



Moving your child forward, one step at a time

## **INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS**

This document contains important information about our decision (yours and mine) to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

### **Decision to Meet Face-to-Face**

We have agreed to meet in person for your child's testing. I have shifted some portions of the testing process (parent interview/feedback) to Telehealth. If you have concerns about meeting through telehealth, we can talk about it and try to address any issues.

### **Risks of Opting for In-Person Services**

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk).

### **Your Responsibility to Minimize Your Exposure**

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result rescheduling or cancelling your child's appointment.

Initial each of these statements to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you and your child are symptom free. \_\_\_\_
- You will take your child's temperature before coming to the testing day. If it is elevated (100 Fahrenheit or more), or you or your child have other symptoms of the coronavirus, you agree to reschedule the appointment. If you need to reschedule for this reason, I will work to reschedule your appointment as soon as possible. \_\_\_\_
- If you arrive early to the testing day, you and your child will wait in your car until no earlier than 5 minutes before our appointment time. \_\_\_\_
- You and your child will wear a face mask in all areas of the building. (I will too). \_\_\_\_
- We will all maintain 6 feet of distance and there will be no physical contact (e.g. no shaking hands). \_\_\_\_
- If a resident of your home tests positive for the infection, you will let me know before the testing day and we will reschedule your child's appointment. \_\_\_\_

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

**My Commitment to Minimize Exposure**

My practice has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

**If You or I Are Sick**

You understand that I am committed to keeping you, me, and all of our families safe from the spread of this virus. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave immediately. We will follow up with services by telehealth as appropriate and/or reschedule the testing day within a timely manner.

**Informed Consent**

This agreement supplements the general informed consent/business agreement that we agreed to at the start of our work together.

Your signature below shows that you agree to these terms and conditions.

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Patient/Client

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Date

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Neuropsychologist

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Date