



Island Neuropsychology, LLC

Pediatric Neuropsychology
2113 Middle Street, Suite 301
Sullivan's Island, SC 29482
(843) 885-8087

Consent for In-Person Neuropsychological Services

This Consent for In-Person Neuropsychological Services is a supplement to the general informed consent.

Please read this document carefully and let me know if you have any questions.

The threat of COVID-19 is ongoing throughout the United States. As a way to mitigate the risk of exposure to COVID-19, our practice has transitioned to providing some services via telecommunications technology (i.e., intakes and feedbacks). 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. However, in some situations, teletherapy services may not be adequate, and in-person services may be more appropriate.

The decision about whether to engage in in-person services is based on current conditions and guidelines, which may change at any time. Such a decision will be made in consultation with you, but I will make the final determination based on careful weighing of the risks and applicable regulations.

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

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

- Patients/clients and providers will be required to wear face coverings or masks while in the office. If you do not have a face covering, one will be provided to you.
- Hand sanitizer will be provided at the office entrance 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, exposure to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks or awaiting COVID testing results.
- 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.

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.

Signature Page to Follow

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.

Signature of Minor Patient

Date

Signature of Parent and/or Legal Guardian

Date

Printed Name of Parent and/or Legal Guardian

Relationship to Minor

Signature of Witness

Date