



# DIRKSEN CENTER

FOR NEUROBEHAVIORAL HEALTH

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Patient Name:

Patient's Date of Birth:

Patient's Guardian (if younger than 18):

Today's Date:

**Please initial each line below and sign at the bottom.**  
**Return to [info@dirksencenter.com](mailto:info@dirksencenter.com) or via fax to 847-701-3275**

1. I understand that the Dirksen Center cannot eliminate the risk of COVID19 for in-person services, and I /we are comfortable assuming the inherent risk of exposure to COVID19 associated with in-person services.  
\_\_\_\_\_
2. I understand that I/we have the option to postpone the assessment without cost or penalty and that doing so will not affect the quality of my clinical care, nor the outcome of the evaluation.  
\_\_\_\_\_
3. I understand that only 1 parent is permitted to accompany minors to the assessment/therapy session.  
\_\_\_\_\_
4. I understand that all parents and patients are required to wear masks while visiting the Dirksen Center. In the event that a patient or parent is unable to wear a mask or cannot keep a mask in place, the assessment will be postponed until such a time when masks are not necessary. If you have a mask at home, please bring it with you. The Dirksen Center has a limited number of masks available for patients and parents.  
\_\_\_\_\_
5. I understand that there may be some assessment measures that are not possible to administer with masks in place, and in those cases, administration of those measures, if deemed necessary, will be postponed.  
\_\_\_\_\_
6. I understand that the Dirksen Center advises patients with chronic health conditions and patients living with family members who have chronic health conditions to postpone in-person assessment except in emergent cases.  
\_\_\_\_\_
7. I understand that the Dirksen Center will contact me the day prior to my appointment to review screening questions required prior to provision of in-person services and that services will be denied in cases when screening questions have not been completed prior to arrival at the Dirksen Center. Further, I understand that it is my responsibility to provide accurate and truthful information in response to those questions.  
\_\_\_\_\_
8. I have had the opportunity to ask all questions pertaining to postponing the assessment and regarding the provision of in person services, and that, should questions or changes arise, I can call the Dirksen Center to speak with my clinician via phone or telemedicine platforms.  
\_\_\_\_\_

Patient/Guardian Signature

Date