

Telehealth Consent

I hereby consent to engage in telehealth with Healing Motion Physical Therapy. I understand that "telehealth" includes the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio (such as phone), audio-video (such as Skype), or data communications (such as email and texting). I understand that telehealth also involves the communication of my medical information, both orally and visually, to healthcare practitioners located in Oregon. I understand that I have the following rights with respect to telemedicine:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care, or treatment, nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- The laws that protect the confidentiality of my medical/mental information also apply to telehealth. I am aware of and agree with these laws, as described in the "Patient Acknowledgment and Consent" form, which I signed. I understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my physical therapist that:

- The transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons.
- The electronic storage of my medical information could be accessed by unauthorized persons.
- Telemedicine based services and care may not be as complete as face-to-face services.
- I also understand that if Healing Motion Physical Therapy believes that I would be better served by face-to-face physical therapy, they will wait to continue treatment until such a time is feasible.

I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

By signing below, I agree that I have received and understand the information above.

Patient or Authorized Representative Signature

Date