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## Consent for TELEHEALTH Physical Therapy Treatment

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Telehealth is the delivery of healthcare services using technology when the healthcare provider and member are not in the same physical location.

I consent to participating in a telehealth visit with a Physical Therapist, who is an employee of Seniority Wellness & Consulting LLC. I understand that the evaluation and treatment of current medical conditions using a synchronous video and/or audio call is under the physical therapy scope of practice similar to a clinic visit and will be carried out by a licensed practitioner.

I understand that the telehealth session will be conducted over Doxy.me, a computer application that allows HIPAA compliant video meetings. Meetings are private and secure between the Physical Therapist and client. It prevents hacking and invasion of privacy with health information being shared. No recording of the sessions will be done

I understand the physical therapist will conduct the session in a space that is conducive for keeping health information private and maintain professional guidelines. I understand that no physical exam or manual therapy will be given during the telehealth visit and I agree to the fact that the therapist's therapy plan will be modified for telehealth.

I agree to fully disclose all of my pertinent medical history to the best of my knowledge in order that the therapist be able to provide care to its full effectiveness with being mindful of specific contraindications and precautions to exercise and mobility. This is in order for the physical therapist to make the necessary and safe recommendations in accordance to my medical situation/condition.

I understand that telehealth services are not billed to my insurance and that services are provided at no charge during the Covid-19 pandemic crisis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date