



Telehealth Visit Permission to Treat

I, _____, consent to participating in a telehealth visit with a Physical Therapist, who is an employee of Back-In-Action Rehabilitation, S.C. I understand that the evaluation and treatment of current medical condition(s) using a synchronous video and/or audio call is under the Physical Therapy scope of practice similar to a clinic visit and will be carried out by a licensed practitioner.

I understand that the telehealth session will use Doxy, a computer application that allows for encrypted video meetings. Encrypted meetings are private meetings between the Physical Therapist and the patient that keeps health information on a secure line, prevents hacking, and reduces invasion of privacy. I understand that the version of Doxy used for telehealth visits does have a business contact to be HIPAA compliant and follows guidelines to ensure that private health information is kept secure throughout the session. This private health information is not stored after completion. No recording of the session will be done unless verbal consent is given.

I understand the Physical Therapist will conduct the session in a space that is conducive for keeping health information private and maintain professional guidelines. I understand that no physical exam or manual therapy will be given during a telehealth visit and I agree to the Therapist's plan of care that may be modified for telehealth.

I have also signed the general consent form for treatment from the clinic, Back-In-Action Rehabilitation, S.C. The current clinic policies apply to telehealth visits as well.

I understand that this telehealth visit will be billed to my insurance, therefore, benefits must be authorized prior to treatment. The patient is responsible for any co-pays and balances not covered by your insurance. The Physical Therapist has the right to refuse treatment if payment is not received.

Signature

Date

Witness

Date