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**Effective date: 4/06/1016**

## **Payment of Fees**

California law requires that all fees are established and agreed to before we can begin. This section clarifies all fees, and defines your financial responsibilities.

- The standard fee is 125.00 per hour (60 minute session) due at the end of each session, this may be covered if you are an active duty military family.
- Canceling or rescheduling appointments requires a twenty-four (24) hour notice by telephone (or text) to avoid having to pay the entire fee for a missed session.
- Written reports are billed at \$125.00 per hour.
- Telephone conversations between us in excess of fifteen (15) minutes per day will be billed proportional to the hourly fee.
- Appearing at meetings or legal proceedings on your behalf is billable to you at \$125.00 per hour, including travel time.
- Social Skills Groups are \$65/hour (your child will be with 1-2 other children with varying needs plus 1-2 typical models).
- All payments are due at time of service.

**Your initials here agreeing to the Payment of Fees** \_\_\_\_\_

## **Confidentiality Limits and Exceptions**

Normally, everything we discuss will be held confidential. Unless you provide a signed authorization, we will not speak to or correspond with anyone about you.

If you choose to break confidentiality in any way (i.e. sending us an email, applying for insurance reimbursement, telling anyone about your therapy, use an analog cell phone), we cannot control or be held liable for the outcome.

California law and professional ethics either mandate or permit therapists to break client confidentiality under certain circumstances. Some exceptions to confidentiality include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now:

- you or your child present a danger to self or others
- a child or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering
- a dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse or neglect.

*Note: The above is a sample, and not a complete list of exceptions to confidentiality.*



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Your initials here agreeing to Confidentiality Limits and Exceptions: \_\_\_\_\_

### Treatment Termination

- If at any time during the course of your treatment we determine we cannot continue, we will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved.
- You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you.
- Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before we can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, we are ethically required to terminate your treatment.
- Other legal or ethical circumstances may arise and compel us to terminate treatment. In these cases appropriate referrals will be offered. Also, we do not diagnose, treat, or advise on problems outside the recognized boundaries of our competencies.
- Other situations that warrant termination may include: drug abuse, disclosing illegal intentions or actions, inappropriate behavior during sessions.

Your initials here agreeing with Treatment Termination conditions: \_\_\_\_\_

### Risks Associated with Behavioral Treatment

Like many things in life, behavioral treatment may have inherent risks. Some of these risks are:

- disruptions in your daily life that can occur because of therapeutic changes
- emotional pain due to tolerating your child's reaction to behavioral intervention
- although treatment begins with the hope of behavioral improvement and positive outcomes in the overall family functioning, there is no guarantee that this will occur. There is, however, a better chance of improvement occurring if all caregivers in the household participate in the therapy.

Your initials here acknowledging Risks Associated with Behavioral Treatment \_\_\_\_\_



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### Authorization to Commence Behavioral Therapy

- Your signature below will verify that you have read the information in this authorization and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge your willingness to undergo treatment for your child using behavioral methods and/or behavioral therapy methods, as we deem appropriate and in accordance with this Informed Consent.
- You also agree to enter into a professional business arrangement according to all business practices outlined in this agreement. You accept total financial responsibility for payment of all fees and services as described, regardless of insurance coverage or any other third-party payers.
- You will also be releasing us of any liability that directly or indirectly results from disclosure or exchange of any information covered in this agreement.
- Please keep a copy of this agreement.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_