

# SERVICE AGREEMENT

1130 Boone Aire Road, Florence, KY 41042

Thank you for contacting PSBG-Positive Solutions Behavior Group! We are committed to providing you with the highest quality of behavioral consultation and individualized care.

#### **Our Mission:**

Positive Solutions Behavior Group is dedicated to promoting personal growth and community integration for individuals with autism and developmental needs through evidence based research utilizing the principles of Applied Behavior Analysis.

It is a policy of Positive Solutions Behavior Group not to discriminate on the basis of race, color, religion, sex, national origin, age, gender or disability in its educational programs or employment policies as required by the Indiana Civil Rights Act (IC.22-9-1), IC 20-8-1-2, Titles VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX (1972) Educational Amendments), Section 504 of the Rehabilitation Act of 1973.

#### PRIVACY AND SECURITY OF INFORMATION

PSBG recognizes that it collects and maintains confidential information relating to its employees and the individuals to whom it provides services, and is dedicated to ensuring the privacy and proper handling of this information in accordance with State and Federal regulations.

School District Staff and Parents/Caregivers should be aware of the following definitions: "Personal information", "Medical Information", and "Health Insurance Information" all of which must be protected.

The definition of "personal information" for this requirement is an individual's first name or first initial and last name, in combination with any one or more of the following:

- Social Security number
- Driver's license number or State identification card number
- Account number, credit or debit card number, in combination with an required security code, access code, or password that would permit access to an individual's financial account
- Medical information
- Health Insurance Information

In addition, PSBG complies with the privacy and security requirements of the federal Health Insurance Portability and Accountability Act (HIPPAA), as set forth in greater detail in the Notice of Privacy Policies and Practices (NOPPP).

Information covered by the HIPAA privacy rule is referred to as "protected health information" (PHI). PHI is "individually identifiable health information" transmitted or maintained in any form or medium. This information includes a long list



of health and personal information that either identifies or can be used to identify an individual and his/her related medical data.

"Individually identifiable health information" is information including demographic data, that relates to:

- The individual's past, present or future physical or mental or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual

Covered information can either identify an individual or, there may be a reasonable basis that exists in which the information can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g. name, address, birth date or Social Security number).

Under the federal HIPAA a covered entity generally is restricted from using or disclosing PHI except as permitted by HIPAA and as described in the NOPPP. In addition, HIPAA grants certain rights to individuals, such as the right to access, amend and receive an accounting of disclosures of their protected health information. HIPAA also imposes certain administrative responsibilities on covered entities. The NOPPP provides additional information on the HIPAA privacy obligations of PSBG.

Protected Health Information (PHI), whether in hard copy or in electronic form (e.g. on laptops, flash drives, tablets, etc.), must be protected at all times. PSBG has adopted policies for protection of PHI inside its offices. Outside of its offices, transportation of PHI is only authorized for PSBG.

PSBG is required by law to release records in the following circumstances:

- Any and all suspected child abuse incidents must be reported
- Any court orders to release records is received
- HIPAA Privacy Rule: Disclosures in Emergency Situations

## **Laws & Regulations**

PSBG will comply with state and federal laws regarding the delivery of services to children with disabilities, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Americans with Disabilities Act (ADA), Family Educational Rights and Privacy Act (FERPA), Rehabilitation Act of 1973, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and Chapter 3323 of the Revised Code, per Rule 3301-103-07(A)(13) of the Administrative Code, Ohio Child Abuse and Neglect Mandate (Reporting abuse or neglect 2151.421).



The following information provides expectations for payment of services for Gallatin County Schools.

#### **FEE SCHEDULE**

| FEE SCHEDULE   |             |  |
|--|-------------|--|
| Client Directed Services   | Hourly Fees |  |
| 1:1 Direct Treatment   | RBT- \$60   |  |
| (Direct implementation of treatment plan by registered behavior technician)                                    |             |  |
|  |             |  |
| Report Writing   | BCBA- \$125 |  |
| (FBA and BIP write-up)   |             |  |
| *Not to exceed 8 hours   |             |  |
| Participation in Team Meetings   | BCBA- \$125 |  |
| (Includes meetings in which the student is typically not present such as pre-planning meetings for assessment, |             |  |
| consultation follow-up, data review meetings, etc.)  |             |  |
| Supervision of RBT   | BCBA- \$125 |  |
| (BCBA supervision of RBT meeting the BACB supervision requirement of at least 5% of total time RBT works with  |             |  |
| student per month)   |             |  |

| Professional Development Services  | Hourly Fees      |  |
|--|------------------|--|
| Individual Training  | BCBA(s)- \$125   |  |
| (Includes training of individual professionals focusing upon various aspects of Applied Behavior Analysis and behavior |                  |  |
| management)  |                  |  |
| *With and without student present, during school hours or approved after-school  | l hour trainings |  |

## **FAILURE TO KEEP APPOINTMENT(S)**

Please call 859.349.2558 ext 1000, or email Kara@positivesolutionsbehaviorgroup.com to cancel at least 24 hours prior to a scheduled appointment to avoid being charged a cancellation fee.

## **PAYMENT METHODS**

- Services will be invoiced on a monthly basis.
- Services that are completed on an as needed basis will receive an invoice within 4 weeks of the date that the last service was rendered.
- Checks should be made payable to Positive Solutions Behavior Group, LLC
  Payments should be mailed to: 800 Riviera Drive
  Lawrenceburg, IN 47025



|                                      | (district) understands i | its financial responsibility and guarantees payme | ent for al |
|--------------------------------------|--------------------------|---|------------|
| charges upon receiving receipt/state | ement of services.       |   |            |
|                                      |                          |   |            |
| Legally authorized representative    |                          | Date  |            |
| Courtney Brandt                      |                          | 06/09/2022  |            |
| PSBG Representative, Title           |                          | Date  |            |