

CHARLOTTE PSYCHOLOGICAL ASSESSMENT, P.A.

Forensic, Clinical, and Neuropsychological Assessments

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

This document contains important information about our decision (yours and mine) to engage in-person services in light of the coronavirus (COVID-19) public health crisis. Please read this carefully and let me know if you have any questions. When you sign this document, it will be an official agreement between us.

Decision to Meet Face-to-Face

We have agreed to meet in person for the testing session(s) related to the evaluation. Under special circumstances, I may require that we postpone the testing session(s). If you decide at any time that you would feel safer postponing the evaluation for any reason, I also respect that decision. We both agree to communicate the decision to postpone as soon as possible.

At this time, we agree to meet via telehealth for the intake session and feedback session related to the evaluation. Reimbursement for telehealth services is determined by the insurance companies and applicable law, so you are responsible for ensuring that telehealth sessions are covered by your insurer and if not, you agree to applicable fees. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues.

Risks of Opting for In-Person Services

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

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, me, and our families, and other patients) safer from exposure, sickness and possible death. If you do not or cannot adhere to these safeguards, it may result in a postponement or cancellation of the evaluation. Initial each to indicate that you understand and agree to these actions:

- You will only keep your in-person appointment if you are symptom free. ____
- You will take your temperature before coming to each appointment. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to postpone the appointment. If you wish to postpone for this reason, I will not charge you the normal cancellation fee. ____

- You or I may request universal masking during the in-person appointment(s). ____
- You will wait in your car or outside [or in a designated safer waiting area] until no earlier than 5 minutes before our appointment time. ____
- You will wash your hands or use alcohol-based hand sanitizer when you enter the building. ____
- If you or I decide it is necessary, you will wear a mask in all areas of the office, and I will too). ____
- You and I will do our best to keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me. ____
- You will try not to touch your face or eyes with your hands. If you do, you will immediately wash or sanitize your hands. ____
- If you are bringing your child, you will make sure that your child follows all of these sanitation and distancing protocols. ____
- You will take steps between appointments to minimize your exposure to COVID-19. ____
- If you have a job that exposes you to other people who are infected with COVID-19, you will immediately let me know. ____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me know. ____
- If a resident of your home tests positive for COVID-19, you will immediately let me know and we will then postpone the evaluation. ____

I may change the above precautions if additional local, state or federal orders or guidelines are published. If that happens, we will talk about any necessary changes.

My Commitment to Minimize Exposure

My practice has taken steps to reduce the risk of spreading COVID-19 within the office and we have posted our efforts on our website and in the office. Please let me know if you have questions about these efforts.

If You or I Are Sick

You understand that I am committed to keeping you, me, and all of our families safe from the spread of COVID-19. If you show up for an appointment and I believe that you have a fever or other symptoms, or believe you have been exposed, I will have to require you to leave the office immediately. We can follow up with services when it is deemed safe to do so.

If I test positive for COVID-19, I will notify you so that you can take appropriate precautions.

Your 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 reason(s) for our visits. By signing this form, you are agreeing that I may do so without an additional signed release.

Informed Consent

This agreement supplements the general informed consent/business agreement. Your signature below shows that you agree to these terms and conditions.

Patient (or Legal Guardian/Parent)

Date

Psychologist

Date