

ACKNOWLEDGEMENT OF MINDSIGHTS'
COVID-19 PRECAUTIONS AND PRACTICES

In Oregon, COVID-19-related restrictions on non-emergency/non-urgent health care services have been lifted. Although MindSights has therefore resumed limited in-person psychological testing/evaluation services, we have been doing so only gradually and with additional safety-related precautions and practices in place. These include the following:

- **We are scheduling only a limited number of clients per day**, and staggering those sessions so a minimal number of families will be utilizing our waiting rooms at any given point in time. This minimizes the exposure clients and their families will have with *other* clients and their families.
- **We are asking that each child client be accompanied by just one adult.** In order to facilitate social distancing, we must request that family members who are not being seen for appointments (including other children in the home) are not brought to the office.
- **We will all be wearing masks!** Clinicians, parents/caregivers, and child/adolescent clients will all be asked to wear masks that cover the nose and mouth while in MindSights' common areas and whenever there is no other barrier between people. We do ask that parents/caregivers let child/adolescent clients know of this practice in advance. Please bring your own masks if you have them; if you do not, we will provide masks for your use while you are on-site.
- **We have implemented enhanced cleaning protocols and schedules.** All offices are sanitized prior to and following each appointment, and common areas are sanitized multiple times throughout each day. All testing materials/objects that are directly handled by clients will be sanitized before and after each use.
- **All psychological tests are being administered with a clear protective barrier in-place**, which includes a pass-through opening (think of what you might encounter at some bank tellers' windows). This does temporarily prohibit us from using those test procedures that require especially high levels of proximity and joint interaction with materials, but we can complete the vast majority of tests in the manner proposed. Still, please let your child/adolescent know in advance that they'll be working across one of those.
- **We will be asking clients/kids (and clinicians) to utilize hand sanitizer when entering and before leaving the testing room.**
- **Our waiting rooms have been emptied of toys, magazines, books, and other items that may encourage handling (and potential spread of virus).**
- **Our providers are required to work remotely multiple days each week.** This may affect their ability to respond to some communications as rapidly or efficiently as they otherwise might, and your patience in this area is greatly appreciated.
- **We will be asking everyone to maintain at least 6 feet of distance from one another whenever possible, unless there is a physical barrier in place between individuals.**

To determine whether an in-person testing appointment is appropriate for you or your child during this transitional period, we do ask that you respond to the following questions:

Do you believe this client is capable of following and adhering to the precautionary practices outlined above?

Yes No

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To the best of your knowledge, has this client or anyone else in the household come into direct contact with a person who has exhibited Covid-19 symptoms within the past 14 days? Yes No

Has this client or anyone else in the household experienced fever, nonproductive cough, loss of smell, or shortness of breath within the past 72 hours? Yes No

Does this client have any skin sensitivities or allergies that preclude their use of alcohol-based hand sanitizers and/or their wearing of latex gloves (if/when necessary)? Yes No

Does this client experience any condition(s) or take any medication(s) that result in them being immunocompromised? Yes No

If you would like to proceed with in-person testing services for this client during this period, please review and sign the following attestation:

By signing below, I attest to the following: The information I have provided on this form is accurate, to the best of my knowledge. I also understand that moving forward with scheduling of appointments at this time may be affected by MindSights' risk-management review of my responses to the questions above.

Should circumstances change in any way that makes my original responses to these questions inaccurate, I agree to immediately inform MindSights of the change.

Although the above precautionary practices significantly reduce the risk of novel Coronavirus transmission, I am aware that staying home results in an even *lower* risk. I also understand that although some services will be provided in-person, other aspects of the evaluation process will be completed via telehealth platforms, and I agree to receiving those services in a remote manner.

With this knowledge, I/we do want to proceed with pursuing in-person psychological testing services for this person: _____

Client's Name

Printed Name of Parent/Caregiver/Guardian

Signature of Parent/Caregiver/Guardian

Date