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Informed Consent for In-Person Neuropsychological Services During the COVID-19 Pandemic

This Consent for Returning to In-Person Neuropsychological Services is a supplement to the general informed consent agreement. Please read this document carefully and let me know if you have any questions.

COVID-19 remains a safety risk throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing many services via telecommunications technology or the office safety with COVID safety precautions and modifications. Use of telecommunications technology reduces the need for persons to come into close contact with each other or to be in areas where exposure to COVID-19 may occur. However, neuropsychological evaluations in the office setting provide the most accurate assessment. As a result, office modifications and safety precautions have been made for in-office neuropsychological evaluations.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time.

In order for me to provide you with in-person services, the following protocols must be followed by patients/clients and providers:

- All services will be provided through a window between adjacent offices with an intercom communication system. You will be restricted to the examination room throughout the evaluation with a direct outdoor entry/exit.
- Social distancing requirements must be met, meaning that you must maintain a six-foot distance from others while in offices, waiting rooms, and other areas.
- Patients/clients and providers may be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.
- Hand sanitizer will be provided at the office entrance.
- There will be no physical contact with others in the office.
- You agree **not to present for in-person services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been**

exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.

- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all of these protocols.

As COVID-19 regulations continue to evolve, I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name and the dates of our contact) required by law.

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. All services will be provided through a window between adjacent offices, and you will be restricted to the examination room throughout the evaluation. Despite our careful attention to sanitization, social distancing, and air purification, there remains a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services or to consider transitioning to remote services, please let me know.

By signing below, you acknowledge that you understand that there is still a potential risk of COVID19 exposure and that you agree to follow the safety protocols outlined above in order to engage in in-person services.

Patient/Client

Date

Neuropsychologist

Date