CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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

This document contains important information about our decision (yours and mine) to schedule you for in-person treatment, 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 treatment services. 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 and/or offer you an alternative format if possible.

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 in-person treatment services, 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.

√	**Place checkmark in the box on the left next to each row to indicate your agreement. Also, initial the box on the right.**	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.	
	You will not bring any friends or family members to the appointment. If you do require someone to attend the appointment with you, this must be cleared with the doctor ahead of time. If it is deemed necessary, then that individual must wear a mask, have their temperature taken, and complete a COVID-19 questionnaire.	
	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 IN PERSON TREATMENT, YOU WILL BE IN THE SAME ROOM AS THE THERAPIST FOR YOUR SESSION. IF YOU ARE NOT COMPLETELY COMFORTABLE PROCEEDING IN THIS MANNER, PLEASE CONTACT MY OFFICE IMMEDIATELY AND WE WILL RESCHEDULE YOUR APPOINTMENT OR OFFER YOU AN ALTERNATIVE FORMAT (IF POSSIBLE).

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 require you to leave the office immediately. Your appointment can be rescheduled at a future date. If I or one of my staff tests positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Confidentiality in the case of infection:

If you have tested positive for COVID-19, I may be required to notify local health authorities that you have been in the office. If I have to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reasons for you visit. By signing this form, you are agreeing that I may do so without any additional signed release.

Informed Consent:

This agreement supplements to the general informed consent that we have in place.

Your signature below indicates that you have reviewed this document with your doctor, have had your questions and concerns addressed and agree to proceed with treatment under these terms and conditions:

_____		_____	
Patient Signature	Date	Therapist Signature	Date