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# BEACON BEHAVIORAL CONSULTANTS, INC.

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## *Referral Packet* for ABA Services



9695 Lebanon Rd, STE 310, Mount Juliet, TN 37122  
Clinic: 615-288-4942 Fax: 615-288-4943 Email: [mfelker@att.net](mailto:mfelker@att.net)  
[www.beaconbehavioralconsultants.com](http://www.beaconbehavioralconsultants.com)



## ABOUT BEACON

Beacon Behavioral Consultants, located in Mt. Juliet, Tennessee, was founded in October 2003 by Martha & Johnny Felker. Beacon provides applied behavior analysis services (ABA) across most of the Middle Tennessee region. Beacon specializes in functional assessment of behavior, VB-MAPP, ABLLS and ABA intervention for individuals with challenging behavior and/or verbal skill deficits. Our clinicians are highly trained professionals experienced in providing ABA services for all ages across home, school, community and clinic-based settings. Beacon's commitment to excellence is reflected in the expertise of our clinicians and our reputation as a quality ABA provider across Middle Tennessee. Beacon contracts with BlueCare, TennCare Select, CoverKids, Amerigroup, Wilson County Schools, and private individuals.

## BEHAVIORAL CLINICIANS

**Behavior Analyst/BCBA/LBA:** Masters or PhD-level clinicians who are credentialed by the Behavior Analyst Certification Board as Board-Certified Behavior Analysts (BCBAs) and licensed by the state of Tennessee (LBAs). BCBAs conduct functional assessments and analysis of behavior, develop plans of care, train and assist in implementing plans of care, evaluate treatment effectiveness, follow up on crisis situations, evaluate maintenance and generalization of behavior, participate in individual-specific planning meetings, consult with treating healthcare professionals and supervise Registered Behavior Technicians (RBTs).

**Registered Behavior Technician/RBT:** Bachelors-level clinicians who are certified by the Behavior Analyst Certification Board as Registered Behavior Technicians (RBTs). RBTs directly implement skill acquisition and behavior-reduction plans developed by BCBAs and collect/maintain data specific to each plan. RBTs work under the close, ongoing supervision of licensed BCBAs.

## DESCRIPTION OF SERVICES

**Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP):** The FBA identifies functional relations between challenging behavior and environment through data gathered from the following sources: Interviews, file review, direct observation, and functional analysis. Behavior Analyst develops an in-depth report that summarizes findings, identifies objectives to be mastered, and makes recommendations for research-based ABA interventions designed to reduce at-risk behavior and increase appropriate adaptive skill repertoires. If treatment is recommended, Behavior Analyst develops a behavior intervention plan (BIP) that provides specific instructions on how to prevent and/or decrease at-risk behavior and increase preferred behavior.

**Ongoing ABA Services:** The focus of ABA treatment is to stabilize behavior and build appropriate response repertoires through direct and indirect intervention. Behavior Analyst and/or RBT works directly with client and provides ongoing training and support for family, teachers, & staff. Behavior Analyst assists with stimulus transfer, generalization, and maintenance skills, strengthens reliability and procedural integrity, participates in person-centered planning meetings and medical appointments as needed, and provides consultation for crisis situations. Treatment typically lasts anywhere from six to twelve months and since it is individualized, varies in intensity. Parental involvement in treatment is critical and will be gradually introduced into treatment in order to facilitate generalization of skills across people and settings.

**Special Presentations/Training:** Beacon also offers on-site group training in a number of ABA specialty areas including positive behavior supports, functional assessment, using ABA technology to address language deficits and autism.

Referral date \_\_\_\_\_

Referral Source \_\_\_\_\_



## REFERRAL: APPLIED BEHAVIOR ANALYSIS SERVICES

CLIENT \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
ADDRESS/CITY/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_



\*Insurance \_\_\_\_\_ Member # \_\_\_\_\_ TennCare \_\_\_ Commercial \_\_\_

\*Other Insurance \_\_\_\_\_

SS# \_\_\_\_\_ Availability for appointments \_\_\_\_\_

**CAPACITY:** Child (under 18) \_\_\_ Competent Adult (18+) \_\_\_ Adult w/Conservator \_\_\_

Parent/Legal Representative \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

**CURRENT SERVICES:** \*Med management Counseling/Therapy Speech/OT CCFT Other \_\_\_\_\_

\*Medications \_\_\_\_\_ PCP \_\_\_\_\_

Supported Living Provider/Phone (if applicable) \_\_\_\_\_

**REASON FOR REFERRAL** (Describe what behavior looks like & how often it occurs)

\_\_\_ Aggression \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_ Self-injury \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_ Tantrum \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_ Property destruction \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_ Elope \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

Where does it occur? \_\_\_ home \_\_\_ community \_\_\_ school \*School name \_\_\_\_\_

**ACTIVE RISKS** \_\_\_ Suicidal ideation \_\_\_ Homicidal ideation \_\_\_ History of neglect/abuse \_\_\_ Current DCS involvement

Other medical/environmental risks \_\_\_\_\_

Recent hospitalization for behavior (where & when) \_\_\_\_\_

**SIGNATURE & CONSENT**

I give my consent for Beacon Behavioral Consultants to conduct a functional behavior assessment. If insurance claims are filed, I AUTHORIZE Beacon Behavioral Consultants to receive insurance reimbursements from this point forward for all ABA services billed.

**REQUIRED!!** \_\_\_\_\_ Date: \_\_\_\_\_

(Competent Adult or Guardian/Conservator Signature)

Please fax completed/signed referral and \*MD order to 615-288-4943 or email to [mfelker@att.net](mailto:mfelker@att.net)

\*Call Beacon at 615-288-4942 for more info on what MUST be included in the MD order

*Thank you for your referral! We will contact you within three (3) business days!*



**AUTHORIZATION TO RELEASE INFORMATION**

Client \_\_\_\_\_ DOB \_\_\_\_\_

Adult (18+) \_\_\_ Child \_\_\_ Parent/Legal Representative \_\_\_\_\_

Agency Requesting Information: **Beacon Behavioral Consultants, Inc.**

I authorize any medical or mental health facility, educational institution, medical practitioner, mental health practitioner, behavioral practitioner, legal entity or insurance company that has provided or continues to provide treatment and/or services for above client to release any and all relevant insurance, billing, medical, mental health, educational, legal and/or behavioral records to **Beacon Behavioral Consultants**.

\_\_\_\_\_  
Competent Client/Legal Representative Printed Name Date

\_\_\_\_\_  
Beacon Representative/Credentials Printed Name Date

**PATIENT NOTIFICATION OF PRIVACY RIGHTS**

The Health Insurance Portability and Accountability Act (HIPAA) has created patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law”, HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the country are required to provide patients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. This Patient Notification of Privacy Rights is our attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what patient protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find we do all we can do to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

By law, we are required to secure your signature indicating you have received this Patient Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

I, \_\_\_\_\_, understand and have been provided a copy of Beacon Behavioral Consultants’ Patient Notification of Privacy Rights which provides a detailed description of the potential uses and disclosures of my protected health information as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

\_\_\_\_\_  
Competent Client/Legal Representative Date

## PATIENT NOTIFICATION OF PRIVACY RIGHTS (continued)

**This notice describes how your health records may be used and disclosed and how you can get access to this information. Please read carefully.**

### I. Preamble

Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA clearly defines what kind of information is to be included in your “designated behavioral health record” or “case record”.

HIPAA provides privacy protections about your personal health information, which is called “protected health information (PHI)” which could personally identify you. PHI consists of three (3) components: treatment, payment, and health care operations.

Treatment refers to activities in which we provide, coordinate or manage your behavioral health care service or other services related to your health care. Examples include an applied behavior analysis (ABA) session or communication with your primary care physician about your medication or overall behavioral health condition.

Payment is when Beacon obtains reimbursement for your mental health care or other services related to your health care. Beacon may use and disclose medical information about you or your child so that the treatment and services you receive from Beacon may be billed and payment may be collected from you, an insurance company or a third party.

Health care operations are activities related to our performance such as quality assurance. In our agency, the best example of health care operations is when a supervisor reviews our work together to see if your care is appropriate and best meeting your needs.

The use of your protected health information refers to activities our agency conducts for scheduling appointments, keeping records, and other tasks related to your care. Disclosures refer to activities you authorize such as the sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends).

### II. Uses and Disclosures of Protected Health Information Requiring Authorization

Tennessee requires authorization and consent for treatment, payment and health care operations. HIPAA does nothing to change this requirement by law in Tennessee. Beacon may disclose PHI for the purposes of treatment, payment and health care operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing Beacon to provide treatment and to conduct the administrative steps associated with your care.

Additionally, if you ever want Beacon to send any of your protected health information of any sort to anyone outside this office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. The requirement of you signing an additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request for a counselor to talk to your child’s school teacher about his/her ADHD condition and what this teacher might do to be of help to your child. Before talking with that teacher, you will have first signed the proper authorization consenting for the counselor to have such communication.

You may, in writing, revoke all authorizations to disclosure of protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed your clinician to do.

### III. Business Associates Disclosures

HIPAA requires that we train and monitor the conduct of those performing ancillary administrative services for our office and refers to these people as “Business Associates”. In our office, “business associates” include our secretaries who provide such services as typing and billing-all activities which bring them into some measure of contact with your protected health information.

#### IV. Uses and Disclosures Not Requiring Consent nor Authorization

By law, protected health information may be released without your consent or authorization under the following conditions:

- Suspected or known child abuse or neglect
- Suspected or known sexual abuse of a child
- Adult and Domestic abuse
- Health oversight activities (i.e. licensing boards in Tennessee)
- Judicial or administrative proceedings (i.e. you are ordered here by the court)
- Serious threat to health or safety (i.e. our “Duty to Warn” Law, national security threat)

#### V. Patient’s Rights and Our Duties

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information which I may or may not agree to but if I do, such restrictions shall apply unless our agreement is changed in writing
- The right to receive confidential communications by alternative means and at alternative locations. For example, you may not want forms mailed to your home address so we will send them to another location of your choosing
- The right to inspect and copy your protected health information in the designated record and any billing records for as long as protected health information is maintained in the record
- The right to insert an amendment in your protected health information, although the therapist may deny an improper request and/or respond to any amendment(s) you make to your record of care
- The right to an accounting of non-authorized disclosures of your Protected Health Information
- The right to a paper copy of notices/information from Beacon, even if you have previously requested electronic transmission of notices/information
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask your therapist/staff member for further assistance on these matters. Beacon is required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. Beacon reserves the right to change our privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of these policies when you come for future appointment(s). Our duties on these matters include maintaining the privacy of your protected health information, to provide you with this notice of your rights and our privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason, you desire a copy of these internal policies for executing privacy practices, please let your therapist know and you will get a copy of these documents kept on file for auditing purposes.

#### VI. Complaints

Martha Felker, Executive Director of Beacon Behavioral Consultants, 615-288-4942, is the appointed “Privacy Officer” for our agency per HIPAA regulations. If you have any concerns of any sort that your privacy rights may have been somehow compromised, please do not hesitate to contact the appointed privacy officer immediately about this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

#### VII. This notice shall go into effect November 22, 2013 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.