

Consent for Telehealth/E-visit Physical Therapy

I understand that I am a patient of Soaring Eagle Physical Therapy and will be receiving my treatment via a secure online platform.

I understand that Telehealth/E-visit sessions are hands-off sessions and will consist of detailed discussions regarding my condition, visual assessment of my movement patterns, balance, and range of motion. Telehealth/E-visit consultations are provided through a HIPAA compliant and secure platform, DOXY.ME. By using this service, you agree to the terms of use and privacy policies of this telemedicine/telehealth vendor [<https://doxy.me/terms-of-service>].

I understand that I will be given a home exercise program and home tips to allow me to progress towards my goals. If we instruct you on any exercises, balance activities or other physical procedures during the telemedicine/telehealth session, you are responsible for determining whether you can safely perform the activity without risk of falling or otherwise injuring yourself. If you do not feel safe, you must tell us. If the exercise or activity requires the assistance of a family member or caregiver (collectively "Caregivers"), you are accepting the risk of the actions of your Caregivers. We are not responsible if you fall or get injured by the actions, errors or omissions of your Caregiver.

Informed consent for treatment: The term "informed consent" means that potential risks, benefits and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

Potential risks: I may experience an increase in my current level of pain and discomfort, or an aggravation of my existing injury or condition. The discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist.

Alternatives: If I do not wish to participate in the therapy program, I will discuss my medical, surgical, or pharmacological alternatives with my physical therapist, as well as my physician or primary care provider.

Payment: I understand that my insurance will be billed for this session and that they may not fully reimburse the physical therapy session, however Soaring Eagle Physical Therapy may provide limited complimentary treatments (up to 3 sessions).

By clicking on "I AGREE" on the final questions on the Soaring Eagle Physical Therapy Telehealth intake form, located at https://docs.google.com/forms/d/e/1FAIpQLSfV_bXD6Ajnkb1nthbGqMUTQ5J6UupJ8rrFSJ6AY23qxVOHHQ/viewform?vc=0&c=0&w=1

I confirm that I have read all of the above information and I consent to physical therapy evaluation and treatment.