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Informed Consent for Telehealth for Physical Therapy

Telehealth involves the use of electronic communications to enable healthcare providers to provide remote visits with their patients. The platform we use is www.doxy.me, which is HIPAA compliant, with end-to-end secure encryption. No recording of the visit is made. We document your visit in your medical record, just like a face to face visit. We follow strict procedures for confidentiality of your visit, just as with an in-clinic visit.

Possible Risks:

As with any medical procedure, there are potential risks / problems associated with the use of telehealth. These 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 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.
- In some cases, a person's condition is not suitable for virtual assessment and treatment. If so, the therapist will recommend a face to face visit.

Patient Consent to The Use of Telehealth

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. HIPAA compliance will be adhered to as in previously signed intake paperwork.
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 I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.

I hereby give my informed consent to participate in a telehealth visit under the terms described herein.

Signature: _____

Date: _____

Print Name: _____