



ABA Center-based Treatment for Autism Spectrum Disorder

**Intake Packet Checklist**

Client Initials: _____		Date: _____	
Items	Initials	Date Complete	
<input type="checkbox"/> Welcome Page***			
<input type="checkbox"/> Financial Responsibility Agreement***			
<input type="checkbox"/> Safety-Care™ Crisis Intervention***			
<input type="checkbox"/> Permission for Assessment***			
<input type="checkbox"/> Mandated Reporter***			
<input type="checkbox"/> Notice of Privacy Practices***			
<input type="checkbox"/> Medical Questionnaire			
<input type="checkbox"/> Client Information			
<input type="checkbox"/> Risk Assessment			
<input type="checkbox"/> Client Home Safety Checklist			
<input type="checkbox"/> Client Handbook			
<input type="checkbox"/> Professional Release of Information**			
<input type="checkbox"/> Diagnostic Assessment(s)**			
<input type="checkbox"/> Current IEP			
<input type="checkbox"/> Copy of Insurance Cards			
<input type="checkbox"/> Facility Health Policy			

**\*\*\*Must be discussed and signed at the beginning of the intake**

**\*\*Must be discussed at the beginning of the intake**

**ALL DOCUMENTS MUST BE SIGNED AND REVIEWED BY THE END OF THE ASSESSMENT**

Dear Parents,

Welcome! Thank you for your interest in Milestones Behavioral Pediatrics, INC center-based Applied Behavior Analysis Autism treatment program! We are delighted you have chosen us to work with your child and help them reach their highest potential. Our mission at Milestones Behavioral Pediatrics, INC is to make a positive impact on families and the community through the practices and dissemination of Applied Behavior Analysis.

Treatment is aimed at improving your child's communication, social interactions, individual play/leisure skills, emotion expression and coping strategies. At Milestones Behavioral Pediatrics, INC, we look at each individual child and aim to understand their individual skill sets to give us the best picture of your child's unique needs. To do this, a variety of assessments are used depending on your child's age and current skill set. These may include the following:

- The Verbal Behavior Milestones Assessment & Placement Program (VB-MAPP)
- Promoting Emergence of Advanced Knowledge (PEAK) relational Training System
- Assessment of Functional Living Skills (AFLS)
- The Essentials for Living (EFL)

Your first meeting with the Milestones Behavioral Pediatrics, INC team will likely be at the Initial Intake Interview. This meeting will be led by your Board-Certified Behavior Analyst (BCBA) who is trained specifically in Applied Behavior Analytic principles and applications for children diagnosed with Autism. Parents are encouraged to bring any family members who provide a large amount of care for the child, as well as bringing your child to the first visit.

An additional staff member, likely a Board Certified Assistant Behavior Analyst (BCaBA) will interact with your child during this initial interview and begin initial assessments for him/her. Before you leave, your BCBA will schedule 1 to 2 back-to-back Follow-up Assessments that work for you during our normal operating hours where you will be able to drop your child off and return 2 hours later to pick him/her up. During the follow-ups, the BCBA or BCaBA will complete assessments and get to know your child. After the Follow-up Assessments and ONLY when all your paperwork has been submitted to Milestones Behavioral Pediatrics, INC will we be able to submit that paperwork along with your child's treatment plan for Prior Authorization. Prior Authorizations take on average 2-3 months, but can take up to 4 months depending on the insurance company– the approval from your insurance company that indicates they will reimburse for the services Milestones Behavioral Pediatrics, INC will be performing.

The chart above indicates assessments, evaluations and/or paperwork required BEFORE beginning treatment at Milestones Behavioral Pediatrics, INC. Please read the list carefully and submit or have ready ALL the pertaining documents by the time of your personal, scheduled Intake Interview with Milestones Behavioral Pediatrics, INC. Delays in submission of paperwork delays the approval of funding and your child's potential start date.

Sincerely,



Kirsten Masrelian, MS BCBA  
Clinical Director

# WHAT TO EXPECT DURING TREATMENT?

**Parent Copy – parents, keep this copy for your records.**

Many parents wonder how they will be involved as part of their child’s treatment. During the initial wait period to get the Prior Authorization approval from insurance companies, Milestones will be contact you before the expected start month. Milestones schedules treatment by the week, and we will ask you for your preferred schedule the week before we expect to begin services with your family. As soon as the approval comes through, and we have available staff to cover your child’s treatment hours, we will contact you to let you know your child can begin!

Below is an outline of your responsibilities as a parent during treatment:

## **First Month**

Your child will be developing a relationship with their team of staff, learning the routine of the center and the center’s expectations.

Parents will be meeting with their Treatment Team to discuss the Treatment Plan, make any suggested revisions and have parents sign the plan. Parents will also discuss developing an individualized parent-training series that addresses the individual difficulties the parent faces at home and will encourage generalization between home and center environments.

## **Daily Expectations**

At pick-ups, you will receive communication from Technicians via an oral summary and written summary of your child’s day. It is important to ask any questions or voice concerns that you may have, but please keep in mind the Technician you are speaking with may have no control over modifications to your child’s case or the center’s protocol. Please feel free to ask to speak with your BCaBA or BCBA if you have concerns about your child’s programming, schedule, communication issues etc.

If you have any questions or concerns regarding your child’s ability to generalize skills from the center or their problem behavior at home, please consult with your BCaBA or BCBA.

## **Monthly**

Each month you are encouraged to set up at least one in-home visit with your Behavior Analyst to work on generalization of skills and implementing the Behavior Reduction Plans indicated in your child’s treatment plan.

Each month you will have a meeting with your Behavior Analyst to discuss updates, changes, progress during treatment and be able to observe your child during treatment. During these meetings, the personalized parent training will also be conducted.

## **Quarterly Reports**

Each quarter you will be given a Quarterly Summary of Services Report, summarizing your child’s progress on current treatment goals over the past 3 months as well as graphs of any problem behavior that your child’s team may be working on reducing. This report will be fully reviewed with you during your regular monthly meeting the month it comes out.

## **Yearly Expectations**

Each year, any expiring paperwork or documentation needs to be updated for our records. If necessary, Milestones will reach out to you when documents have expired or contact physicians directly. Many insurance companies also have 6-

month or 1-year re-authorization requirements. Parents may or may not be aware when these occur, as Milestones takes care of this for you. You will be notified if additional paperwork is needed to complete this process. It is **very important** that you communicate any changes in insurance companies or policies to Milestones ASAP, as additional prior authorizations may be needed.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Financial Responsibility Agreement

Milestones Behavioral Pediatrics, Inc aims to help as many families as possible, and we seek out various funding opportunities, including insurance, state, county, and self-funding.

**Insurance:** Milestones Behavioral Pediatrics, Inc will ensure that all pre-authorization, assessment and progress reports are completed and submitted before the due dates to continue ongoing therapy. **However, if any claim comes back as uninsurable, you will be billed for the full amount of services after 60 days.** As such, it will be your responsibility to contact your insurance company for reimbursement. You are responsible for any charges, or portions of charges that your insurance company does not cover. Milestones Behavioral Pediatrics, Inc will release all necessary paperwork to the client, legal guardian, Parent/Guardian as requested.

Milestones Behavioral Pediatrics, Inc is in a network with the following insurance companies:

- Anthem Blue Cross Blue Shield
- Humana
- Humana Tricare
- United Health Care/Optum Behavioral Health
- UMR
- Forward Health

Milestones Behavioral Pediatrics, Inc also works out of network with:

- WPS
- Aetna

**County Funded:** If your insurance is funded through Brown County Children's Long Term Support Waiver (CLTS), Milestones Behavioral Pediatrics, Inc will ensure all assessment and progress reports are completed and submitted before the due date, to continue ongoing therapy. Milestones Behavioral Pediatrics, Inc promises to not exceed the total funded amount without the expressed consent of the client, Parent/Guardian. However, if you request additional sessions above and beyond the funded amount, you will be responsible for payment of these additional services. Before beginning any additional sessions, the Clinical Director will be notified, and a client contract will be signed with the total amount of sessions above the funded amount.

**Self-Funded:** Milestones Behavioral Pediatrics, Inc and the Parent/Guardian will determine the number of ABA therapy hours per week and supervision per month (one hour of supervision for every 10 hours of ABA therapy provided).

The Parent/Guardian will receive a monthly bill, with payment due within 30 days of the invoice date. If payment is not received within 30 days of the invoice date, then Milestones Behavioral Pediatrics, Inc has the right to place the account on hold and stop services until payment has been received in full.

The two options for Self-Funded clients are:

**Pre-Pay:** If you pre-pay for monthly ABA services, you will receive a timely payment rate, which is based on the agreed amount. The following criteria must be met to qualify for the pre-pay plan:

1. A Behavior Technician (trained and supervised closely by the Supervisor must conduct at least 50% of all therapy sessions.
2. Payment must be received on or before the due date as written on the invoice (within 30 days from the date of the invoice).
3. All documents must be signed and returned within 72 hours of receipt. If additional time is required, please discuss this with your Supervisor.

The pre-paid rate will increase to the standard hourly rate if you are unable to meet the above terms. In the case of non-compliance, you will receive an email within 48 hours and be notified of the rate increase. After one incident of non-compliance, the you can return to pre-pay rates following successful payment of the three terms of standard rates. However, if payment is not received within 30 days of the due date printed on the invoice, Milestones Behavioral Pediatrics, Inc reserves the right to place services on hold until payment is received in full.

**Standard Rate:** Services will be billed at the standard hourly rate. Payment must be received no later than 30 days of the invoice date (due date will be posted on the invoice). If payment is not received by the due date as stated on invoice, there will be a late charge of \$60.00 applied to your account, and Milestones Behavioral Pediatrics, Inc reserves the right to place services on hold until payment is received in full.

Pre-pay Rates	Standard Rates
Behavior Technician \$100/hr	Behavior Technician \$140/hr
Supervisor \$200/hr	Supervisor \$250/hr

Time is billed in 15 minute increments.

The terms of this agreement will continue until either party provides written notice of termination request. Termination will take place 30 days from the date of the request, and termination reports (a minimum of 4 hours billed at the Supervisor rate) will be provided at the time of termination. If a notice of termination is not provided in writing, one week of service will be billed to you

**Invoices:** Milestones will invoice families monthly. You will receive an itemized invoice, with a breakdown of the date of service, time of service, and service type. You will receive an electronic invoice on the last day of each month. Paper copies are available upon request; to receive a paper copy, please send an email to [kmasrelian@milestoneswi.com](mailto:kmasrelian@milestoneswi.com).

The Parent/Guardian of the child receiving services remain completely responsible for the full payment of all services, including late payment fees. We accept payment via online banking, check, money order, debit, or credit cards (Visa, MasterCard, Discover, or American Express). It is recommended that clients use online banking where possible.

**Fees:**

- There is a \$40.00 Returned Check Fee for all checks returned by the bank.
- Appointments must be canceled at least 24 hours in advance. If they are not canceled with 24 hours' notice, you will be charged a \$60.00 missed appointment fee. (excluding Medicaid or Medicare)
- There is a late Payment charge of \$60.00 as described above.

Milestones obtains insurance information as a service and convenience to our clients and their families. Every attempt will be made to obtain accurate information. Milestones is not responsible for omissions by the insurance company when quoting benefit information and cannot guarantee payment of benefits by the insurance company.

**Financial Agreement effective August 2018:**

- Services provided may change or be modified depending on the needs of the client.
- Fees for services are subject to change and a 30-day written notice will be provided if changes occur.
- The parent/guardian is responsible for any charges denied by 3<sup>rd</sup> party payers. Due to lack of medical necessity, pre-existing condition, benefits exhausted, non-covered services etc., your out-of-pocket expense may change and the parent/guardian is financially responsible for all non-covered services.

- Milestones provides the service of filing claims. The service of claim filing does not release the parent/guardian of financial responsibility for treatment costs.
- Insurance companies and other 3<sup>rd</sup> party payers act as agents of the participant and payments are made on behalf of the participant. When a participant’s insurance carrier or funding source fails to make payment for services within 60 days, regardless of the reason, the outstanding amount due will become part of the parent/guardian balance.
- The parent/guardian is expected to pay any outstanding personal balance in full each month or according to the agreed upon payment schedule.
- Should financial hardship arise, the parent/guardian should contact Milestones immediately to arrange a satisfactory means for addressing the obligation.
- It is understood that Milestones, with proper notice, may suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.
- The parent/guardian is responsible for obtaining referrals and prescriptions for services. Failure to secure the necessary information may result in cancellation of scheduled services.
- The parent/guardian authorizes the release of any medical or other information necessary to process claims to insurance carriers or other funding sources.
- The parent/guardian is responsible for verifying benefits with their insurance company (or any other 3<sup>rd</sup> party payer). If Milestones is asked to contact the participant’s agent to verify benefits on behalf of the participant, the parent/guardian understands the benefit verification is NOT a guarantee of future payment.

Please print and sign below to indicate that you have read and agree to the terms outlined in this financial agreement.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Print Client Name

<b>CLIENT INFORMATION</b>			
		M	F
Client's Name	Date of Birth	Gender	Diagnosis
Address	City	State	Zip
<b>PRIMARY INSURANCE</b>			
Name of Primary Insurance Company			
Contract #	Group #	ID #	
Insurance Policy Holder		Relationship to Client	
Date of Birth	Employed by	Occupation	
Business Address		Business Phone	
<b>SECONDARY INSURANCE</b>			
Name of Secondary Insurance Company			
Contract #	Group #	ID #	
Insurance Policy Holder		Relationship to Client	
Date of Birth	Employed by	Occupation	
Business Address		Business Phone	
<b>FORWARD HEALTH</b>			
Your child's Forward Health ID number <i>(write "NA" if your child does not have Forward Health)</i>			



## ABA Therapy Service Agreement

During the term of this agreement, Milestones Behavioral Pediatrics, Inc will provide ABA Therapy services, and the Parent/Guardian will compensate Milestones a payment for the services as described below in the terms and conditions specified. I understand all the fees and conditions as stated above.

**IF IT BECOMES NECESSARY FOR THIRD PARTY COLLECTION, I AGREE TO PAY FOR ALL COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEY FEES.**

### Services

During the terms of this agreement Milestones Behavioral Pediatrics, Inc shall provide the following services:

- Behavioral treatment services, which may include, but are not limited to: direct one-on-one instruction, a continuation of assessments, and modification of programs (data collection and review as required for evidence-based ABA practices), completion of Functional Behavior Analysis (FBA) or Functional Behavior Analysis for problem behaviors, an update of Behavior Intervention Plan (BIP), and Parent/Guardian training.
- Other professional services can be requested but are not included in this service agreement may include, but are not limited to:
  - Program development
  - Attendance to meetings or consultations with other professionals you have authorized
  - Preparation of records or treatment summaries
  - Time required to perform any other service which you may request.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PICTURE RELEASE

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

Milestones Behavioral Pediatrics, INC uses photographs of children receiving services in our center-based program for the purpose of staff feedback of performance, training, data collection, and selected marketing pieces for program awareness.

I have indicated below that photographs/digital images and/or quoted remarks may be used as follows: (circle all that you authorize)

Yes	No	Pictures used internally for individual programming (such as picture icons for communication, Visual Schedules, Social Stories etc.)
Yes	No	Pictures used to document programming, skill acquisition or for data collection purposes reviewed by team members or other professionals related to treatment
Yes	No	Pictures used to train staff or provide feedback to staff on correct treatment implementation
Yes	No	Printed publication or materials (such as magazines, newspapers, brochures and flyers)
Yes	No	Electronic publications or presentations (TV or another broadcast media)
Yes	No	Website and social media (Milestones Behavioral Pediatrics, INC website, Facebook, Instagram, etc)

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Milestones Behavioral Pediatrics, INC.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

# VIDEO RELEASE

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

For the safety of your child and our staff, Milestones Behavioral Pediatrics, INC uses a CCTV video monitoring system. The video monitoring system includes 16 cameras that record **only picture, no sound**. The cameras run on a continuous loop, storing two weeks of previous footage before being recorded over. These cameras are found in **public spaces only**. **Cameras are not authorized in private spaces such as restrooms**. The cameras and storage of footage follows all HIPAA compliance measures, including physical and technical safeguards, as well as technical policies and network security. Due to the continuous recording, it is **not** possible to opt out of this safeguard while receiving services.

I have indicated below that video footage may be used as follows: (circle all that you authorize)

Yes	No	Video used to document programming, skill acquisition or for data collection purposes reviewed by team members or other professionals related to treatment
Yes	No	Video used to train staff or provide feedback to staff on correct treatment implementation

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Milestones Behavioral Pediatrics, INC.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Safety-Care™ Release

Milestones Behavioral Pediatrics, Inc utilizes Safety-Care™ provided by QBS as a crisis management system. All employees that may be involved in physical intervention are trained and certified in Safety-Care™. Please be aware Parent/Guardian cannot be trained by our employees in personal safety techniques and physical interventions (i.e., restraints).

Safety-Care's™ philosophy is Respect (showing compassion and empathy); Humane (supporting emotional and physical well-being); and Non-Coercive Interventions (preventing danger, risk, and injury). The focus of Safety-Care™ is on the client and emphasizes the importance of being supportive and maintaining therapeutic rapport, and prevention of crises over management of them. All employees have been trained to understand the levels of crisis development, how each level of crisis should be approached, and how to proactively prevent any need to use physical intervention by teaching replacement behaviors.

Safety-Care™ is the safe, non-harmful control and restraint positions to safely assist an individual until he/she can regain control of their behavior. Physical management will only be utilized as a last resort when all other less restrictive strategies have been exhausted, or when a person is considered a danger to self or others, according to the procedures provided by QBS Safety-Care per policies established by Milestones Behavioral Pediatrics, Inc. A serious incident will be documented in a written report and reviewed with the you the Parent/Guardian and any witnesses. The report will be submitted to the Director of Operations and placed in the client's file.

When addressing problem behaviors, client's care, welfare, safety, and security will be our primary focus. Safety-Care™ intervention will always be a measure only used to ensure the safety of clients and others. If you have any questions or concerns regarding this policy, please contact Milestones at any time.

If you choose to decline the use of physical intervention, Milestones employees including, at minimum, the Clinical Director, and Supervisor, will assess the level of risk in the home and if services can continue to be provided safely without the use of physical intervention.

Please initial below:

- I prefer my child's Behavior Technician/Supervisor help assist my child when physical redirection is needed  
\_\_\_\_\_ (Please initial)
- I prefer I only help assist my child when physical redirection is needed  
\_\_\_\_\_ (Please initial)
- I prefer we both together assist my child physical when redirection is needed  
\_\_\_\_\_ (Please initial)

I have fully read, understand, and have inserted my initial next to my preference to the above in this Safety-Care™ Release.

Client or Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Permission for Assessment

I give my permission for my child, \_\_\_\_\_, to be evaluated and assessed by Milestones Behavioral Pediatrics, Inc to determine initial and continuing eligibility for services. I understand that this information will also be used to identify my child's strengths and needs to provide appropriate intervention services and programming.

Print Child's Full Name:	Child's D.O.B.
Parent/Guardian Signature:	Date:

## Mandated Reporter Disclosure Form

All behavioral employees for the in-home program operated by Milestones Behavioral Pediatrics, Inc are mandated reporters as deemed so by Wisconsin state rules, regulations, and laws. This is true of all social workers, teachers, etc., and should not restrict the work to be completed. This is a state law designed to protect children from injury and should not be viewed as means to harm Parent/Guardian and caretakers.

This form shall serve as a reminder to the family of this fact and shall also provide insight into what this disclosure means. This disclosure shall serve as part of the client education regarding the program, and the client information packet.

Being deemed a mandated reporter, all employees for the Milestones Behavioral Pediatrics, Inc program are required by law to report any and all allegations, reports, and suspicions of child abuse, neglect, and maltreatment to the appropriate identified governing body.

Child Protective Services is the governing body identified in the state of Wisconsin regarding cases of child abuse, neglect, and maltreatment, and all employees are required and shall, therefore, report the incidents mentioned above to the National Hotline for Child Protective Services.

Any report to Child Protective Services, where deemed necessary by them, shall constitute a separate case from the one managed by Milestones Behavioral Pediatrics, Inc intensive in-home program. For this reason, it should be noted that the Behavior employees shall only participate in CPS cases as required and requested by Child Protective Services. The intensive in-home program operated by Milestones Behavioral Pediatrics, Inc shall play no part in decisions made by Child Protective Services and should be viewed as a separate organization from Child Protective Services.

The client shall sign a Mandated Reporter Disclosure Receipt Form that shall be kept in the client's file as evidence that the information mentioned above has been provided to the client and family.

### Mandated Reporter Disclosure Receipt Form

I, \_\_\_\_\_, have read and received a copy of the Mandated Reporter Disclosure Form policy from the Behavioral employees of the intensive center based services operated by Milestones Behavioral Pediatrics, Inc.

Client or Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MILESTONES BEHAVIORAL PEDIATRICS, INC CENTER PRIVACY RELEASE

Milestones will occasionally host tours from outside providers, potential client families, members of the community and/or professional contacts. In addition, observations and meetings are conducted through the conference room window that connects to the treatment area.

Milestones takes precautions to protect the identify of your child by using partitioning dividers, initials of clients and keeping materials put away when not in use. By initialing and signing below, I understand that my son or daughter may be briefly viewed or seen by outside individuals during treatment hours at Milestones.

Milestones does keep a record of visitors who enter the treatment area in the front waiting room for reference at any time.

By initialing, I give my permission for my child to be viewed:

\_\_\_\_\_ by tours from outside providers, potential client families, members of the community, potential employees and or/ professional contacts that are interested in viewing the center.

\_\_\_\_\_ by individuals or families using the conference room for meetings and/or observations of their child or for observations for coordinating service providers that take place in the conference room.

If the parent/guardian chooses not to initial above, this will be indicated in your child's learning materials and every effort will be made to keep your child from being observed by outside visitors and observations unless express consent is given for the visit.

Client or Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Information

Parent/Guardian:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Address:	
Parent/Guardian:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Address (If different than above)	

Emergency Contact Information	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	
Client or Child's Name:	
Date of Birth:	
Address:	
Primary Care Physician:	
Office Phone:	
Office Address:	

Authorized Pickup (other than parents/guardians listed above)	
Name:	
Relationship:	
Home Phone:	



Cell Phone:	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	

<b>Restricted Pickup</b>	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	

Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
--

If answered YES...

Please list allergies:	Please List Staff Action:

Are the allergies life threatening? YES <input type="checkbox"/> NO <input type="checkbox"/>
--

If YES, please describe:	

Does your child have any seizures? YES  NO

If answered YES...

Please list types of seizures:

**Seizure Protocol:**

Please write in protocol for handling seizures: (any medicine administration, call parents, call 911, monitor, etc)

Please list step-by-step instructions for Milestones Behavioral Pediatrics, INC staff to follow if you child has a seizure while at the center:

- 1.
- 2.
- 3.
- 4.
- 5.

Call parent when:

Call physician when:

Emergency Plan for Seizures: 911 should be called if:

- Seizure lasts longer than \_\_\_\_\_ minutes
- Your child is having difficulty breathing
- Is aspirating vomit
- A significant injury occurs during the seizure
- Status epilepticus occurs (continuous seizure)

## Client Home Safety Checklist

Yes	Question	Comments
<input type="checkbox"/>	Are there pets? If so, list the types; and do they have a history of jumping or biting?	
<input type="checkbox"/>	Is there a location for therapy? If so where?	
<input type="checkbox"/>	Are there any firearms in the home?	
<input type="checkbox"/>	If yes, are they in a gun safe or securely locked up?	
<input type="checkbox"/>	Is there a smoke alarm(s)? Location? Do they work?	
<input type="checkbox"/>	Is there a carbon monoxide detector(s)? Location? Do they work?	
<input type="checkbox"/>	Is there a fire extinguisher(s) and location?	
<input type="checkbox"/>	Is there a disaster location in the home?	
<input type="checkbox"/>	If there are stairs in the home, are they free of clutter?	
<input type="checkbox"/>	Handrail on stairs is secure?	
<input type="checkbox"/>	Is this a smoke-free home?	
<input type="checkbox"/>	Is the home well-kept and reasonable free of clutter?	
<input type="checkbox"/>	Bathrooms are reasonably clean?	
<input type="checkbox"/>	Location of Front exit(s)?	
<input type="checkbox"/>	Location of Rear exit(s)?	
<input type="checkbox"/>	Location of Basement exit(s)?	
<input type="checkbox"/>	Are the exits free and clear?	
<input type="checkbox"/>	Are doors easily opened and closed?	
<input type="checkbox"/>	What parking is available and where is it located?	
<input type="checkbox"/>	Should Behavior Technicians remove shoes when in the home?	
<input type="checkbox"/>	Are there any peanut, or other allergies, in the household that we should be aware of?	
<input type="checkbox"/>	Is there a specific food that should not be brought into the home?	

## Communication

Communication is a vital role for many several reasons. Our goal at Milestones Behavioral Pediatrics, Inc is to respond to all emails, phone calls, or texts within 24 hours during regular business hours\*. There may be times that we respond with a notification stating that we may need more time to respond.

Parent/Guardian acknowledge replying to phone calls or emails from employees within 24 hours. If you do not have time to respond to the communication from an employee within 24 hours, email, call or text to indicate when you will be able to respond so that we are aware that you received the communication.

Point of Contact	Reason
smihalic@milestoneswi.com	<ul style="list-style-type: none"> <li>- Notify the team of an illness</li> <li>- Request schedule change</li> <li>- Ask questions about schedule</li> <li>- Notify team of dates/time your child is not available for reasons (i.e., dr. appt, vacation, etc.)</li> </ul>
kmasrelian@milestoneswi.com	<ul style="list-style-type: none"> <li>- Ask questions or discuss concerns about your invoice, balance, etc.</li> <li>- Request tax documents invoices, statements, receipts</li> <li>- Discuss any issue regarding insurance, CPT codes, etc.</li> <li>- Invoices will be sent from this email.</li> </ul>
kmasrelian@milestoneswi.com	<ul style="list-style-type: none"> <li>- This email is only seen by the Directors</li> <li>- Voices concerns or discuss any matter in which you would like to keep confidential.</li> </ul>
info@milestoneswi.com	A great email to use to share with others.

*\*Business hours are from 7:30 am to 5:00 pm Monday-Friday.*

### Running Late

If for any reason you are running late for a session, please notify the Scheduler and send an email to smihalic@milestoneswi.com as soon as possible. The Behavior Technician will wait for up to 15 minutes. Please note your full session may not be met because other clients may be scheduled after your session. This would count as a 'less than 24-hour fee' and the full cost of the session may apply.

### Schedule Change Requests

To request a general schedule change or to discuss any scheduling concerns, send an email to smihalic@milestoneswi.com. We request that families give us at least two weeks' notice on significant changes in their plans for ABA sessions scheduling, to facilitate consistency in service delivery.

### Inclement Weather Policies and Procedures

Inclement weather is defined as weather that has the potential to cause injury or harm when traveled in. Examples of inclement weather can take many forms and can include, but should not be limited to the following:

- Unplowed snow-covered roads, roads inadequately plowed, or icy roads
- Flash flood warnings, or flooded areas
- A dangerously low chill factor

- Excessively high temperatures, or high heat index
- Poor air quality warnings
- Severe thunderstorm warnings, tornado warnings, or sightings for a related area.

The Milestones Behavioral Pediatrics, Inc employees will make any decisions regarding the weather and safety risks from the agency's standpoint. Generally, Milestones Behavioral Pediatrics follows the West De Pere School district regarding late starts, early releases, or closing for the day. If Milestones will open late, close early or for the day it will be publicly published on WBAY, as well as on our social media sites.

Additionally, the client has the right to cancel appointments if there is a reasonable risk to safety. In this event, the 24 hour cancelation fee would not apply.

Parent/Guardian acknowledge that it is their responsibility to provide viable contact information, which would include a method of contacting the client in the event of an emergency-type situation.

## Authorization to Release Professional Information

Child/Client's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize: \_\_\_\_\_

(agency/service provider, caretaker, teacher, etc.)

To:

- Release the following information to Milestones Behavioral Pediatrics, Inc.
- The above agency and Milestones Behavioral Pediatrics, Inc to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

Any information released or exchanged may not be disclosed to any other agency except those required by law. The following information is included in this release:

- Psychiatric Evaluation
- Social History
- Discharge Summary
- Individualized Education Plan
- Diagnostic Information
- Psychological Evaluation
- Treatment Plan & Reviews
- Test Results: Physical Exam/Audiology/Visual
- Other: \_\_\_\_\_

This information may be transmitted:

- by mail       by fax       by phone       by e-mail

**This consent automatically expires 30 days after termination of services.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to Release Professional Information

Child/Client's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize: \_\_\_\_\_

(agency/service provider, caretaker, teacher, etc.)

To:

- Release the following information to Milestones Behavioral Pediatrics, Inc.
- The above agency and Milestones Behavioral Pediatrics, Inc to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

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- Test Results: Physical Exam/Audiology/Visual
- Other: \_\_\_\_\_

This information may be transmitted:

- by mail       by fax       by phone       by e-mail

**This consent automatically expires 30 days after termination of services.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Authorization to Release Professional Information

Child/Client's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize: \_\_\_\_\_

(agency/service provider, caretaker, teacher, etc.)

To:

- Release the following information to Milestones Behavioral Pediatrics, Inc.
- The above agency and Milestones Behavioral Pediatrics, Inc to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

Any information released or exchanged may not be disclosed to any other agency except those required by law. The following information is included in this release:

- Psychiatric Evaluation
- Social History
- Discharge Summary
- Individualized Education Plan
- Diagnostic Information
- Psychological Evaluation
- Treatment Plan & Reviews
- Test Results: Physical Exam/Audiology/Visual
- Other: \_\_\_\_\_

This information may be transmitted:

- by mail     by fax     by phone     by e-mail

**This consent automatically expires 30 days after termination of services.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CONSENT FOR SERVICES

This document describes the nature of the agreement for professional services, the agreed upon limits of those services and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysis. I will retain a copy of this document for my records

I agree to have my child/dependent participate in Applied Behavior Analysis (ABA) assessment and/or treatment services provided by Milestones Behavioral Pediatrics, Inc. I understand that the specific activities, goals and desired outcomes of these ABA services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of services delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (i.e. school, insurance plan, state agency) I am aware that the third party has the following rights: to review documentation/reports for billing purposes. I also understand that my child/dependent is the primary client of Milestones and that services will be designed primarily for his/her benefit. Any other individuals or agencies (i.e. family, school professionals) who may be affected by the ABA services are considered secondary clients.

I understand that the first several sessions will consist of assessment activities designed to evaluate his/her current skills and determine which instructional strategies and interventions are likely to prove most effective. The time allocated to these assessments will result in improved intervention. If services are designed to improve ongoing problem behaviors, I understand that the beginning of those services will include functional assessment activities (i.e. interviews, direct observation etc.) that are designed to provide information critical to the development of effective treatment procedures. I may be asked to assist in gathering some of this information by recording problem behavior as it occurs.

Subsequent services will focus on development and implementation of instructional procedures and/or a behavior intervention plan. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures or behavior intervention plans for my approval. The contents of those documents will be explained to me in full and any questions I have will be answered to my satisfaction. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made.

Behavior Analysts are ethically obligated to provide treatments that have been scientifically supported as most effected for your child/dependent. I am aware that other interventions that I am pursuing may affect my child's response to ABA treatment. Thus, it is important to make the Behavioral Treatment Therapist aware of those interventions.

I understand that Milestones may release information without my prior consent if so ordered by a court of law. I am also aware that under the State of Wisconsin Statute s48.981, Providers are legally required to report suspected occurrences of child abuse or neglect (or if I or my child/dependent present clear and present danger to ourselves or to others) to the Bureau of Child Welfare

I understand that Milestones employs individuals who are supervised by Kirsten Masrelian, BCBA. I understand my child/dependent's assessment and treatment services are regularly observed supervisors or other employees as part of ongoing training and quality assurance activities. All individuals observing are bound by the same confidentiality guidelines as Milestones. I am aware that a record of the treatment will be maintained and this record is available to me in written form upon request.

I reserve the right to withdraw at any time from these services and I understand they such a withdrawal will not affect my child's right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region.

In addition, I reserve the right to refuse, at any time, the treatment that is being offered. I may request a copy of professional credentials or background check results from any of the professionals working with my child.

These policies have been fully explained to me and I fully and freely give my consent and permission for my dependent to receive services from Milestones Behavioral Pediatrics, INC.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Print Client Name

# OUTSIDE PLAY PERMISSION SLIP

I, \_\_\_\_\_ (parent name),  give permission  do not give permission  
(circle one)  
for my son/daughter \_\_\_\_\_ to play outside with his/her technician during treatment hours.

While outside, the technician may:

play/walk within reach of my child for any amount of time

play/walk only while holding hand

not take my child outside

Special Outside Instructions/Notes:

I understand at this time, the outside area is not fenced in. I give my permission above with that knowledge.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
Date

# PARENT HANDBOOK ACKNOWLEDGEMENT FORM

For environmental conservation, our Parent Handbook can be found on our website: [www.milestoneswi.com](http://www.milestoneswi.com). Please review the handbook online before signing the form below.

By signing the Parent Handbook Acknowledgement Form, you are indicating that you have read, understand and agree to follow the Policies and Procedures relating to parents. The Parent Handbook consists of a basic outline of Milestones Behavioral Pediatrics, INC services and expectations. Please keep the handbook in a safe place to use it in the future for reference and information.

The Parent Handbook is subject to change without prior notice. Parents will, however, receive notification of these changes when they occur and will continue to have access through the Milestones Behavioral Pediatrics, INC website.

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

My signature indicates that I have reviewed the parent handbook. I understand that it is my responsibility to read, understand and follow the Policies and Procedures outlined in this handbook and any future revisions.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CLIENT BILL OF RIGHTS

Milestones Behavioral Pediatrics, INC believes in treating children and their families with respect and dignity. We are also committed to abiding by the laws and public policies, which govern relationships between consumers and providing agencies.

## CLIENT RIGHTS

**Milestones Behavioral Pediatrics, INC acknowledges that the clients and their families have the following rights:**

- You and your child have the right to receive courteous treatment and appropriate care based on your needs.
- You have the right to know the qualifications/credentials of the staff.
- You have the right to receive information about your child's treatment in a language you can understand. This includes being informed of the therapy program and the nature and purpose of the treatment as it relates to your child.
- You have the right to know the estimated length of the therapy, costs, goals and all the information related to the progress of your child.
- You have the right to make decisions about your treatment plan prior to and during the course of treatment.
- You have the right to refuse to provide information at any time. However, lack of information may affect our ability to help your child and reduce the possibility of receiving outside funding for the services provided.
- You have the right to refuse treatment or request alternate staffing.
- You have the right to review your child's internal therapy records; however, records Milestones Behavioral Pediatrics, INC may have received from outside sources cannot be released to you.
- You have the right to every consideration of privacy of information.
- You have the right to request the release of information to any person or organization you choose.
- You have the right to receive complete information about our services.
- You and your child have the right to receive services free from sexual harassment (both physical and verbal).
- You have the right to receive services and be free from any form of exploitation.
- You have the right to be informed of the policies and procedures of Milestones Behavioral Pediatrics, INC.
- You have the right to not be terminated from our program without explanation and/or notice.
- You have the right to express dissatisfaction or request a change in the treatment plan without restraint, interference, coercion, discrimination or reprisal.

- You have the right to not be discriminated against on the basis of race, religion, age, gender, ethnic origin, creed, sex, sexual orientation, arrest or conviction record, or status with regard to public assistance.
- You have the right to file a complaint or grievance.

### **CLIENT RESPONSIBILITIES**

**As a client of Milestones Behavioral Pediatrics, INC, you have responsibilities as well as rights:**

- You are responsible to be clear and direct about your child and his/her disability or developmental delays. It is important for you to provide complete and accurate information about your child's medical history, medications and any other matters relating to your child.
- You are responsible to understand your child's treatment plan. Your willingness to follow home program requests bears directly on the success of your child's treatment.
- You are responsible for arranging payment for the services you receive.
- You are responsible for keeping your schedule appointments. If your child cannot keep an appointment, please advise us as soon as you can. We recognize that children get sick unexpectedly and miss scheduled appointments. Milestones Behavioral Pediatrics, INC Behavioral Pediatrics, INC does reserve the right to discharge your child when three out of four consecutive appointments are missed without advance notice. Therefore, you must advise scheduling as soon as possible whenever your child is unavailable for a scheduled appointment.
- You are responsible for respecting the right of privacy and confidentiality of other clients in our center. This is especially true of other clients you meet while participating in group situations in settings outside of the center.
- You are responsible to help us assure that our therapy center feels safe and all are protected. Milestones Behavioral Pediatrics, INC reserves the right to terminate contact with individuals who engage in abusive language or behavior, any form of harassment or who are perceived to be under the influence of alcohol or drugs.

# Health Insurance Portability and Accountability Act Privacy Notice (HIPAA)

Parent Copy – parents, please keep this copy for your records.

This notice describes how Milestones Behavioral Pediatrics, INC uses and discloses your medical and other identifying Protected Health Information (PHI). In addition, this notice describes your legal rights in regards to your records, and the process for accessing your records. Please review this notice carefully.

As part of providing services, Milestones Behavioral Pediatrics, INC will collect PHI about your child's health care and your family. Milestones Behavioral Pediatrics, INC needs this PHI to provide quality services and to comply with certain legal requirements. This notice applies to all records generated by Milestones Behavioral Pediatrics, INC. This law requires us to:

- Make sure that records with identifying PHI are kept private.
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Follow the terms of the Privacy Notice that is currently in effect.

## How Milestones Behavioral Pediatrics, INC May Use and Disclose PHI

Listed below are a number of reasons or ways in which Milestones Behavioral Pediatrics, INC may disclose PHI. In each category, there is an explanation of the reason and usually an example. This notice does NOT LIST EVERY USE OR DISCLOSURE IN A CATEGORY. The reasons Milestones Behavioral Pediatrics, INC might disclose PHI includes:

**>For Treatment:** Milestones Behavioral Pediatrics, INC may disclose PHI to Milestones Behavioral Pediatrics, INC personnel or outside of Milestones Behavioral Pediatrics, INC to others who are involved in providing care to you or your child. For example, Milestones Behavioral Pediatrics, INC BTTS meet weekly to discuss challenging behaviors and programming and may share PHI at that time. In addition, with written consent, Milestones Behavioral Pediatrics, INC may communicate with your child's County Case Manager.

**>For Payment:** Milestones Behavioral Pediatrics, INC may use and disclose PHI so that services may be billed and payment may be collected from an insurance company or a government health program. Milestones Behavioral Pediatrics, INC may also tell your health plan about a service your child may receive to obtain prior approval or to determine whether your health plan will cover the treatment. As legal guardians, you must provide informed consent for Milestones Behavioral Pediatrics, INC to release this PHI.

**>For Health Care Operations:** Milestones Behavioral Pediatrics, INC may use Milestones Behavioral Pediatrics, INC to run our program and to make sure Milestones Behavioral Pediatrics, INC is providing quality services or to decide if services should be changed or modified.

**>As Required by Law:** Milestones Behavioral Pediatrics, INC will disclose PHI when required by federal, state, or local law. For example, state law requires Milestones Behavioral Pediatrics, INC to report suspected abuse or neglect to the proper authorities, which will require the release of PHI. This use of PHI does not require consent.

**>To Avoid a Serious Threat to Health or Safety:** Milestones Behavioral Pediatrics, INC may use or disclose PHI when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. As legal guardians, you will have the opportunity to provide written consent for this use of PHI.

**>Military and Veterans:** If you are a member of the armed forces, Milestones Behavioral Pediatrics, INC may release PHI about you as required by military command authorities without additional consent.

**>Workers' Compensation:** Milestones Behavioral Pediatrics, INC may release PHI for workers' compensation or similar programs when required by law to do so. For example, if you are involved in a claim for workers' compensation benefits, Milestones Behavioral Pediatrics, INC may release PHI requested about your child's health.

**>Health Oversight Activities:** Milestones Behavioral Pediatrics, INC may disclose PHI to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.

**>Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning our services or someone who provided services to you. Milestones Behavioral Pediatrics, INC may disclose PHI in response to a court or administrative order. Milestones Behavioral Pediatrics, INC may also disclose PHI in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to inform you about the request prior to providing the PHI to allow you to obtain an order protecting the PHI requested.

**>Law Enforcement:** In certain situations, Milestones Behavioral Pediatrics, INC may release PHI to law enforcement officials. For example, Milestones Behavioral Pediatrics, INC might release PHI about you to identify or locate a missing person; about a death at Milestones Behavioral Pediatrics, INC that may be the result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description of location of the person believed to have committed the crime.

**>Coroners, Medical Examiners and Funeral Directors:** Milestones Behavioral Pediatrics, INC may release PHI to a coroner or medical examiner to identify a deceased person or determine a cause of death. Milestones Behavioral Pediatrics, INC may release PHI to funeral directors as necessary to help them carry out their duties.

**>National Security and Intelligence, Protective Services for the President and Others:** Milestones Behavioral Pediatrics, INC may release PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**>Correctional Programs:** If you are an inmate or in the custody of a law enforcement officer, Milestones Behavioral Pediatrics, INC may release PHI to the correctional institution or law enforcement official, to protect your health and safety or the health and safety of others.

### **Your Rights and Your Child's Rights Regarding Your Protected Health Information**

As legal guardians for your child, you have the following rights:

**1. To Inspect and Copy Milestones Behavioral Pediatrics, INC Service Records:** Usually this includes medical and billing records but may exclude psychotherapy notes. To inspect and copy PHI in your record you must submit a request in writing to the center Director or HIPAA Compliance Officer. Milestones Behavioral Pediatrics, INC is allowed to charge a reasonable fee for the costs of copying, mailing or other costs related to your request.

In very limited circumstances Milestones Behavioral Pediatrics, INC may deny your request. If Milestones Behavioral Pediatrics, INC denies your request you may ask that the denial be reviewed. Another licensed health care professional of Milestones Behavioral Pediatrics, INC will then review your request and either uphold the original decision or reverse it.

**2. To Amend your Records:** If you believe that the PHI Milestones Behavioral Pediatrics, INC has about you and/or your child is incorrect or incomplete; you may make a written request to the HIPAA Compliance Officer to amend the PHI. You must include a reason that supports your request.

Milestones Behavioral Pediatrics, INC may deny the request if it is not in writing or does not include reasons to support the request. Milestones Behavioral Pediatrics, INC may also deny your request if you ask us to amend PHI that:

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept in our file;
- is not part of the PHI you would be permitted to inspect and copy or
- Milestones Behavioral Pediatrics, INC believes the PHI is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record Milestones Behavioral Pediatrics, INC will include your request in the record, whether the amendment is accepted or not.

**3. To Receive an Accounting of Disclosures:** Milestones Behavioral Pediatrics, INC will keep a log of disclosures made on or after November 1, 2011, other than disclosures for treatment, billing or health care operations. You have the right to request the list of



disclosures. You must submit a written request to the HIPAA Compliance Officer. The request may not cover more than a six-year period.

**4. To Request Restrictions:** You may request a restriction on the disclosure of PHI for treatment, payment or health care operations. Your request must be in writing to the HIPAA Compliance Officer. Your request must clearly state 1) what PHI is to be limited 2) whether you want to limit our use, our disclosure or both; and 3) to whom you want the limit to apply. For example, you could ask Milestones Behavioral Pediatrics, INC not use or disclose PHI to a certain person about services your child has received.

Milestones Behavioral Pediatrics, INC does not have to agree to your request to restrict access to PHI. If Milestones Behavioral Pediatrics, INC does agree, Milestones Behavioral Pediatrics, INC will comply with your request unless the PHI is needed to provide emergency treatment or to comply with a lawful and legal request or investigation.

**5. To Request Alternative Ways to Communicate:** You may request that Milestones Behavioral Pediatrics, INC communicate with you about services in a certain way or at a certain location. For example, you can ask that Milestones Behavioral Pediatrics, INC contact you only at work or only by mail. Your request must be in writing, must tell us how you would like us to communicate with you, and must be sent to the HIPAA Compliance Officer. Milestones Behavioral Pediatrics, INC will accommodate all reasonable requests.

**6. To Receive a Paper Copy or Electronic Copy of this Notice:** You have the right to receive a paper or an electronic copy of this notice from the HIPAA Compliance Officer.

#### **Additional Rights Under State Law**

State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this Notice.

#### **Changes to this Notice**

Milestones Behavioral Pediatrics, INC may change this notice in the future. Milestones Behavioral Pediatrics, INC can make the revised or changed notice effective for PHI Milestones Behavioral Pediatrics, INC already has about you as well as any PHI Milestones Behavioral Pediatrics, INC may create or receive in the future.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Compliance Officer or with the Secretary of Health and Human Services. All complaints must be in writing. Milestones Behavioral Pediatrics, INC will not retaliate against you for filing a complaint.