



Consent to Telehealth Assessment & Treatment

I understand that am I agreeing to a Telehealth Appointment with my practitioner. I understand that this, and all future telehealth sessions, will be conducted via a video conferencing platform. This platform is secure and encrypted to ensure the same client safety and privacy as if you were in the clinic.

I understand that Telehealth is a different delivery of treatment. Telehealth, although a positive alternative to helping client's recovery from injury, continue in rehab and work towards functional goals, does not allow for a "hands on" assessment. If for any reason the therapist feels that the client is not appropriate for telehealth, the session will be ended and further instructions will be provided to the client.

Treatment provided through Telehealth will be delivered with the same one:one care, ethics, professionalism and quality as the care you would receive in the clinic. Treatments may include exercise demonstration, exercise prescription, exercise progression, education, review (and or) progression of home program.

I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation, I understand that some parts of the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider(s) or myself can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. The risks involved with Telemedicine include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions have the ability to grab and released information you may desire to keep private. Furthermore, there is the risk of being overheard by anyone near you if you do not place yourself in a private area and open to other's intrusion.

The advantages of Telemedicine include the benefit of continuity of care in the absence of your clinician as well as the ability to be treated from any location at any time.

I have read and understand the consent to Telehealth Treatment. I have had the opportunity to ask any questions regarding assessment and treatment. I understand that I can withdraw my consent at anytime.



Telehealth Consent Form

By signing this form, I consent to assessment and treatment via Telehealth

(signature)

(date)

Consent to video or photo's

As part of your assessment your therapist may wish to take video or photo. This source of media can assist your therapist in further analyzing such things as posture, gait, exercise form or joint angles. If your therapist feels that either of these sources of media would be beneficial to your assessment/treatment they will ask verbal permission from yourself during the session. Video and photos are uploaded into your formal chart and removed from any other devices.

I am aware and agree to the video and photo consent

Consent to Billing & Payment Policy

All appointments are to be paid via credit card.

At the time of booking an appointment, your credit card information will be taken (but not charged) to finalize your booking.

If you cancel your appointment in less than 24 hrs prior to your appointment, you are subject to our Cancellation Fee Policy.

Our team works continuously to protect the security of your account, and we take steps every day to provide a secure payment experience for our clients. We meet all industry standards for security and encrypt our hardware to protect your payment data.

I had read and consent to the Billing and Payment Policy

No Show Policy

We value each of you as individuals and welcome the responsibility and privilege for supporting you as your health care professionals. Our goal is to treat each client in a timely and efficient manner. With that as our focus we want to remind you of our clinic (in-person & virtual) policy concerning "no-show" appointments.

Failure to appear for your appointment without previously contacting the clinic will result in you being billed for 100% of your treatment fee. We do have voicemail (24 hours/day) and email that we check regularly.

I am aware and I agree to the no show policy



Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee of 50% the cost of their appointment.

I am aware of and agree to the Cancellation Policy.

Accuracy of Information

I certify that the above medical information is correct to my knowledge.

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

I agree

Emergency Contact Information

Name: _____

Relationship to client: _____

Phone number: _____