

## **Covid-19 Procedures and Consent Form**

Pathways Neuropsychology Associates has taken steps to reduce the risk of spreading the coronavirus within the office. This document contains important information about our decision to resume in person services in light of the Covid-19 public health crisis. We have agreed to meet in person for some or all of our future sessions. Please read this carefully. When you sign this document, it will be an official agreement between us.

If you decide at any time that you would feel safer staying with, or returning to, telehealth services, we will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services, however, is determined by the insurance companies and applicable law.

### **Your responsibility to minimize your exposure:**

To obtain services in person, you agree to take certain precautions which will help keep everyone safe from exposure to the coronavirus.

- You will only keep your in-person appointment if you do not have any of the following symptoms: Fever, cough, runny nose, or shortness of breath
- Your copay will be collected before your appointment, remotely via phone.
- We will take your temperature upon arrival at the office. If you have a temperature of 100 deg Fahrenheit or more your appointment will be rescheduled.
- You will arrive on time for your appointment and wait in your car until you are called by the office staff to come in.
- You will wash your hands or use alcohol-based hand sanitizer when you enter the waiting room.
- You will adhere to the safe distancing precautions we have set up in the office. Try to maintain a distance of 6 feet when possible.
- You will wear a mask in all areas of the office.
- If you need to schedule an appointment we will do so after your appointment, remotely via phone.
- You will take steps between appointments to minimize your exposure to COVID-19.
- If you or anyone in your residence test positive for the coronavirus you will immediately notify the staff.

We may change the above precautions if additional Local, State, or Federal guidelines are published. If one of our staff tests positive for Coronavirus, we will notify you. If you have tested positive for coronavirus, our office is required to notify the local health department that you have been in our office. By signing this form, you are agreeing that we may do so without additional consent. This agreement supplements the general consent agreement that we agreed to at the start of treatment.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pathways Neuropsychology Associates  
Staff

\_\_\_\_\_  
Date