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**Telehealth (Telerehab) Patient Consent / Refusal Form**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Patient Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City :\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ ZIP Code:\_\_\_\_\_\_\_\_

The purpose of this form is to obtain your consent to participate in a Telehealth (Telerehab) Consultation/Treatment in connection with one or more of the following procedure(s) and or service(s):  
Physical Therapy Services: Initial Examination, Therapeutic Exercises, Therapeutic Activities, Neuromuscular Reeducation

Wellness Services: Initial Consultation, Exercise Program, Personal Training, Postural Awareness

1. Nature of Telehealth (Telerehab) Session:

a. Details of your medical history, examinations, x-rays, and tests may be discussed with other healthcare professionals using interactive video, audio, and telecommunication technology.  
b. A digital physical examination may take place.

c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.

d. Video, audio, and/or photo recording may be taken of you during the procedure(s) or service(s) for treatment purposes only.

2. Medical Information and Records: All existing laws regarding your success to medical information and copies of your medical records apply to this Telehealth (Telerehab) consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this Telehealth (Telerehab) interaction to any other parties or entities shall not occur without your consent.

3. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.

4. Rights: You may withhold or withdraw your consent to telehealth consultation at any time without affecting your right to future care or treatment.

5. Limitations: Telehealth (Telerehab) can not replace hands on treatment and there may be some unforeseen circumstances arise such as technical difficulties (impaired audio/video signals) or other communication breakdowns. The treatment platform may or may not be HIPAA compliant, so discuss any privacy concerns with your therapist.

6: Risks, Consequences, & Benefits: You have been advised of all the potential risks, consequences, and benefits of Telehealth (Telerehab). Your therapist has discussed with you the information provided above.

I agree / I refuse (please circle your response) to participate in Telehealth (Telerehab) with Spine and Orthopedic Rehab of Virginia, Inc. for the service(s) listed above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ AM PM

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ AM PM