

CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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Certified School Psychologists +
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PLEASE REVIEW, SIGN, AND BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

INFORMED CONSENT FOR IN-PERSON NEUROPSYCHOLOGICAL TESTING DURING COVID-19 PUBLIC HEALTH CRISIS

This document contains important information about our decision (yours and mine) to schedule you for an in-person neuropsychological evaluation, in light of the current public health crisis. Please read this carefully and call my office prior to your appointment should you have any questions or concerns. Please read and sign the document, bring it with you to your appointment, and it will serve as an agreement between you and Clinical Neuropsychology Associates.

Decision to meet face-to-face:

We have agreed to meet in person for the purpose of providing a neuropsychological evaluation. If there is a resurgence of the pandemic or if other health concerns arise, it may be necessary to reschedule your appointment. If you decide at any time that you believe it is unsafe to attend the appointment, I will respect that decision and gladly schedule a future appointment for you.

Risks of in-person services:

You understand that by coming to the office, you are assuming the risk of exposure to COVID-19 (or other public health risks). This risk may increase if you travel by public transportation, cab, or rideshare service.

Your responsibility to minimize your exposure:

To be eligible for an in-person neuropsychological evaluation, you agree to take certain precautions that will help keep everyone (you, me, our families, staff and other patients) safer.

Please initial each line to indicate that you understand and agree to these safeguards.

| Please initial the box on the right next to each row to indicate your agreement. | Initial |
|---|---------|
| If you have symptoms of COVID-19 (coughing, fever, shortness of breath, etc.), you agree to cancel the appointment. If you wish to cancel for this reason, I will not charge our typical cancellation fee. In addition, you agree to have your temperature taken when you arrive for your evaluation appointment and again at the end of the day. | |
| You will adhere to the safe distancing precautions we have set up in the waiting room and testing room. For example, you will not move chairs or sit where we have signs directing you not to sit. | |
| You will wear a mask upon entering the office. You and the technician will wear masks during the testing. Gloves are not required, but available upon request. | |
| If you, a resident of your home, or anyone with whom you've had close contact is symptomatic or tests positive for COVID-19, you will immediately notify me, so that we will likely reschedule your appointment. | |

I may change the above precautions, if additional local, state, or federal orders or guidelines are published.

My commitment to minimize exposure:

My practice has taken steps to reduce the risk of spreading the virus within the office, and we have posted our efforts in the waiting area. Please let me know if you have any question about these efforts.

DESPITE ALL OF THESE REASONABLE PRECAUTIONS, DUE TO THE SPECIAL CIRCUMSTANCES SURROUNDING NEUROPSYCHOLOGICAL TESTING, YOU WILL BE SEATED ACROSS THE DESK FROM THE EXAMINER (APPROXIMATELY TWO TO THREE FEET APART) FOR THE ENTIRE DAY (APPROXIMATELY 9AM TO 5PM WITH PERIODIC BREAKS). YOU AND THE EXAMINER WILL SHARE TEST EQUIPMENT, FORMS AND PROTOCOLS. IF YOU ARE NOT COMPLETELY COMFORTABLE PROCEEDING IN THIS MANNER, PLEASE CONTACT MY OFFICE IMMEDIATELY AND WE WILL RESCHEDULE YOUR APPOINTMENT.

If you or I are sick:

You understand that I am committed to keeping you, me, staff, and our families safe from the spread of the virus. If you arrive for your appointment and I or my office staff believe that you have a fever or other symptoms, or if we believe that you have been exposed, I will have to

