



Embrace Mobility Therapy Services

Embrace. Encourage. Educate. Exceed.

TELEHEALTH INFORMED CONSENT

I understand that telemedicine is the use of electronic information and communication technology by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider. Benefits of video consultation are the ability to continue working one-on-one with each patient, minimizes the time to drive to the PT clinic and allows the patient to participate in their PT treatment from the comfort of their own home. The risks of video consultation are possible technical problems, not the same face-to-face services with inability to provide hands on treatment, and the risk of security to video visits.

I understand that the laws that protect privacy and confidentiality of medical information also apply to telehealth. As always, your insurance carrier will have access to your medical records for quality review/audit.

I understand that I will be responsible for any co-pays or co-insurances that may apply to my telehealth visit. I also understand that if my insurance will not cover PT telehealth/e-visits then the self pay cost is \$150 for the initial evaluation, \$80 for 60min treatments, and \$40 for 30min treatments.

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. I may revoke my consent orally or in writing by contacting Embrace Mobility Therapy Services. As long as this consent is in force (has not been revoked), Embrace Mobility Therapy Services may provide physical therapy services or consultation to me via telehealth without the need for me to sign another consent form.

Print Name: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____