL CONSULTING OF TAMPA BAY,  
INC.

6951 Pistol Range Road, Suite 101  
Tampa, Florida 33635

27604 Cashford Circle  
Wesley Chapel, FL 33544

9225 Bay Plaza Blvd. Suite 401  
Tampa, FL 33619

\_\_\_\_\_  
Signature of BCOTB representative

Print Name: \_\_\_\_\_

CLIENT

By: \_\_\_\_\_  
Caregiver 1 Signature

Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
Caregiver 2 Signature

Print Name: \_\_\_\_\_