

SUPPLEMENTAL INFORMED CONSENT FOR DURING COVID-19 PUBLIC HEALTH CRISIS

This document is based on guidelines of the State of California, Marin County, and the American Psychological Association (APA) for in-person and telemedicine services during the COVID-19 public health crisis. This document contains important information about the procedures to be used during your child's neuropsychological evaluation.

Providing Services using Telehealth

Telehealth will be one method utilized in conducting your child's evaluation as a part of a hybrid model of conducting assessments with your child. *Zoom* and/or *Doxy.me* are the streaming platforms that will be utilized in your child's assessment. The intake and feedback meeting with you will be completed using *Zoom*. Phone calls, and *Zoom* will also be used to limit face-to-face interaction. I will provide you with instructions for how to log on to the platform(s) we will be using.

Risks of Telehealth

The main risk of using telehealth is the small possibility that the session may get hacked and your confidentiality and privacy could be compromised. A second risk is a technical one as the platform could crash and terminate the session. I will provide instructions about how to proceed should that occur.

Providing Services Face-to-Face

Your child may also need to complete assessment procedures face-to-face with me in my office. I will keep our sessions to no more than 3 hours to minimize risk. The air HVAC system in my building was recently upgraded. I will be running an air purifier as well.

- I will cancel any appointment if I have any medical illness or symptoms associated with COVID-19. I will not reschedule until I am symptom-free and for at least 20 days. If I learn that I have been in contact with anyone who has tested positive for COVID-19, I will similarly postpone all appointments.
- During *every conversation* with you, I will ask you to confirm that you and your child are not showing any symptom of COVID-19 infection. I will also ask you to confirm that no one in your home has tested positive for the virus. I will also may ask you about your family's and your child's individual ongoing social activities (e.g., are they participating in sports activities with masks on; do they spend time ongoing with friends and do they wear masks); this may affect my ability to proceed with in-person testing. We will discuss this during our intake appointment. A day before an appointment, I will ask you to confirm by email or phone if anyone you have visited with or live with has shown symptoms of COVID-19 or have become ill with symptoms of cold, flu etc. I may need to reschedule our appointment(s). Likewise, I will end an appointment at any time if in my judgement, it is unsafe to continue with our assessment (e.g., your child becomes suddenly ill). I will recommend contacting your physician for medical care.

- Before each session I will disinfect surfaces using antibacterial spray or wipes. I will do this in my waiting room, in my office, and with test materials. I will empty all trash cans before each appointment.
- Because my building has a public restroom, I will offer gloves to your child if he/she needs to use the restroom. I will also provide your child with gloves for the purpose of certain assessment procedures since they will need to touch test books. I will also ask your child to use hand sanitizer at appropriate points during our interactions. Likewise, I will do the same. An air purifier will be operating in my office during appointments.
- There may be times when my waiting room is closed. A chair is available in the foyer of my suite if you would like to wait. If you wish to wait in the office suite, you will need to wear a mask at all times.
- I request that you wait in your car and enter my office suite no earlier than five minutes prior to our appointment. Please ask your child to use the rest room prior to our visit.
- You and your child must wear a mask to enter the office building. If you do not want to wear a mask, the appointment will need be terminated and you will be charged for a missed appointment. I will provide a mask for your child's use during each appointment.
- I will have hand sanitizer that contains at least 60% alcohol in the waiting room, and in my office. As I will do, I will ask you and your child to sanitize your hands after you have entered the suite.
- We will greet one another verbally (i.e. no shaking hands or hugs). We will discuss a way to initially meet in person outdoors so we can greet one another, and stand at least an 8-foot distance without our masks on. This will give your child the opportunity to see me and meet in a more personal way. I suggest this approach to facilitate my relationship/alliance with your child and to facilitate the assessment process.
- I will use a desk-top sneeze guard made of clear acrylic on the testing table placed between me and your child. The sneeze guard will have a space at the bottom for passing test materials through as needed.
- When we cannot use a sneeze guard (e.g., using the computer), I will provide a face shield for your child.
- Whenever possible during testing I will arrange chairs so that your child is six feet or more away from where I am sitting.
- If you wish, your child can bring a snack in a new paper sack, and we will go outdoors to eat in an effort to follow health and safety regulations. I will also have sealed snacks for your child at the office during his/her appointment. I will offer an unopened single use plastic water bottles or juice during our appointment; please do not bring your own water bottle.
- I will take your child's temperature with an electronic thermometer when he/she enters my office suite and before entering my office.
- If Federal, State, or County guides or guidelines are modified, I may make modifications in the above procedures. If that happens, I will describe the modifications to you.

Confidentiality and Reporting Infection

If you, your child, or I have tested positive for the coronavirus, I may be required, without your consent, to notify local health authorities that you have been in the office. If I do notify, I will provide only the information required and nothing else in addition. I will seek your consent prior to the release, if possible. If not, I will inform you of what information I was required to release.

Consent

Dr. Krantz has explained the contents of this Consent Form and answered any questions I have asked. My dated signature indicates that I agree to have my child evaluated and cared for by Dr. Krantz under the special COVID-19 modifications to a general consent to treatment, which I already have signed and dated. It indicates that I also agree to comply with the requirements set forth, one of which is to inform Dr. Krantz about circumstances that may compromise my child’s, my own, or Dr. Krantz’s safety. By signing this form, you have agreed to meet in person so I can provide psychological and neuropsychological testing. You understand that by coming to my office, you are assuming the risk of possible exposure to the coronavirus (or other health risks) to you and/or your child.

Consent to Telehealth Procedures: You agree to Telehealth contact via a streaming platform as described in this consent.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____



Licensed Psychologist, PSY 16681
Pediatric Neuropsychologist