



Informed Consent for Telehealth

Telehealth involves the use of electronic communications to enable healthcare providers to evaluate and treat patients virtually.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her local healthcare site (i.e. home) while the physical therapist consults at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a specialist.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- In rare cases, the consultant may determine that the transmitted information is of inadequate quality, thus necessitating a face-to-face meeting with the patient, or at least a rescheduled video consult;
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In some cases, a person's condition is not suitable for virtual assessment and treatment. If so, the therapist will recommend a physician or clinic that is specialized.

By signing below, You acknowledge that you understand and agree with the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth, which identifies me, will be disclosed to researchers or other entities without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas.
4. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. The above mentioned people will all maintain confidentiality of the information obtained.

Patient Consent to The Use of Telehealth

I have read this document carefully, and understand the risks and benefits of telehealth, and have had my questions regarding the procedure explained, and I hereby give my informed consent to participate in a telehealth visit under the terms described herein.

Patient signature: _____

Date: _____