

RICHMOND NEUROPSYCHOLOGY Leslie Greenberg, Ph.D. Neuropsychologist 804.833.3567 Phone drgreenberg@richmondneuropsychology.com (secure & HIPAA compliant email)

INFORMED CONSENT for COVID-19 PRECAUTIONS in OFFICE

This Consent for COVID-19 Precautions in the Office describes the policy of Richmond Neuropsychology to address safety concerns. Please read this document carefully and let me know if you have any questions.

Richmond Neuropsychology offers select services via telecommunications using secure technology. 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. The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change. Please check with your insurance provider to determine if you have coverage for telehealth services.

You must comply with all recommendations of the State of Virginia, Henrico Health Department, and the Centers for Disease Control and Prevention (CDC).

- Patients and providers who are fully vaccinated will not be required to wear a mask while in the office. Patients (adults and children) who are not fully vaccinated will be required to wear masks. If you do not have a mask, one will be provided.
- Hand sanitizer or hand washing at a sink will be provided and must be used upon entering the office.
- 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. Adults and minors (age 17 years and younger) who are not fully vaccinated must wear a mask at all times.

As COVID-19 regulations continue to evolve, Richmond Neuropsychology may become legally required to disclose that you and Dr. Greenberg have been in contact, if you or Dr. Greenberg test positive or show signs of COVID-19 infection. If Richmond Neuropsychology is legally compelled to disclose information, Dr. Greenberg will inform you and will only provide the minimum necessary information required by law (*e.g.*, your name and the dates of contact).

We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19. Despite our careful attention to masking, 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 or to consider transitioning to remote services, please let me know.

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Your signature acknowledges that you understand that there is a potential risk of exposure to COVID-19 and that you agree to follow the safety protocols detailed above during in-person services.

Signature (Adult) _

Signature (Minor) _

Signature of Parent/Guardian of a Minor

Date _	
Date _	
Date _	