Stepping Stones ABA

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SSABA Client Social Skill Interactions Consent

Stepping Stones ABA is providing the opportunity for social outings and interactions with other children during scheduled therapy appointments. We will be identifying appropriate peers as well as appropriate social situations in order to work on communication, play, and social skills. These outings are intended to work on identified skills in a real-life, but controlled environment. During these peer groups, you and your child will be introduced to other SSABA families. Attendance and consent is entirely at-will. Transportation to and from these scheduled interactions are the responsibility of the individual child's parent/legal guardian. SSABA staff will provide their own transportation to the indicated location.

Due to the nature of these therapeutic outings, it is likely that certain aspects of your child's Personal Health Information (PHI) will be revealed to other families and SSABA team members. PHI may include names, behavioral concerns, skills deficits and therapeutic focus. SSABA team members will make every effort to keep the focus of the outings on increasing the social skills of the children involved. At no point will unrelated details of your child be discussed without explicit, written permission.

_____ Given this information, I consent to have my child participate in scheduled social outings with SSABA.

_____ I have been informed and understand all potential risks and benefits of these outings, however, I may withdraw my consent at any time. However, I understand I cannot revoke consent for actions that have already taken place.

_____ I understand that I may be informed of other client's PHI during the social outings. I agree to keep this information private and not reveal to anyone outside of those involved in the scheduled outings.

_____

Child's Name

_____

Parent Name

_____

Parent Signature   **Date**

_____

Stepping Stones ABA Representative   **Date**