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

Decision to Meet Face-to-Face

While many medical and mental health professionals are able to deliver services via telehealth such as therapists and primary care physicians, at least for a certain portion of their patient population, neuropsychologists must usually present manipulatives or table tasks as part of their evaluations as well as engage in direct observation of the patient's behaviors during the administration of the various measures. These aspects of a neuropsychological assessment render evaluations via telehealth not only impractical but may ultimately jeopardize the integrity of the procedure per se which, in turn, may threaten the validity of the conclusions and diagnoses that have been reached. While we see the value of conducting some portions of the neuropsychological assessment via telehealth, we cannot commit to completing the entire procedure in that fashion without seriously compromising the quality and diagnostic relevance of the assessment. Similarly, participation in the Cognitive Rehabilitation Program at Optimal Minds Neuropsychology usually involves active interaction with manipulatives to help in the reactivation or improvement of various cognitive functions. While cognitive rehabilitation activities that are focused on verbal functions can be presented via telehealth, those aimed at improving nonverbal skills often require the use of manipulatives or table tasks.

Risks of Opting for In-Person Services

On the other hand, we also recognize that face-to-face contact during the Covid-19 public health crisis may pose potential risk to patients, their families/guardians as well as to the staff at Optimal Minds Neuropsychology. This risk may increase if patients must travel by public transportation, cab or ridesharing services. As such, prior to agreeing to a face-to-face meeting, we, at Optimal Minds Neuropsychology, would like to inform you of the safety measures that will be implemented at the clinic as well as the precautionary steps that will be your responsibility to follow through prior to coming to your appointment.

=Precautionary Procedures to be taken by Optimal Minds Neuropsychology:

- 1) All patients will be required to cancel their appointments if the patient or anyone living in his/her household is not feeling well and/or is displaying symptoms that have been associated with Covid-19, on the days preceding the appointment. The appointment will be rescheduled once we get confirmation that neither the patient nor family members were diagnosed with Covid-19.
- 2) All patients will be asked to take their temperatures prior to leaving their homes to come to the appointment. This will prevent patients from making an unnecessary trip since their temperature will be taken upon arrival to the office and their appointments will be cancelled if a temperature of 100F or above is detected.

- 3) Once patients have arrived at the clinic they will be asked to wait in their car or outside the clinic and send a message to the Provider. Patients will be asked to only enter the clinic once they have received a message from the Provider telling them that it is OK to do so.
- 4) A mask should be worn before entering the clinic and its use will be required at all times while in the clinic.
- 5) Upon entering the clinic, patients and whoever is accompanying them, will have their temperature taken. If a temperature is detected (100F or above) the appointment will be cancelled.
- 6) Upon entering the clinic, patients and their companions will be asked to immediately sanitize their hands.
- 7) Prior to the patients' arrival, the furniture in the office as well as test materials will be disinfected by the staff.
- 8) In order to provide an additional layer of protection to both parties, a Plexiglas shield will be placed on the desk and serve as a barrier.
- 9) At the conclusion of each session, all test materials will be disinfected as well as all furniture in the office.
- 10) Whenever possible those accompanying a patient undergoing a Neuropsychological Assessment will be provided with a room where they can wait comfortably and away from the waiting room. If that is not possible, we ask that family members/guardians who are accompanying the patients wait outside if the number of people in the waiting room, for one reason or another, does not allow for adequate social distancing.

=Precautionary measures that are the patients' and/or their family/guardians' responsibility:

- 1) You will only keep your in-person appointment if you are symptom free. ____
- 2) You will take your temperature and those accompanying you to the appointment before coming to the clinic. If it is elevated (100F or above), or if you and others who live with you have symptoms possibly suggestive of Covid-19, you agree to cancel the appointment and reschedule the meeting when you are symptom-free or have tested negative for Covid-19. You are free to cancel at any time if you don't feel comfortable moving forward with a face-to-face meeting. ____
- 3) You will wait in your car or outside the clinic until you receive a message from your Provider that it is OK for you to enter the clinic. ____
- 4) You will wear a mask before entering the clinic and throughout the period when you are in the office. ____
- 5) You will use the alcohol-based hand sanitizer as soon as you enter the clinic. ____
- 6) You will adhere to the safe distancing precautions while in the clinic and make sure to sit away from others who may be in the waiting room. ____
- 7) You will keep safe distance from your Provider and any other staff you may encounter. Parents should have a discussion beforehand with their children who will be coming for the evaluation that no handshaking or hugging is permitted and explain the reasons why this may be necessary at this time. ____
- 8) You will try not to touch your face or eyes with your hands. If you do so accidentally, you will immediately wash or sanitize your hands. ____
- 9) You will take the necessary steps between appointments to minimize exposure to Covid-19. ____
- 10) If the patient or any family member who lives at home had contact with or has a job that may be associated with risk of exposure to the virus, you will make that information known to the Provider. ____
- 11) If someone in the household tests positive for Covid-19, you will inform your Provider at Optimal Minds Neuropsychology, even if he/she is asymptomatic. Most likely you will be asked to reschedule the appointment after the 14-day incubation period. ____

12) If any of our staff tests positive for the coronavirus, you will be notified immediately so that you can inform your Primary Care Physician and take all the necessary precautions. ____

The above-mentioned precautions may be changed if additional local, state or federal orders or guidelines are published. If that happens, you will be contacted by your Provider. If you have any questions or concerns about the steps that Optimal Minds Neuropsychology has taken to reduce potential exposure to the coronavirus, please let your Provider know or contact Dr. Ariati Rakic directly at (925) 389-6723.

=Your Confidentiality in the Case of Infection

If you or the person accompanying you to the appointment test positive for the coronavirus, the clinic may be required to notify local health authorities that you have been in the office. If the clinic is mandated to report this, the clinic will only provide the minimum information necessary to address the Covid-19 public health crisis and will not go into any detail about the reason for your visit to the clinic. 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 that is usually agreed to and signed before commencing services. With this supplemental agreement you are acknowledging your understanding that despite all the precautionary efforts, Optimal Minds Neuropsychology cannot guarantee that you will not be exposed to the coronavirus and you are agreeing to come to a face-to-face meeting at your own risk.

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

Patient/Client

Date

Parent/Guardian

Date

Provider/Psychologist

Date