

**Consent to Virtual Care (telehealth) Assessment & Treatment**

I understand that I am agreeing to a Virtual Care appointment with my practitioner. I understand that this, and all future Virtual Care sessions, will be conducted via a video conferencing platform.

I understand that Virtual Care is a different delivery of treatment. Virtual Care, although a positive alternative to helping clients recover from injury, it does not allow for a “hands on” assessment. If for any reason the therapist feels that the client’s situation is not appropriate for Virtual Care, the session will be ended and further instructions will be provided to the client.

Treatment provided through Virtual Care will be delivered with the same care, ethics, professionalism and quality as the care you would receive in the clinic. Treatments may include education, exercise demonstration, exercise prescription, exercise progression, self-mobilization, and self-monitoring.

I have had the alternatives to a Virtual Care consultation explained to me and understand that some parts of the exam involving physical tests may be conducted by individuals of my choosing at the direction of the consulting health care provider.

I understand there are potential risks to this technology, and I have read and signed Physiomoves Physiotherapy Clinic’s “Consent to use Electronic Technology and Communication” form. Furthermore, I understand there is the risk of being overheard by anyone near me if I do not place myself in a private area and open to other’s intrusion.

**Consent to Videos or Photos**

The Virtual Care appointment will not be recorded and stored, although the details of your appointment will be documented in your chart. As part of your assessment and treatment, your therapist may wish to take videos or photos. This source of media can assist your therapist in further analyzing such things as posture, gait, exercise form or joint angles. If your therapist feels that either of these sources of media would be beneficial to your assessment or treatment they will ask for verbal permission from yourself during the session. Only the videos and photos that you have verbally consented to will be uploaded into your formal chart and removed from any other devices.

I have read and understand the “Consent to Virtual Care Assessment & Treatment”. I have had the opportunity to ask any questions regarding assessment and treatment. I understand that I can withdraw my consent at any time.

By signing this form, I consent to Virtual Care assessment and treatment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_