



Patient Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Informed Consent for Telehealth Services

Telehealth is the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider. Electronically transmitted information may be used for diagnosis, therapy, follow-up and/or patient education, and may include any of the following:

- 1) Patient medical records.
- 2) Medical images.
- 3) Interactive audio, video, and/or data communications.
- 4) Output data from medical devices and sound and video files.

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.

Potential 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:

- 1) Information transmitted may not be sufficient (e.g., poor resolution of images) to allow for an appropriate therapy session to be conducted.
- 2) For certain cases, the physical therapist may not be able to perform all services under a telehealth session.
- 3) Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- 4) Security protocols could fail, causing a breach of privacy of personal medical information.

By signing this form, I understand and agree to the following:

- 1) The laws that protect the privacy and confidentiality of medical information also apply to telehealth. No information obtained during a telehealth encounter which identifies me will be disclosed to researchers or other entities without my consent.
- 2) 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 understand that my withdrawal of consent will not affect any future care or treatment, nor will it subject me to the risk of loss or withdrawal of any health benefits to which I am otherwise entitled.
- 3) I have the right to inspect all information obtained and recorded during the course of a telehealth interaction and may receive copies of this information for a reasonable fee.