

# Falls Neuropsychology and Psychotherapy Associates, PLLC

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## COVID-19 Office Policies and Risk Attestation - Visitors

### Office Policies

As we begin to reopen for in-office visits, we are committed to providing the safest environment possible for our patients and staff. As part of this, we have developed the following checklist and attestation statement for each patient to complete prior to entering the office for a scheduled session. Thank you for your understanding.

We have also implemented the following policies for staff, patients, and guests, effective until further notice:

- Masks must be worn at all times when in the foyer, lobby, restroom, and clinical offices. If you do not have a mask, one can be provided for you.
- Gloves will be provided upon request. Any gloves worn into the office must be thrown in the designated trash can upon entering, and fresh gloves will be provided to replace them.
- Patients may be accompanied into the FNPA office by one additional person only (e.g., relative, friend, driver).
- The lobby, hallways, restroom, and clinical offices will be cleaned daily.
- Testing equipment will be cleaned and sanitized after each use.

I have read, understood, and agree to abide by the statements above.

Please sign and date below to acknowledge your understanding of these policies:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Symptom and Risk Attestation

- Have you or has anyone living with you been diagnosed as having COVID-19 within the past four weeks?

No / Yes (if Yes, explain below, including treatments and isolation measures taken):

- Do you currently have any of the following symptoms, or have you had any of the following symptoms within the past 48 hours? Please respond to each of the following with either, "No," or with a description of the symptom you have experienced.

\_\_\_ Temperature of more than 99.9 degrees F

\_\_\_ Dry Cough

\_\_\_ Shortness of breath or difficulty breathing

\_\_\_ Chills

\_\_\_ Muscle pain

\_\_\_ Headache

\_\_\_ Sore Throat

\_\_\_ Loss of taste or smell

- Does anyone living with you have or have they had any of the above symptoms in the last 48 hours?

No / Yes (if Yes, explain below):

- Have you been exposed to anyone exhibiting any of the above symptoms during the past two weeks?

No / Yes (if Yes, explain below):

- Have you or has anyone who lives with you returned from international travel in the two weeks? If so, please describe.

No / Yes (if Yes, explain below):

- Do you agree that you will wear a mask at all times while in the FNPA offices?

Yes / No (those not wearing masks are welcome to wait outside the office building)

If you can attest, to the best of your knowledge, that the above responses are true, please sign and date below.

Signature:

Date:

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