



THE CENTER FOR COGNITIVE THERAPY

COVID-19 Testing Policies

This document contains important information about our decision (psychologist and client) to resume in-person assessment services in light of the COVID-19 public health crisis. Please read the following COVID-19 Testing Policies carefully and let me know if you have any questions. By signing the back of this document, it will be an official agreement between us.

- We expect evaluators, clients and caregivers to wear masks at all times.
- In the even that a client or caregiver has forgotten their mask, we will provide one for you.
- There will be sanitizer available for clients and caregivers to use upon entering/exiting the suite, and as needed during testing.
- We have bathrooms on the suite floor to wash hands upon arriving and leaving the building.
- Caregivers will be directed to a larger waiting room outside of our suite and they are also welcome to wait outside or in their car.
- There will be a designated area for testing only that will be sanitized in between uses, will allow for social distancing, and will have a plexiglass separator to further reduce possible exposure.
- Doors and windows will remain open during testing time and/or an air filtration system will be turned on for the duration of the testing session.
- If you and/or your child are exhibiting any symptom of COVID-19, we ask that you contact your testing psychologist as soon as possible to reschedule at a time of your convenience, free of charge. If a child exhibits COVID symptoms during testing, caregivers will be contacted and testing will be rescheduled.
- If a child is refusing to wear their mask, we might ask caregivers for help with compliance.

Please answer the following questions:

1. Do you or your child currently have a fever (temperature of 100.4 F or greater) or symptoms of a respiratory infection, such as a cough, shortness of breath, or a sore throat? Yes No

2. Have you or your child recently had sudden onset of fatigue, headache, or a change / reduction in your sense of smell or taste? Yes No

3. Have you or your child traveled internationally or domestically within the last 14 days to restricted countries or locally affected geographical areas? (For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>) Yes No

4. Have you or your child had contact with someone (defined as more than 15 minutes of contact within 6 feet of person) with known or suspected COVID-19, or a person under investigation for COVID-19? Yes No

Caregiver Name

Signature of Responsible Party

Date