

Ellen Braaten, PhD & Associates

Licensed Psychologists

Neuropsychological Assessment and Consulting Services

127 Main Street ♦ Charlestown, MA 02129

**INFORMED CONSENT FOR NEUROPSYCHOLOGICAL SERVICES
COVID-19 PANDEMIC ADDENDUM**

I understand that during the COVID-19 pandemic, Ellen Braaten, PhD & Associates is taking all reasonable and recommended steps to prevent virus spread during in-person evaluation work, while also maintaining standardization of testing protocols. These steps include, but are not limited to, the use of masks during testing, and frequent sanitation of testing spaces and materials. I agree to wear a mask, and that my child will wear a mask, at all times while on the premises. I agree to notify the examiner if anyone in my household is exposed to COVID-19, has COVID-19 symptoms, is diagnosed with COVID-19, or has a positive result on a COVID-19 test. I also understand that even with safety measures in place, it is not possible to completely eliminate COVID-19 risk. I accept this inherent risk when presenting for in-person assessment.

Patient's Signature: _____

Date: _____

Or, when patient is a minor, or is not competent to give consent, the signature of a parent, guardian, or other legal representative is required.

Parent/Guardian's Signature: _____

Date: _____

Print Name: _____

Relationship to patient _____