



The Neuropsychology Center of St. Louis

425 N. New Ballas Rd.

Suite 290

Creve Coeur, MO 63141

Tel: 314-324-3800 Fax: 314-260-7676

info@neuropsychologySTL.com

Client Contract and Informed Consent

This document contains important information about professional services, business policies, and procedures. Please read it carefully and note any questions you have so that we may discuss them. This document once signed represents a binding agreement.

Psychological and Neuropsychological Assessment Services

There are many different methods we may use to deal with the problems that you hope to address. Psychotherapy calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. In addition, your responsibilities are to provide relevant, accurate and complete information as to your history, symptoms, complaints, medication, and current status. Your responsibilities are to make your best efforts on any tests of performance such as neuropsychological, achievement or ability testing. As appropriate or customary, our assessment procedures may include measures of effort and response bias. Failing to make adequate effort or misrepresenting information may have adverse consequences if you are participating in evaluations for determinations of government or other benefits, or if you are party to a legal suit for claims, or involved in a civil or criminal action.

Consultation with others, such as teachers, family members, or medical professionals and in some cases an observation of the patient in his/her school classroom may be warranted. You will be required to sign a "release" permitting consultation with others, as all services are confidential unless you sign such a release allowing our office to collect such information (see confidentiality policy below).

Please note that the actual length of the evaluation will vary, depending on the nature of the evaluation (e.g. neuropsychological, ADHD, etc.). Evaluations typically take between 3-10 hours of direct contact time. Other factors may affect the length of evaluation time and the number of sessions needed to complete the evaluation such as fatigue, motivation, ability to sustain attention over time, etc.

Following the evaluation, and payment of your account (see payment policy below) a feedback session is scheduled. At the feedback session, the history of you/your child's presenting problems, evaluation results, any formal diagnoses and recommendations will be discussed. You

may choose to provide copies of the report to others involved in your/your child's care, e.g., doctors, schools etc. and these copies will be mailed only after you have given written consent.

Appointments and Cancellation Policy

Neuropsychological Evaluations: The typical Neuropsychological Evaluation requires several appointments. An initial interview appointment, administration of neuropsychological tests, and feedback. A history questionnaire and medical/psychiatric/academic records must be received prior to the initial interview appointment. If records are not received 2 business days prior to your appointment, your appointment will be cancelled. It will only be re-scheduled upon receiving records. Once an appointment is scheduled, you will be billed for it unless you provide 24 hours advance notice of cancellation for an interview or feedback appointment or 72 hours advance notice in the case of full-day testing appointments. We may make exceptions, at our discretion, for emergency or unusual circumstances. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. We may or may not reschedule assessments at our discretion.

Psychotherapy: The normal psychotherapy intake assessment phase involves gathering history and your presenting complaints as well as assessing your mental status. This may take 1 to 2 45-50 minute sessions. This varies greatly since we assess and treat a wide variety of patients in a wide variety of situations. We will inform you about unusual departures from these expectations early in our meeting(s).

If we mutually agree to begin psychotherapy, we usually schedule one 45 to 50-minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. In some cases as you progress, we may also reduce the frequency of visits. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation for a therapy session or 72 hours advance notice in the case of full-day assessments. We may make exceptions, at our discretion, for emergency or unusual circumstances. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. We may or may not reschedule assessments at our discretion. Repeated missed appointments may result in termination of therapy.

Unidentified Database

I am aware that The Neuropsychology Center of St. Louis participates in research with external agencies, such as universities, hospitals, or other agencies. As part of these research projects, The Neuropsychology Center of St. Louis will follow all professional and ethical standards for research-protecting confidentiality, ethics, and HIPAA standards. These projects will be reviewed by internal and external review boards as required for research (quality analysis, business reports, and utilization do not require this review). The purpose of this research will vary. I understand that data collected during any aspect of the evaluation, testing, therapy etc. may be used for research purposes. At times, this might include a review of neuropsychological/psychological reports, etc. Your records will be assigned by a confidential

identifier, all identifying information is removed including patient name, initials, and any other identifiable label or information.

Contact Information

We are often not immediately available by telephone (314-324-3800) and do not answer calls during appointments (usually between 8 am and 5 pm). However, we do check voicemail several times per day and aim to return calls within a few hours, and as far as possible within 24 hours. When leaving a message, please provide your name, telephone numbers, and potential times when you can be reached. If you are experiencing a crisis or emergency, please call the Crisis Hotline at 1-800-273-8255, or call 911, or go to your nearest emergency room. If your treating provider will be unavailable for an extended period of time, we will provide you with the name of a trusted colleague to contact, if necessary.

Communication via email will only be used for administrative matters (i.e., scheduling, etc.) and is not considered a secure means of communication. As such, at no time will clinical information be discussed via email. Communications regarding clinical matters will only be discussed in person during designated appointment times and are subject to the hourly rate of \$225/hour (Neuropsychology) \$140/hour (Psychotherapy) or the rate established with your specific provider.

Professional Fees

Neuropsychology:

Our usual and customary fee for your first appointment, described as the “Diagnostic Assessment” or “intake” is \$300. Fee contracts for psychological and neuropsychological assessments are determined by the time required for the testing, interviews, test scoring, interpretation, preparation of the report, and feedback session. Assessments range in price and depend on the nature of the referral question, the required time to complete the evaluation, and which tests are used. Fees for evaluations will be discussed at the beginning of the first session. The feedback session usually takes about 50-60 minutes to ensure you fully understand the results and recommendations of the assessment. If you feel that you have additional questions, you are welcome to schedule a follow-up appointment, which will be billed at my standard hourly rate (\$225 per hour). Returned checks incur an additional fee of \$30.

“Additional Services” not covered under the “Flat Rate.” “Additional Services” refers to professional time and services and are billed at my standard hourly rate (\$225), though I will break down the hourly cost for services requiring less than one hour (\$56.25 per 15 minute increment). Examples of “Additional Services” might include but are not limited to: telephone conversations, writing letters, coordinating referrals, responding to emails, consultation with other providers, school consultations or behavioral observations at school of a child or adolescent, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other professional service you may request of me.

Workers Compensation Neuropsychological or Psychological Evaluations, Psychological or Neuropsychological Independent Medical Evaluations, and Independent Educational Evaluations are usually pre-arranged for payment with your attorney or an insurer/carrier or its representative.

If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time set aside for preparation, deposition, testimony, including preparation and transportation costs, even if we are called to testify by another party. Note that depositions and testimony canceled less than 72 hours in advance will incur full fee for the time that was reserved. Professional charges for preparing for testimony, legal involvement, including completing any forms requiring professional opinions, are charged on a separate fee scale (see Forensic Contract).

Psychological Testing and Evaluation:

Evaluations that do not involve the comprehensive assessment of neuropsychological functioning and are limited strictly to either psychological functioning and/or IQ and Achievement testing, are billed at the rate of \$175 per hour for time required for the record review, interviews, testing, test scoring, interpretation, preparation of the report, and feedback session. Any “Additional Services” requested such as attendance at meetings including travel time, additional phone conversations, observations, or producing additional written documentation are also billed at \$175 per hour.

If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time set aside for preparation, deposition, testimony, including preparation and transportation costs, even if we are called to testify by another party. Note that depositions and testimony canceled less than 72 hours in advance will incur full fee for the time that was reserved. Professional charges for preparing for testimony, legal involvement, including completing any forms requiring professional opinions, are charged on a separate fee scale (see Forensic Contract).

Psychotherapy:

Is billed at the rate of \$140 per 45-minute session. Any “Additional Services” requested such as attendance at meetings including travel time, additional phone conversations, observations, or producing additional written documentation are also billed at \$140 per hour.

If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time set aside for preparation, deposition, testimony, including preparation and transportation costs, even if we are called to testify by another party. Note that depositions and testimony canceled less than 72 hours in advance will incur full fee for the time that was reserved. Professional charges for preparing for testimony, legal involvement, including completing any forms requiring professional opinions, are charged on a separate fee scale (see Forensic Contract).

Billing and Payments

You are expected to pay for each session at the time it is held. Payment for the “intake” appointment is due on the day of the appointment. Payment for psychological and neuropsychological assessments is due on the day of the assessment. Schedules of payment for other professional services may be agreed to when they are requested. Payments of cash, check and credit card are accepted. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through court which will require us to disclose otherwise confidential information. In most collection situations, the only information we release regarding a patient’s treatment is his/her name, personal identifying information, payment history, information about any agreements or authorizations made regarding payment or responsibility for services, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included by us or our attorney in the claim. By signing this agreement you understand that you are responsible for reasonable attorney and legal fees for accounts that go to collections. We will also release information necessary to file an adverse credit report with Equifax or other such agency.

You may be asked to keep a credit card on file to cover costs associated with your assessment.

Insurance Reimbursement

We are out-of-network for all insurance companies. As such, you (not your insurance company) are responsible for full payment of the fees. If you expect that you are going to file a claim with your insurance company for reimbursement for services rendered as out-of-network providers, it is your responsibility to determine whether your policy provides you with the appropriate coverage. We will provide you with receipts for all services rendered showing procedure codes and diagnostic codes. It is important to be aware that filing an insurance claim for mental health services coverage may affect your ability to purchase medical, life, or disability insurance currently or in the future. If you file with your insurance company, they may request additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will likely be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over information provided to a third party. Using your health insurance for psychotherapy and assessment also greatly reduces your flexibility in terms of choosing service providers and receiving the type of treatment and number of sessions needed for your situation.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment and if appropriate that you find out exactly what mental health services your insurance policy covers.

Professional Records

Both laws and professional standards require that we keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that disclosure would physically endanger you and/or others or makes reference to another person (other than a health care

provider) and we believe that access is reasonably likely to cause substantial harm to such other person, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them in our presence, or have them forwarded to another mental health professional so you can discuss the contents. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request. Clients may be charged an appropriate fee for any preparation time and postage that is required to comply with an information request.

Clients' Rights

You may question and/or refuse any procedures or services at any time. You are never obligated to continue services at any time, and have the right to receive referrals to other professionals.

It is our understanding that Federal laws are more stringent in protecting release of Drug and Alcohol information regarding adults as well as minor children. While we recognize the serious parental concerns in this regard, we cannot release such information without your child's informed consent.

By presenting your minor child for treatment, you are representing and affirming that you have legal parental authority to do so. Unless parental rights have been terminated, or there have been other specific restrictions imposed by the court or law, you are affirming that both parents have equal rights to information about diagnosis and treatment under the law.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to usually request an agreement from parents to give up access to your records. If they agree, we will provide them only with general information about our work together unless we feel that there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of any concerns. We will also provide them with a summary of your treatment (verbal or in writing) when it is complete. Before giving them any information, we will discuss this with you, if possible, and do our best to handle any objections you may have with what we have prepared to discuss.

Confidentiality

Your rights to confidentiality are the most important policy in the provision of psychotherapy, evaluation, and other mental health services. Confidentiality means that the information that you discuss with your psychotherapist/psychologist will not, except as below, be shared with anyone without your specific permission. Confidentiality of personal information is vital for building a solid therapeutic relationship, and allows you to feel free to explore problems and work toward solutions. There are some very important exceptions to confidentiality that require the disclosure of personal information without your consent.

The following are exceptions to confidentiality:

- We are legally obliged to take action to protect others from harm, even if we have to reveal some information about your treatment/evaluation/consultation. For example, if we believe that a child, elderly person, or person with a disability is being abused or neglected, we must file a report with the appropriate state agency.
- If we believe that a client is threatening serious bodily harm to another, or to himself/herself, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- Information subpoenaed in a legal proceeding might not be regarded by the Court as confidential.
- In most judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances a judge may require our testimony if s/he determines that resolution of the issues before him/her demands it.
- When insurance coverage is utilized it is considered consent on the insured's part (client) that diagnosis and treatment plans and issues may be discussed by the therapist with your insurance company in order to facilitate insurance claim filing or case management with your insurance company.
- In the event there is an outstanding balance for which payment has not been made for an extended period of time, the account may be turned over to a collection agency.

If such a situation occurs, we will attempt to fully discuss it with you before taking any action. If it becomes necessary to release information, it will be made in such a way as to protect as much confidentiality as possible. We have a strong commitment to maintaining confidentiality and handling your personal information with the highest degree of confidentiality possible. If you have any questions or concerns about confidentiality it is important that you discuss them with your provider.

General Telehealth Provisions

As a patient (or parent/legal guardian of a patient) participating in telehealth through The Neuropsychology Center of St. Louis, I understand that:

- There are potential benefits and risks of video-conferencing that differ from in-person sessions.
- As with all internet-based protocols where information is shared between 2 or more parties, no telehealth platform can guarantee with 100% certainty that the data that is transmitted during the session will not be intercepted by a third party.
- Confidentiality still applies for telehealth services, and neither party will record the session without expressed written consent to do so from the other party.
- We agree to use the video-conferencing platform for our virtual sessions that is selected by the provider.
- The provider will provide a general overview of how to use the selected platform for telehealth, though I will need to contact technical support for more specific technical questions or to engage in more advanced troubleshooting options.

- I will need to provide my own device that is capable of engaging in telehealth, which includes a device containing the following fully functional components:
 - A microphone
 - Speakers
 - Video-capable camera
- I will need to provide my own internet connection through a mobile, wired or wireless internet connection, and ensure that the bandwidth of this connection is adequate to support video conferencing through telehealth. If the connection is not adequate for supporting telehealth at the time of the session, the appointment will be discontinued, and your provider will discuss possible appropriate options for care at that time.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- I will be required to test my device and internet connection prior to the scheduled appointment to ensure that the equipment and connection are both adequate to support a telehealth session, and I agree to contact technical support of the telehealth platform with any questions or issues that arise during the compatibility check.
- If issues are identified during the compatibility test that are not resolved within 24 hours of the appointment time, I agree to contact the office to inform them of the issue, and request the appointment be canceled.
- I understand that an appointment canceled due to a hardware/software/connection/ other technical issue will only be rescheduled once the issue has been successfully resolved.
- If using a mobile device (cell phone or tablet), or a laptop, I must ensure that my battery is charged sufficiently so as to not terminate my appointment prematurely or, I will ensure that my mobile device (cell phone or tablet) or laptop is plugged in to a power source so as to not terminate my appointment prematurely.
- For the entirety of the session, it is important to be in a quiet, safe and private space that is free of distractions (including cell phone or other devices). Your provider may verify this with you by scanning the room where the encounter will take place.
- It is important to be on time. If I need to cancel or change my telehealth appointment, I must notify the office/provider in advance (no less than 24 hours in advance) by phone or email.
- In cases of interruption to the telehealth session due to poor connection, lost connection, or other event, I agree to provide a phone number where I can be reached in order to attempt reconnection, or reschedule the session to a later date.
- I will provide the physical address where I am calling from during the session in the event that an emergency response needs to be activated due to an imminent mental health crisis or medical emergency.
- I must be physically located within the state of Missouri, or one of the states covered under the PSYPACT compact (see psypact.org for most recent list of states participating in PSYPACT) for telehealth services to be provided by the clinicians of The Neuropsychology Center of St. Louis, unless I have informed my provider that I will be physically located in another state at the time of the session and my provider has informed me in writing that this is acceptable given certain licensing reciprocity laws that vary state-by-state and that may change over time.

- I agree to provide the name and phone number of at least one emergency contact.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- Payment for the telehealth session will be required prior to the visit.
- I am responsible for determining what, if any, insurance coverage is provided through my insurer for telehealth visits, and am aware that The Neuropsychology Center of St. Louis will not bill my insurance for the session, and I am responsible for paying my fees in full directly to The Neuropsychology Center of St. Louis.
- In certain circumstances that do not require the video component of telehealth, (e.g., certain clinical interviews), a phone session may be offered to gather information in lieu of an in-person or video telehealth appointment. A phone session may also be offered in certain circumstances where a patient does not have the capability to conduct a video telehealth appointment either due to lack of access to a necessary device or lack of access to a reliable internet connection with adequate bandwidth.
- As your provider, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should coordinate other arrangements which may include being seen in-person, transferring to another provider, or other arrangement that does not involve ongoing telehealth.

Telehealth Provisions specific to Psychological/Neuropsychological Assessment via Telehealth

As a patient (or parent/legal guardian of a patient) participating in telehealth through The Neuropsychology Center of St. Louis, I understand that:

- There are limitations of telehealth assessment that may impact the assessment of older adults, younger children, individuals with limited access to technology platforms, and individuals with other individual, cultural, and/or linguistic factors. There are many circumstances where telehealth assessment is not feasible and/or contraindicated given the complexities of patient characteristics and circumstances, and referral questions.
- Some of the tests administered during my assessment may not have been validated for use via a telehealth platform and this may limit the confidence level of certain interpretations made based on results from these assessment measures.
- Certain third parties (e.g., including schools or standardized testing companies, among others) may not accept diagnoses or recommendations that are based off of assessments conducted primarily through telehealth and The Neuropsychology of St. Louis cannot provide any assurances of any third-party's willingness to accept or adopt the contents of your evaluation.
- Telehealth does not allow for the same level of behavioral observations to me made as would be possible in an office setting during an in-person evaluation.
- I will be responsible for ensuring to the highest degree possible, to create a distraction-free environment during the testing session, which includes removing all objects from the desk or table used to conduct the session, eliminating or reducing any extraneous noises, including any audible alerts from the device being used for the testing session, or noises from other areas of the home/testing location (dogs barking, music, Television, etc.).
- The possible tests that can be administered in a virtual environment are less than those that can be administered in a face-to-face evaluation.

- Testing can be discontinued at any point during the telehealth assessment at the sole discretion of the provider, based on their clinical judgment.
- For evaluations that occur via telehealth, please be prepared to provide availability to complete all testing within in a two week time frame.
- The results of the assessment (including results from assessments that were discontinued by the provider) will be reported and interpreted, though there is a possibility that results from the assessment may be inconclusive. In these circumstances, the patient (or responsible party) is still responsible paying for the time devoted to the assessment, and the time will be billed to a credit card kept on file with our office.

COVID-19 Precautions

This section covers informed consent for in-person services during COVID-19 public health crisis. Given the severity of coronavirus and its ease of transmission, all patients will be encouraged to receive their service through our clinic via telehealth. Patients will only be seen in-person if there is a valid justification to do so, and only if this format of service delivery is agreed upon by BOTH provider and patient. This document contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis.

Alternative to meeting Face-to-Face

We are happy to discuss alternatives to meeting face-to-face which can include, but are not limited to: telephone appointments, video telehealth appointments, or another modality chosen by your provider. The decision to meet face-to-face or to use alternate modalities is different for every patient, their specific needs, and the options that can be offered by our clinic and our providers.

Decision to Meet Face-to-Face

Once a decision is made where we have agreed to meet in person, new information regarding a resurgence in COVID-19 positive cases, or other relevant public health information may be made available that could alter our decision to meet in-person. If you have concerns about meeting through telehealth, we will talk about it first and try to address any issues. You understand that, if I believe it is necessary, I may determine that we convert our in-person appointment to a telehealth or phone visit for everyone's well-being.

If you decide at any time that you would feel safer receiving services through telehealth, we will respect that decision, as long as it is feasible and clinically appropriate.

Risks of Opting for In-Person Services

You understand that by coming to the office, which is shared by other tenants, clients and service people, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel to the appointment by public transportation, cab, or ridesharing service. I understand that if I or a member of my family contract coronavirus through exposure associated with any aspect of my in-person appointment(s) with The Neuropsychology Center of St. Louis, that I agree to not hold liable and forfeit any claim of wrongdoing on the part of The Neuropsychology Center of St. Louis, as I assume all risks involved in being see for an in-

person appointment rather than opting to receive services through telehealth or other virtual means. Initial here to indicate that you understand and agree to this provision: _____

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, [my other staff] and other patients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement. 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 cancel the appointment or proceed using telehealth. If you wish to cancel for this reason, I won't charge you our normal cancellation fee. _____
- 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. _____
- You will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you won't move chairs or sit where we have signs asking you not to sit. _____
- You will wear a suitable mask (e.g., cloth mask, procedure mask, surgical mask or N95 or above respirator) in all areas of the office (I [and my staff] will too). If you are not able to provide your own mask, one will be provided to you by our office at the time of your appointment. If for any reason you (and if applicable, your child) are unable or unwilling to wear a mask for the duration of your appointment, we will not be able to see you for a face-to-face appointment, and we can discuss alternative arrangements. _____
- You will keep a distance of 6 feet and there will be no physical contact (e.g. no shaking hands) with me [or staff]. _____
- 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. If your child is unable to adhere to these safety precautions, or is engaging in any behaviors that our staff believe to be jeopardizing their own and/or the safety of our staff, the appointment may be cancelled (even if it has already commenced in the office) at the sole discretion of your provider and other options will be discussed with you regarding completing the evaluation, if other options exist and are appropriate according to the clinical judgment of your provider. _____
- You will take steps between appointments to minimize your exposure to COVID. _____
- If you have a job that exposes you to other people who are infected, you will immediately let me [and my staff] know. _____
- If your commute or other responsibilities or activities put you in close contact with others (beyond your family), you will let me [and my staff] know. _____

- If a resident of your home tests positive for the infection, you will immediately let me [and my staff] know and we will then [begin] resume services via telehealth if appropriate. _____

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

Our Commitment to Minimize Exposure

Our practice has taken steps to reduce the risk of spreading the coronavirus within the office including those listed below. Please let me know if you have questions about these efforts.

- Office seating in the waiting room and in therapy/testing rooms has been arranged for appropriate physical distancing.
- My staff and I wear masks.
- My staff maintains safe distancing.
- Restroom soap dispensers are maintained and everyone is encouraged to wash their hands.
- Hand sanitizer that contains at least 60% alcohol is available in every room within the office.
- We schedule appointments at specific intervals to minimize the number of people in the waiting room.
- We ask all patients to wait in their cars or outside until no earlier than 5 minutes before their appointment times.
- We accept contactless payment (this requires you to have contactless payment methods available for use such as ApplePay, Samsung Pay or other contactless system).
- If you are not contactless payment-ready, we may send you an invoice to pay electronically to avoid sharing of pens, mobile payment card readers, credit cards, etc. that are necessary for non-contactless transactions.
- Physical contact is not permitted.
- Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
- Common areas are thoroughly disinfected at the end of each day.

If You or I Are Sick

You understand that we are committed to keeping you, our staff and all of our families safe from the spread of this virus. If you show up for an appointment and I [or my office staff] believe that you have a fever or other symptoms, or believe you have been exposed, you will be required you to leave the office immediately. We can follow up with services by telehealth as appropriate.

If I [or my staff] test positive for the coronavirus, I will notify you so that you can take appropriate precautions.

Your Confidentiality in the Case of Infection

If you have tested positive for the coronavirus, 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.

Consent

Your signature on the next page indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

CONSENT TO ASSESSMENT AND/OR TREATMENT SIGNATURE PAGE

By signing below, I acknowledge that I had the opportunity to ask questions and to discuss the policies, procedures, and treatment/evaluation process as it applies to my situation and have had my questions regarding these answered to my satisfaction. I also understand that I am encouraged to ask questions throughout the therapeutic/evaluation process and, in that way, to be a party to my own treatment decisions. While I expect benefits from treatment, I fully understand and accept that such benefits and desired outcomes cannot be absolutely guaranteed. I understand that I may terminate services at any time without penalty. I have read and understand all of the policies and procedures noted above and agree to abide by its terms during our professional relationship.

Patient/Parent/Legal Guardian Signature

Date

Printed Name

Patient/Parent/Legal Guardian Signature

Date

Printed Name

Adolescent/Child Signature (optional)

Date

Provider Signature

Date

The Neuropsychology Center of St. Louis participates in research studies and normative studies for various assessment instruments. Occasionally, participant compensation is provided for participation, but varies by study. If you would like to be contacted to participate in research, please initial all applicable boxes.

_____ My child

_____ Myself or Spouse

_____ My child's sibling(s)