

**Declaration of
Professional Practices and Procedures
For Behavior Analysts¹**

[YOUR NAME, Degree]
Board Certified Behavior Analyst™

[Your mailing address & telephone number & email]

For My Prospective Client/Client's Family

This document is designed to inform you about my background and ensure that you understand our professional relationship.

AREAS OF EXPERTISE

[Basically, in this section you explain your area of expertise. This can be as long or as short as you want as long as the client is fully informed of your area(s) of competence.]

I have been practicing as a behavior analyst for ____ years. I obtained my degree in (field of study) in (year). My specialty is ____ (e.g., working with preschool children, parent training, etc).

PROFESSIONAL RELATIONSHIP, LIMITATIONS AND RISKS

What I Do

Behavior analysis is a unique method of treatment based on the idea that most important human behavior is learned over time and that it is currently maintained by consequences in the environment. My job as a behavior analyst is to work with behavior you would like to change. With your input, I can help you discover what is maintaining a behavior, discover more appropriate replacement behaviors, and then set up a plan to teach those behaviors. I can also develop a plan to help you acquire a new behavior or improve your skill level. Some of the time I will be treating you directly and at other times I may be training significant others as well.

How I Work

As a behavior analyst I do not make judgments about behavior. I try to understand behavior as an adaptive response (a way of coping) and suggest ways of adjusting and modifying behaviors to reduce pain and suffering and increase personal happiness and effectiveness.

You will be consulted at each step in the process. I will ask you about your goals, I will explain my assessment and the results of my assessment in plain English. I will describe my plan for intervention or treatment and ask for your approval of that plan. If at any point you want to terminate our relationship, I will cooperate fully.

Please know that it is impossible to guarantee any specific results regarding your goals. However, together we will work to achieve the best possible results. If I believe that my

¹ For clients/family members who would have a difficult time reading this document as written, you will need to explain each section in easy-to-understand language.

consultation has become non-productive, I will discuss terminating it and/or providing referral information as needed.

CLIENT RESPONSIBILITIES

I can only work with clients who fully inform me of any and all of their concerns. I will need your full cooperation as I try to understand the various behaviors that are problematic for you. I will be asking a lot of questions and making a few suggestions and I need your total honesty with me at all times. I will be showing you data as part of my ongoing evaluation of treatment and expect that you will attend to the data and give me your true appraisal of conditions.

One of the most unique aspects of behavior analysis as a form of treatment is that decisions are made based on objective data that are collected on a regular basis. I will need to take baseline data to first determine the nature and extent of the behavior problem that we are dealing with; then I will devise an intervention or treatment and continue to take data to determine if it is effective. I will show you this data and will make changes in treatment based on this data.

Under my code of ethical conduct I am not allowed to work with you in any other capacity except as your behavior therapist or consultant. If I am working in your home with your child it is not appropriate for you to leave the premises at any time or to ask me to take your child to some other location that is not directly related to my services.

I will need a list of any prescribed or over-the-counter medications and/or supplements in addition to any medical or mental health conditions; this information is kept confidential.

I expect that if you need to cancel or reschedule your appointment that you call as soon as you are aware of the change. If I do not receive 24-hour notification of your cancellation or you fail to show for an appointment, then you may be charged for the appointment.

CODE OF CONDUCT

I assure that my services will be rendered in a professional and ethical manner consistent with accepted ethical standards. I am required to adhere to the *Guidelines for Responsible Conduct* of the Behavior Analyst Certification Board®. A copy of these Guidelines are available upon request.

Although our relationship involves very personal interactions and discussions, I need you to realize that we have a professional relationship rather than a social one. According to my professional code of ethics, it is not appropriate for me to accept gifts or meals and it is not appropriate for me to be involved with your personal activities such as birthday parties, or family outings. [Modify this to suit your situation.]

If at any time and for any reason you are dissatisfied with our professional relationship, please let me know. If I am not able to resolve your concerns, you may report these to the following: Behavior Analyst Certification Board, Inc. • 1705 Metropolitan Boulevard, Suite 102 • Tallahassee, Florida 32308 850-386-4444 www.bacb.com

CONFIDENTIALITY

In Florida, clients and their therapists have a confidential and privileged relationship. I do not disclose anything that is observed, discussed or related to clients. In addition, I limit the information that is recorded in your file to protect your privacy. I need you to be aware that the confidentiality has limitations as stipulated by law including the following:

- I have your written consent to release information.
- I am verbally directed by you to tell someone else situations.
- I determine that you are a danger to yourself or others.
- I have reasonable grounds to suspect abuse or neglect of a child, disabled adult, or an elder adult.
- I am ordered by a judge to disclose information.

APPOINTMENTS, FEES AND EMERGENCIES

[In this section you will describe how appointments are set and how fees are charged. It may also be necessary to indicate who to contact in case of emergencies.]

The current fee for my services is _____. Billing will be handled as follows: _____. [Modify this to suit your situation.]

This document is for your records. Please sign the attached form indicating that you have read and understand the information in this declaration.

WITNESS

CLIENT

DATE

CLIENT