

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. 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 \_\_\_\_\_