



WellnessPT Physical Therapy, P.C. Telehealth Physical Therapy Consent

Consent to Telehealth Physical Therapy Services

I, the undersigned, consent to participate in telehealth physical therapy services provided by WellnessPT Physical Therapy, P.C. I understand that telehealth involves the delivery of healthcare services using electronic communications, which may include consultation, assessment, diagnosis, and treatment.

Telehealth Limitations and Risks

I understand that:

- Telehealth may have limitations compared to in-person care, including the absence of hands-on assessments or interventions.
- Technical issues, such as poor internet connectivity, may affect the quality of the telehealth session.
- While telehealth communication is conducted securely, electronic communications carry risks of privacy breaches. WellnessPT Physical Therapy, P.C. takes all reasonable measures to secure telehealth sessions but cannot guarantee complete confidentiality.

Emergency Plan for Telehealth Sessions

My safety is a priority during telehealth sessions, and an emergency plan is in place for situations requiring immediate attention:

1. Identifying an Emergency: An emergency is defined as any situation where my immediate health or safety is at risk, such as severe pain, difficulty breathing, chest pain, sudden disorientation, or any condition needing immediate medical assistance.

2. Patient Responsibilities:

- **Provide Location Information:** At the beginning of each telehealth session, I will confirm my current location (address and city) so that emergency services can be directed to the correct location if necessary.
- **Emergency Contact:** I will provide contact information for a nearby family member, friend, or neighbor who can be reached in case of an emergency.

3. Provider Responsibilities:

- **Assessment and Direction:** Upon identifying a potential emergency, the provider will assess the situation and may direct me or a bystander to call 911 if immediate assistance is required.
- **Notification:** If necessary, the provider will notify my designated emergency contact.
- **Documentation:** Any emergency incidents and actions taken will be documented in my health record.

4. In Case of Emergency (ICE) Protocol:

- **Immediate Action:** If there is an emergency, I or the provider will call 911 immediately. I will provide the operator with my exact location and a description of the emergency.
- **Follow-Up:** The provider will follow up with my emergency contact as needed to ensure my safety and determine any need for further intervention.

5. Technical Failure Plan:

- **Primary Alternative Communication:** If the telehealth platform fails, the provider will attempt to contact me via telephone.
- **Secondary Measures:** If phone contact cannot be established, the provider will use email or another agreed-upon method to re-establish contact or provide further instructions.

Patient Rights and Responsibilities

I understand that:

- I have the right to stop or refuse telehealth services at any time without affecting my right to future care.
- I have the right to ask questions and discuss alternative treatment options.
- I am responsible for ensuring a private, secure environment for my telehealth sessions and for confirming that my device meets minimum technical requirements.
- Telehealth services will be held to the same standard of care as in-person services, as required by California law.

By signing below, I acknowledge that I have read, understand, and agree to this Telehealth Physical Therapy Consent and the Emergency Plan as outlined. I consent to participate in telehealth services with WellnessPT Physical Therapy, P.C., and accept the associated limitations, risks, and responsibilities.

Patient's Name/Signature: _____

Date: _____