

Consent for Treatment

I consent for my child to continue to receive services with ABA of North Texas. I understand there are no guarantees regarding my child's progress as a result of participation in ABA therapy and understand I may discontinue services at any time. I agree to participate in services to the extent recommended in this plan. I understand my child's information is protected by HIPPA and BCAB confidentiality guidelines and I have been provided with the opportunity to ask questions regarding this treatment plan. My signature indicates agreement with these statements and permission for ABA of North Texas to provide services as recommended in this document.

Sign _____ date _____