TELEHEALTH CONSENT Form

PATIENT NAME: _____

DOB: _____

Introduction: *Telehealth allows you to receive physical therapy services through live video and audio. Measures are in place to protect your privacy and the security of your information.*

Benefits:

- Allows licensed physical therapists to provide PT services for evaluations and follow-up care using electronic format.
- Allows for continuation of PT services and progression of rehab program despite inclement weather, work conflicts, car issues, childcare issues, etc.

Risks:

- Possible interruptions, technical issues, or unauthorized access.
- Rarely, security measures might fail, risking a privacy breach.

Procedure: Contact the office to convert in-clinic appointment to telehealth session so that a telehealth link will be emailed to you

By signing this, I acknowledge:

- I consent to telehealth physical therapy care provided by a licensed physical therapist
- I must be in the state of Maryland during sessions; sessions will be cancelled or rescheduled when the patient is out of state
- I am aware that non-medical staff may be required to assist with technology, but patient confidentiality will always be maintained
- I understand although there is no guarantee for results, benefits are anticipated
- I understand that payment is expected the date of service

_____

Patient Signature Date

_____

Physical Therapist Date