



NEUROPSYCH ASSESSMENTS OF GREATER BOSTON

Consent for Returning to In-Person Psychological Services

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

The psychologist completed peer consultation with the results supporting in-person rather than tele-neuropsychological/remote administration of the assessment. Please provide details:

Decision to Meet Face to Face

The decision to pursue in-person testing rather than tele-neuropsychological/remote assessment was made for this client for the following reasons (check all that apply):

The client does not have access to a reliable and fast internet connection necessary for remote testing

The client does not have access to an appropriate device for remote testing such as a computer or tablet device with a microphone and camera (not cellphone)

The client does not have access to additional cameras, such as a document camera and/or other external cameras to appropriately administer the testing and monitor the testing environment

The household of the client is very busy with young children present and/or an inability to maintain a quiet and distraction-free testing environment

The clients' parents have limited English proficiency and/or significant cognitive/language/emotional challenges, which reduces their ability to serve as a proctor to the client in collaboration with the psychologist in order to maintain an appropriate testing situation

The client has significant behavioral challenges that preclude remote testing

The client has significant emotional challenges that preclude remote testing

The client has significant language challenges that preclude remote testing

The client has significant cognitive challenges that preclude remote testing

The client has significant adaptive challenges that preclude remote testing

The client is a young child and is not able to participate independently in remote testing

___The client is currently having significant behavioral challenges that necessitate assessment in the near term

___The client is currently having significant emotional challenges that necessitate assessment in the near term

___The client is currently having significant adaptive functioning/safety challenges that necessitate assessment in the near term

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. It is possible that a return to remote services will be necessary at some point based on consideration of health and safety issues. Such a decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

Reimbursement of Services

It is also important to consider that, although insurance reimbursement for tele-assessment services may have been mandated during the COVID-19 pandemic, such mandates may no longer be in effect, and tele-assessment may no longer be reimbursed by your insurance company.

Procedures to Minimize Exposure

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

- The day prior to the assessment, the family was contacted to ensure that neither the client nor any family members with whom they have been in contact recently had any symptoms of COVID-19.
- All staff members self-monitor their health and that of their families and do not report for work if they or any member of their family display any symptoms of COVID-19.
- Signage was provided regarding social distancing.
- All staff members engage in frequent hand washing within the workplace.
- The evaluator and client both washed hands in the office before and after the testing.
- All staff members and the client wore face masks at all times in the office.
- The test area and materials were sanitized before and after each test session.
- High touch areas in the office including doorknobs, desks, and computers are sanitized regularly throughout the day.
- An air purifier is in use in the office throughout the business day, as needed.
- The client used a personal disposable pointer and pencil that were discarded after the test session.
- The client was tested on a day and/or time in which no other clients were in the office.
- After presenting the client for testing, the parents and any other people accompanying the client left the office space to wait outside the office for the duration of the testing.
- A distance of six feet was maintained as much as possible between staff and between the client and staff.

- Testing was conducted in a large room with the client and examiner seated six feet apart as much as possible.
- 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.
- The client’s guardian received written and/or verbal information regarding the safety procedures and risks regarding testing and signed this consent form indicating their understanding and agreement.

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. Despite our careful attention to sanitization, social distancing, and other protocols, there is still a chance that you will be exposed to COVID-19 in our office. If, at any point, you prefer to stop in-person services, please let me know.

Your Confidentiality in the Case of Infection

I may be required to notify local health authorities that you have been in the office related to the spread of COVID-19. 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 of the reason(s) for the visit. By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent

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

Parent of Patient/Client (if under 18)

Date

Psychologist

Date