TRANSFORMATION
Therapy Services

PATIENT INFORMATION

Patient Resources & Policies

Clear information about your rights, privacy, consent, billing, access to care, and how to raise concerns. Empowering Lives, Transforming Futures.

Transformation Therapy Services, L.L.C.
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Effective July 8, 2026
ABA therapy for children with autism

What's inside

01 Patient Rights & Responsibilities

Patient rights

Patients and caregivers have the right to be treated with dignity and respect; receive services without discrimination; participate in decisions about care; receive information about services, treatment recommendations, and provider roles; consent to services; withdraw from services; maintain privacy and confidentiality; request access to clinical records as permitted by law; receive billing transparency; and receive services that prioritize safety, welfare, and the least restrictive effective procedures.

Patient and caregiver responsibilities

Patient and caregiver responsibilities include providing accurate and complete information, sharing relevant medical and behavioral history, reporting perceived risks or safety concerns, attending and participating in scheduled services, communicating schedule changes as early as possible, participating in caregiver training and treatment planning when applicable, following clinic policies and safety expectations, treating staff and other families respectfully, updating insurance or contact information, and paying patient responsibility amounts that are not covered by insurance.

02 Privacy & Confidentiality

Notice of Privacy Practices

Transformation Therapy Services protects patient health information in accordance with applicable privacy and security requirements, including HIPAA where applicable. Patient information may be used or disclosed for treatment, payment, and health care operations, and for other purposes permitted or required by law. Families receive privacy information during intake and may request a copy of the Notice of Privacy Practices.

HIPAA and privacy rights include the right to request access to health records, request corrections or amendments, request restrictions on certain uses or disclosures, request an accounting of certain disclosures, ask that confidential communications be sent to a specific location or contact method, receive a paper copy of privacy information, and file a complaint if privacy rights are believed to have been violated.

Confidentiality

Services are best provided in an atmosphere of trust. Transformation Therapy Services keeps patient information confidential except when the patient or legal guardian provides written authorization to release information, or when disclosure is permitted or required by law. Employees, trainees, and observers are expected to follow confidentiality and HIPAA-related requirements before accessing patient information or observing services.

> Questions about privacy practices or records requests may be directed to Transformation Therapy Services at admin@transformationaba.com or (910) 370-0721.

03 Questions, Concerns & Grievances

Transformation Therapy Services encourages families to share questions or concerns as early as possible so they can be reviewed and addressed. Concerns may be discussed with the Supervisor assigned to the case. If the family is not comfortable discussing the concern with the case Supervisor, or if the concern is ongoing and has not been resolved, the family may contact the Program Director or Case Coordinator.

Who to contact

Natalia Marcano, Program Director
natalia@transformationaba.com · (910) 370-0721

Alexandria Locklear, Case Coordinator
alexandria@transformationaba.com · (910) 370-0721

General office
admin@transformationaba.com · (910) 370-0721

Escalation

If a concern cannot be resolved at the case level, it may be escalated to clinical leadership and then to the owner of Transformation Therapy Services, L.L.C. as needed. Concerns are reviewed discreetly, documented as appropriate, and used to identify follow-up, training, policy clarification, or service improvements. Transformation Therapy Services prohibits retaliation for raising a good-faith concern or grievance. For immediate safety concerns, contact emergency services or the appropriate oversight agency.

04 Consent & Release of Information

Consent for services

Before assessment or treatment begins, Transformation Therapy Services obtains written consent from the patient or legal guardian. Consent materials explain the purpose of services, the ABA model of care, expected participation, confidentiality and its limits, financial responsibilities, and the opportunity to ask questions before signing.

Treatment changes

When there is a substantial change to a treatment plan, behavior support plan, or service recommendation, the clinical team reviews the change with the legal guardian and obtains written consent when required before implementation.

Release of information

A written Release of Information is required before Transformation Therapy Services exchanges confidential records with outside providers, schools, agencies, or other third parties, unless disclosure is otherwise permitted or required by law. Families may decline or revoke authorization as described in the release form.

Media and recordings

Photos, video, or audio recordings are used only according to the consent provided by the patient or legal guardian. Marketing use is separate from clinical or training use and requires appropriate written permission and approval.

05 Billing, Insurance & Patient Responsibility

Transformation Therapy Services works with families to understand insurance coverage, authorization requirements, and patient responsibility before services begin. When applicable, an authorization must be in place before ABA services start. Families are responsible for notifying Transformation Therapy Services about changes to insurance coverage, secondary insurance, contact information, or payer status.

Patient responsibility

Patient responsibility may include co-pays, deductibles, co-insurance, private-pay amounts, missed appointment fees, late pick-up fees, or other amounts not covered by insurance. Billing for and attempting to collect required co-pays and other patient responsibility amounts is required by payer contracts and applicable billing rules and is not optional.

Payment and questions

Invoices and account questions may be reviewed with our billing team. If payment cannot be made by the due date, families should contact Transformation Therapy Services as soon as possible to discuss available options. Applicable fee schedule information is available to current and prospective patients or legal guardians upon request.

06 Access to Care, Waitlist & Referrals

Transformation Therapy Services communicates with prospective and current families about the timeline for intake, assessment, authorization, and treatment start dates. When there is a delay in starting services, we provide updates when available and may offer referral information if appropriate alternatives are available.

Capacity and referrals

Transformation Therapy Services starts services when the organization has the capacity, qualified staff, and appropriate clinical resources to provide medically necessary care safely and effectively. If we are unable to meet a patient's needs, if a higher level of care is needed, or if the needed service is outside our scope, we will discuss referral options when available.

Discontinuation and transitions

Patients or legal guardians may choose to discontinue services by contacting the ABA Supervisor or Clinical Director. Transformation Therapy Services may also recommend transition, referral, or discontinuation when services are no longer clinically appropriate, when needs exceed the organization's scope or resources, or when safety, attendance, or participation barriers cannot be resolved through reasonable planning.

07 Patient Handbook & Packet

Our Patient Handbook and intake packet give families detailed information about services, policies, scheduling, safety expectations, privacy, and financial responsibility. Current and prospective families receive these materials during intake. To request a copy, or a version in another format or language, please contact our office.

08 Non-Discrimination Notice

Transformation Therapy Services does not discriminate in access to services, enrollment opportunities, or patient care on the basis of race, color, national origin, age, disability, religion, sex, pregnancy, sexual orientation, gender identity, source of payment, or any other protected characteristic. We are committed to respectful, culturally responsive care for every family we serve.

External rights resource

Disability Rights North Carolina is the state's designated Protection and Advocacy agency. Families may contact Disability Rights North Carolina for confidential assistance related to disability rights, access to services, or complaints about service providers.

Disability Rights North Carolina
3724 National Drive, Suite 100, Raleigh, NC 27612
Phone: 1-877-235-4210 · www.disabilityrightsnc.org

This document is provided for general information for prospective and current patients, caregivers, and legal guardians of Transformation Therapy Services, L.L.C. It is not legal advice. Families receive complete policy and privacy information during intake. For questions, or to request this document in another format or language, contact our office at admin@transformationaba.com or (910) 370-0721.