

Behavioral Consultation Services of Northern Arizona (BCSNA)

INFORMED CONSENT

I, _____, agree to have my child _____ be evaluated/treated through Behavioral Consultation Services of Northern Arizona (BCSNA). I understand that these services are based on an applied behavior analysis (ABA) model and will be provided by a professional trained in ABA.

I understand that state laws may require that confidentiality be broken under certain circumstances, specifically, if I am judged by the behavior analyst to be of danger to myself and/or others, gravely disabled, or if there is suspected child abuse.

I also understand that BCSNA specializes in the evaluation and treatment of problem behaviors, and that if BCSNA is unable to meet my particular needs, I will be referred to an appropriate agency or individual. If my child or I are here with a medical-related problem, my physician will be made aware of my treatment through BCSNA and is responsible for medical aspects of my case (i.e., medication, physical examination, etc.)

Concerns or complaints about services may be directed to Andrew W. Gardner, Ph.D., 928-556-9935.

Signature

Date

Witnessed by