

CNS Combined Services Agreement

This document contains important information about Children’s Neuropsychological Services, LLC (CNS, LLC) professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires CNS, LLC to provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that CNS, LLC obtain your signature acknowledging that this information has been provided. Please read these documents carefully. The clinician working with you can discuss any questions you have when you meet. When you sign this document, it will also represent an agreement between you and CNS, LLC. You may revoke this Agreement in writing at any time. That revocation will be binding on the clinician working with you unless he/she have taken action in reliance on it; if there are obligations imposed on the clinician working with you by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

There are four sections covered in this document:

Section One: CNS Outpatient Services Agreement

Section Two: Notice of Privacy Policies - HIPAA Information

Section Three: Insurance Coverage Agreement

Section Four: Informed Consent for Telepsychology and In-Person Services

SECTION ONE: CNS OUTPATIENT SERVICES AGREEMENT

CNS OUTPATIENT SERVICES AGREEMENT – NEUROPSYCHOLOGICAL EVALUATION SERVICES/PROFESSIONAL FEES

CNS, LLC is comprised of clinical psychologists who specialize in conducting comprehensive pediatric neuropsychological evaluation. The evaluation process includes a review of available records and completed questionnaires, clinical interview, review of neurobehavioral systems through standardized testing and behavioral observation, scoring and analysis of test findings, informing conference, and written report. A school observation is not included as part of the neuropsychological evaluation. The clinician working with you will request your written

permission to obtain information from current teachers, therapists, and/or other relevant professionals who may facilitate his/her efforts to understand your child's developmental progression and presentation. CNS, LLC does not currently provide individual, couple, or family therapy.

CNS, LLC bills for the time to complete a comprehensive evaluation. This includes not only direct client contact time but also time spent reviewing prior records, administering and scoring standardized measures and tests, obtaining information about your child from you and other professionals, formulating a comprehensive summary, conducting an informing conference, preparing the report, and communicating findings to the primary care physician. Again, a school observation is not included as part of the neuropsychological evaluation. In most cases, the total time for a clinician to complete an assessment ranges from 14-20 hours.

If you become involved in legal proceedings that require the participation of one or more of our clinicians, you will be expected to pay for all professional time, including preparation and transportation costs, even if the clinician is called to testify by another party.

INSURANCE REIMBURSEMENT

It is important that you find out exactly what services your insurance policy covers by referring to your coverage booklet and contacting the plan administrator. CNS will attempt to assist you in receiving the benefits to which you are entitled. However, you (and not your insurance company) are responsible for the full payment of the evaluation fees.

You should also be aware that most insurance companies require you to authorize the clinician to provide them with a clinical diagnosis. Sometimes the clinician has to provide additional clinical information such as reports, or copies of the entire record (in rare cases). In such situations, the clinician will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, our clinicians have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Our clinicians will provide you with a copy of any report they submit, if you request it. Although insurance companies try to maintain confidentiality, the clinician working with you has no control over insurance company policies or procedures. The clinician working with you will provide you with a copy of any report he/she submits, if you request it. By signing this Agreement, you agree that the clinician working with you at CNS, LLC can provide requested information to your insurance carrier.

OVERDUE PAYMENT POLICY

If your account has not been paid for more than 60 days after the informing conference and arrangements for payment have not been agreed upon, Children's Neuropsychological Services,

LLC has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require the practice to disclose otherwise confidential information. In most collection situations, the only information released regarding a patient's treatment is his/her name, address, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

CANCELLATION POLICY

If you need to cancel an appointment, please give at least 48 hours notice by leaving a message. In the event that you do not cancel 48 hours in advance of a scheduled appointment, you will be charged a \$250 late cancellation fee unless it is determined that you were unable to attend due to circumstances beyond your control. If it is possible, your appointment will be rescheduled.

PROFESSIONAL RECORDS

The laws and standards of clinical psychology require that CNS, LLC keep Protected Health Information about you in your Clinical Record. You may examine and/or receive a copy of your records if you request it in writing, unless the clinician working with you believes that access would endanger you. In those situations, you have a right to a summary and to have your record sent to another mental health provider or your attorney. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, CNS, LLC recommends that you initially review them in the presence of the clinician working with you. In most situations, CNS, LLC is allowed to charge a copying fee of \$0.50 per page (and for certain other expenses). If the clinician refuses your request for access to your records, you have a right of review, which the clinician will discuss with you upon request. In most cases, parents of minor children (under 18 years) have the legal right to examine records unless the clinician believes this review would be harmful to the client. In cases of divorce, both parents have equal access to their child's records, even if one parent has sole custody.

CONFIDENTIALITY

CNS, LLC is dedicated to preserving the confidentiality and privacy of all our clients. The law protects the privacy of all communications between a client and a psychologist. In most situations, the clinician working with you can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

The clinician working with you may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, the clinician makes every effort to avoid revealing the identity of his/her client. The other professionals are also legally bound to keep the information confidential. If you don't object, the clinician will not tell you about these consultations unless he/she feel that it is important to your work together. The clinician will note

all consultations in your Clinical Record (which is called "PHI" in our Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information).

Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this Agreement.

There are some situations where the clinician working with you is permitted or required to disclose information without either your consent or Authorization:

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-client privilege law. The clinician cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

If a government agency is requesting the information for health oversight activities, the clinician may be required to provide it for them.

If a client files a complaint or lawsuit against me, the clinician may disclose relevant information regarding that client in order to defend myself.

If a client files a worker's compensation claim, the clinician must, upon appropriate request, provide appropriate information, including a copy of the client's record, to the client's employer, the insurer or the Department of Worker's Compensation.

There are some situations in which the clinician is legally obligated to take actions, which the clinician believes is necessary to attempt to protect others from harm and the clinician may have to reveal some information about a client's treatment. These situations are unusual.

If the clinician has reasonable cause to believe that a child under age 18 is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect (including malnutrition), the law requires that the clinician file a report with the Department of Social Services. Once such a report is filed, the clinician may be required to provide additional information.

If the clinician has reason to believe an elderly or handicapped individual is suffering from abuse, the law requires that the clinician report to the Department of Elder Affairs. Once such a report is filed, the clinician may be required to provide additional information.

If a client communicates an immediate threat of serious physical harm to an identifiable victim or if a client has a history of violence and the apparent intent and ability to carry out the threat,

the clinician may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client.

If a client threatens to harm himself/herself, the clinician may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection.

If such a situation arises, the clinician will make every effort to fully discuss it with you before taking any action and the clinician will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and the clinician is not an attorney. In situations where specific advice is required, formal legal advice may be needed.

Divorce and Privacy Issues for Minor Children: Both parents will need to give consent for a CNS, LLC clinician to provide services to your child, even if divorced. As parents, you are the most important persons in your child's life, and it is necessary for you to be active partners in your child's care and treatment. If a clinician is working individually with your child, it will be important to discuss which aspects of his/her communication with your child will remain confidential. However, it may be difficult for a child, particularly an adolescent, to have a productive relationship with a psychologist if he or she feels that what is said in the session will always be shared with his or her parents. At the onset of the session, the clinician and you will develop a plan for how communications will be handled that best meets the particular needs of your child.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Record and disclosures of protected health information. These rights include requesting that the clinician amend your record; requesting restrictions on what information from your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures. Please ask the clinician working with you if you would like to discuss these rights further.

CONTACTING CNS, LLC CLINICIANS

You can leave a confidential voicemail message for any of our clinicians at (978) 749-2700. The clinician working with you will make every effort to return your call within 24-48 hours. If you are unable to reach the clinician working with you and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist

or psychiatrist on call. If the clinician is away for an extended period of time, it will be indicated on the outgoing voicemail message.

FEEDBACK TO CNS, LLC

CNS, LLC is committed to providing the highest quality of care. Our clinicians appreciate any feedback you have in order to improve the services that our practice provides. Toward this end, please ask questions and/or provide the clinician working with you with feedback at any time during this process.

Children's Neuropsychological Services LLC
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Phone: 978-749-2700, Fax: 978-749-2709
www.childrensneuropsych.com

SECTION TWO: Notice of Privacy Policies - HIPAA Information

NOTICE OF PRIVACY POLICIES - TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

HIPAA INFORMATION - REVISED 03/01/2021

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information.

Please read it carefully! Children's Neuropsychological Services LLC is referenced in this document as "CNS".

Uses and Disclosures for Treatment, Payment and Health Care Operations

CNS may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

"PHI" refers to information in your chart that could identify you.

"Treatment, Payment and Health Care Operations"

Treatment is when CNS provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when CNS consults with another health care provider, such as your PCP or another therapist.

Payment is when CNS obtains reimbursement for your healthcare. Examples of payment are when CNS discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of CNS. Examples of health care operations are quality assessment and improvement activities, business-related matters, such as audits and administrative services, and case management and case coordination.

Use applies to activities within CNS, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Disclosure applies to activities outside of CNS, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

CNS may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when CNS is asked for information for purposes outside of treatment, payment and health care operations, CNS will obtain an authorization from you before releasing this information. CNS will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes CNS has made about conversation during a private, group, joint, or family counseling session, which CNS has kept separate from the rest of your chart. These notes are given a greater degree of protection than PHI. It is CNS’s policy not to keep separate psychotherapy notes. All documentation we keep is a part of your clinical chart.

CNS will also obtain an authorization from you before using or disclosing PHI in a way that has not been described in this notice.

CNS will not use your PHI for marketing or sales purposes under any conditions.

Uses and Disclosures with Neither Consent nor Authorization

CNS may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If CNS, in professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk or harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, CNS must immediately report such a condition to the Massachusetts Department of Children and Families.

Adult and Domestic Abuse: If CNS has reasonable cause to believe that an elderly person (age 60 or older) is suffering or has died as a result of abuse, CNS must immediately make a report to the Massachusetts Department of Elder Affairs.

Health Oversight: The Board of Registration that applies to a CNS particular license to practice has the power, when necessary, to subpoena relevant records should CNS be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and CNS will not release information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the court evaluation is court ordered. You will be informed in this case.

Serious Threat to Health or Safety: If you communicate to CNS an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, CNS must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. CNS must also do so if CNS knows you to have a history of physical violence and CNS believes there is a clear and present danger that you will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment and CNS has a reasonable basis to believe that you can be committed to a hospital, CNS must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Workers Compensation: If you file a worker's compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division or Worker's Compensation.

When the use and disclosure without your consent or authorization is allowed under sections of Section 164.512 of the Privacy Rule and the state's confidentiality law, this includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

Patient's Rights and Mental Health Clinician's Duties

Patient's Rights

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, CNS is not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing CNS. Upon your request, CNS will send your bills to another address).

Right to Inspect and Copy: You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. CNS may deny your access to PHI under certain circumstances, but in some cases, you may have the decision reviewed. On your request, CNS will discuss with you the details of the amendment process.

Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. CNS may deny your request. On your request, CNS will discuss with you the details of the amendment process.

Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, CNS will discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the notice from CNS upon request, even if you have agreed to receive the notice electronically.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket: You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket or in full for my services.

Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Mental Health Clinician's Duties

CNS is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.

CNS reserves the right to change the privacy policies and practices described in the notice. Unless CNS notifies you of such changes, however, CNS is required to abide by the terms currently in effect. If CNS revises policies and procedures, CNS will notify current clients and post the new policies in the waiting area.

Complaints

If you are concerned that CNS has violated your privacy rights, or you disagree with a decision CNS made about access to your records, you may contact our Privacy Officer: Dr. William Mautz at this office. If you are a client of Dr. Mautz you may contact Vernon Hickey this office. You may

also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

Effective Date and Changes to Privacy Policy

This notice will go into effect January 1st, 2021. CNS reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that is maintained. CNS will notify current clients of changes in person or by mail and closed client cases can, if interested, call and ask if our policies have changed and obtain a copy by mail or view one in our waiting area.

Section Three: Insurance Coverage Agreement

By signing the CNS Combined Services Agreement you agree to following regarding the utilization of Health Insurance to cover costs related to services provided by CNS.

You understand that CNS will not submit a claim to any insurance plan with whom the CNS servicing provider is not credentialed and in such cases you are responsible for the full cost of the evaluation. You understand in such non-credentialed situations, at the end of the evaluation process, CNS will provide a detailed invoice that can be submitted by you to your insurance plan to seek out-of-network reimbursement in accordance with your health insurance plan policies.

You understand that your health insurance plan will cover costs according to the plan's medical necessity policy related to Neuropsychological/Psychological evaluations and that you are responsible for understanding your insurance coverage.

You understand that a portion of the Neuropsychological/Psychological evaluation may not be deemed medically necessary, and you are responsible for any evaluation costs not covered by your health insurance plan.

You understand that Neuropsychological/Psychological testing is not covered by health insurance policies when the primary reason for testing is the assessment of educational or vocational training or to provide insight on how to improve academic performance.

If you have any questions or need clarification regarding insurance coverage as it relates to services provided by Children's Neuropsychological Services, we encourage you to contact CNS at 978-749-2700 prior to starting the evaluation process.

Section Four: Informed Consent for Telepsychology and In-Person Services

This section contains important information about the possible use of Telepsychology services via voice and/or video communication and in-person services as part of Children's Neuropsychological Services (CNS) evaluation process, in light of the COVID-19 public health crisis. Please read this carefully and let CNS know if you have any questions. When you sign the CNS Combine Services Agreement, it will be an official agreement between you and CNS.

Telepsychology Services

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy or assessment-based services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychology and telepsychology, as well as some risks. For example:

Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On our end we will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in telepsychology only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis management and intervention. Usually, we will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.

Efficacy. Most research shows that telepsychology is about as effective as in-person psychological services. However, some clinicians believe that something is lost by not being in the same room. For example, there is debate about a clinician's ability to fully understand non-verbal information when working remotely.

Electronic Communications

We will decide together which kind of telepsychology service to use. You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology. For communication between sessions, we only use phone calls and email communication with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with our office should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that we cannot guarantee the confidentiality of any information communicated by email or text. Therefore, we will not discuss any clinical information by email or text and prefer that you do not either. Also, we do not regularly check my email or texts, nor are we able to respond immediately, so these methods should not be used if there is an emergency. If you are unable to reach us and feel that you cannot wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Confidentiality

We have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that we cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. We will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology). The extent of confidentiality and the exceptions to confidentiality that we outlined in our Informed Consent still apply in telepsychology. Please let us know if you have any questions about exceptions to confidentiality.

IN-PERSON SERVICES

Decision to Meet Face-to-Face

This is an agreement to meet in person for some or all future appointments. If there is a resurgence of the pandemic or if other health concerns arise, however, CNS may require that meetings take place via telehealth only. If you have concerns about meeting through telehealth, meetings will not move forward until the concerns have been discussed. If you decide at any time that you would feel safer staying with, or returning to, telehealth services, CNS will respect that decision, as long as it is feasible and clinically appropriate. Reimbursement for telehealth services is determined by the insurance companies and applicable law.

Risks of Opting for In-Person Services

You understand that by coming to the office, you are assuming the risk of exposure to the coronavirus (or other public health risk). This risk may increase if you travel by public transportation, cab, or ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, CNS staff, other clients, and our families) 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 page of this document to indicate that you and your child 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°F 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, CNS will not charge you our normal cancellation fee.

You will contact us when you arrive at our office and wait in your car or outside the building until we inform you that you may enter.

Your temperature and an oxygen saturation measurement will be taken in our office upon arrival.

Except for special circumstances, adults accompanying a child to his/her appointment will minimize their time spent in our office by waiting remaining in a designated waiting area or return to their car to wait for scheduled break periods. Only one adult may accompany a child to his/her appointment.

You will wash your hands thoroughly 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 room. For example, you will remain in your assigned waiting area and refrain from visiting other parts of the office.

Consistent with state regulations, you will wear a facemask covering your mouth and nose in all areas of the office (CNS staff members will too). If there are special circumstances that would prevent you or your child from wearing a facemask in the office, you will discuss this with your provider in advance of your appointment date. Your provider will document any exceptions in writing.

You will keep a distance of 6 feet except for when clinically indicated, and there will be no physical contact (e.g., no shaking hands) with CNS 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. Younger children may be asked to wash or sanitize their hands on a regular basis rather than after each instance of face-touching.

You will take steps between appointments to minimize your exposure to COVID-19.

If you have a job that increases your risk of exposure to other people who are infected, you will let CNS staff know prior to your appointment date.

If your commute or you have other responsibilities or activities that put you in close physical contact with others (beyond your family), you will let CNS staff know prior to your appointment date.

If a resident of your home tests positive for the infection, has a suspected COVID-19 infection, or has been informed that they have had contact with someone who has been infected, you will immediately let CNS staff know.

Parents are responsible for ensuring that their children follow these safety precautions.

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

Our Commitment to Minimize Exposure

CNS has taken steps to reduce the risk of spreading the coronavirus within the office and we have posted our efforts on our website and in the office. Please let us know if you have questions about these efforts.

If You or Your Provider Are Sick

You understand that CNS is committed to keeping you, our staff, our other clients, and all of our families safe from the spread of this virus. If you show up for an appointment and CNS staff believe that you have a fever or other symptoms, or believe you may have been exposed, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate and/or will reschedule you to a new in-person appointment date as soon as appropriate.

If there is reason to suspect that you may have been exposed to COVID-19 while at our office, we 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, CNS may be required to notify local health authorities that you have been in the office. If we have to report this, we 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. By signing this form, you are agreeing that we may do so without an additional signed release.

[Informed Consent](#)

This section supplements the CNS Outpatient Services and HIPAA Policy sections that are required to perform any services and does not otherwise amend any of the terms of that agreement. Your signature below indicates agreement with these terms and conditions.

CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

This CNS Combined Services Agreement is an agreement between the Client/Person being evaluated and the Client's representative (Parent(s), Legal Guardian and Children's Neuropsychological Services LLC (CNS). When we use the word "you" below it will mean your child, relative, or other person being provided services by CNS.

When CNS examines, diagnoses, treats, or refers you CNS will be collecting what the law calls Protected Health Information (PHI) about you. CNS needs to use this information here to decide on what treatment is best for you and to provide treatment to you. CNS may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form you are agreeing that you have read and understand the CNS Combined Services Agreement you are agreeing to let CNS use your information here and send it to others in accordance with our written policies. Please make sure you have read and understand our Privacy Policies above before signing this Consent form.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Policies (NPP), CNS cannot treat you.

In the future CNS may change how we use and share your information and so may change our Notice of Privacy Policies. If we do change it, you can get a copy from our website: www.childrensneuropsych.com or by calling us at 978-749-2700, or from our privacy officer, Dr. William Mautz.

If you are concerned about some of your information, you have the right to ask CNS not to use or share some of your information for treatment, payment, or administrative purposes. You will have to tell CNS what you want in writing. Although CNS will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, CNS promises to comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling CNS you no longer consent) and we will comply with your wishes about using or sharing your information from that time on, but we may already have used or shared some of your information and cannot change that.

Please print and keep a copy of this agreement for your records.

Name of Client/Person being evaluated: _____

Date of Birth of Client/Person being evaluated: _____

Name of Client's representative (Parent/Legal Guardian): _____

* Signature of Client's representative (Parent/Legal Guardian): _____

* Date of Signature: _____

Joint Custody reminder - In situations where joint legal custody is shared by two or more client representatives (Parent/Legal Guardian) each representative must sign a separate copy of the CNS Combined Services Agreement.