

**Behavioral Consultation Services of Northern Arizona (BCSNA)**  
SERVICE AGREEMENT

In considering the treatment of \_\_\_\_\_ through BCSNA, it is understood that the following responsibilities described constitute necessary conditions for continued treatment.

**RESPONSIBILITIES OF BCSNA**

1. The BCSNA agrees to present a complete description of the program to all relevant individuals and to provide full details pertaining to the treatment plan for \_\_\_\_\_.
2. The BCSNA agrees to develop and implement intervention programs designed to reduce \_\_\_\_\_'s maladaptive behaviors and to increase his/her adaptive functioning.
3. The BCSNA agrees to provide frequent and regular progress reports to all relevant parties.
4. The BCSNA agrees to train \_\_\_\_\_'s family and other relevant parties in the implementation of \_\_\_\_\_'s treatment program.
5. The BCSNA agrees to assist the family in adapting \_\_\_\_\_'s program for implementation at home and school.
6. The BCSNA agrees to provide specific recommendations and ongoing consultation (as needed) following \_\_\_\_\_'s discharge.

**RESPONSIBILITIES OF FAMILY**

1. The family agrees to participate in assessment and treatment sessions at least \_\_\_\_\_ days per week for \_\_\_\_\_ hours per day. The days and times specified for these sessions will be \_\_\_\_\_.
2. The family agrees to notify \_\_\_\_\_ 24 hours in advance if parent sessions need to be cancelled.
3. Since \_\_\_\_\_'s treatment can only be successful if the family participates regularly in assessment and treatment sessions, the family should understand that \_\_\_\_\_'s treatment will be reevaluated if excessive cancellations of sessions occur. (Excessive cancellations will be defined as three cancellations in a row and/or three no-shows.) Should the family experience difficulty participating in assessment and treatment sessions, the behavior analyst and family will discuss alternative days/times to reschedule these sessions.
4. The family acknowledges that the recommendations of this unit are based on years of research and experience treating children with behavior problems. The family therefore understands that in order to accomplish a successful reduction of \_\_\_\_\_'s behavior problems, it is necessary to allow those behaviors to occur during the initial assessment period. Intervention

procedures will subsequently be designed, and their efficacy will be demonstrated by the use of direct observation data. At all times it is critical that all individuals interacting with the patient do so in a manner consistent with recommendations.

5. The family agrees that in order to facilitate \_\_\_\_\_'s treatment program, any individual interacting with \_\_\_\_\_ will adhere to the recommended procedures.
6. If, at any time, the family disagrees with the behavioral management of \_\_\_\_\_, the behavior analyst and the family will meet to assess the utility of \_\_\_\_\_'s outpatient treatment.
7. When the family has concerns about \_\_\_\_\_'s care or progress, they agree to call \_\_\_\_\_ (Behavior Analyst) at 928-556-9935 between the hours of 9:00 a.m. and 4:30 p.m. Monday through Thursday.
8. The family agrees to arrange for modifications in \_\_\_\_\_'s post-treatment program that will ensure the maintenance of behavioral gains.
9. The family agrees to provide continued support after \_\_\_\_\_'s treatment and participate in follow up sessions.

The above document has been read, discussed, and agreed upon by all parties responsible for the care and treatment of \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date