

Function First Physical Therapy Consent Form

Telemedicine is the delivery of healthcare services when the healthcare provider and patient are not in the same physical location through the use of technology.

The interactive electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

I understand the following:

- The laws that protect the privacy and confidentiality of medical information also apply to telemedicine.
- I have the right to withhold or withdraw my consent to the use of telemedicine during the course of my care at any time.
- I have the right to inspect all information obtained and recorded during the course of a telemedicine interaction and may receive copies of this information.
- will be receiving my treatment via TELEHEALTH secure online platform. I understand that the Telehealth sessions are hands -off sessions and will consist of detailed discussion regarding my condition, visual assessment of my movement patterns, balance, and range of motion.
- I understand that I will be given home exercise program and home tips to allow me to progress towards my goals.

Potential risks: I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist. Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).

Potential benefits: I may experience an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increase strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

By clicking on "I AGREE", I confirm that I have read all of the above information and I consent to physical therapy evaluation and treatment.