

INFORMED CONSENT FOR TELEHEALTH PHYSIOTHERAPY ASSESSMENT AND TREATMENT

Please read the following statement regarding informed consent and safety measures for telerehabilitation consultations. If you are in agreement to proceed with this consultation, please indicate this with a signature at the bottom of the page.

1. There may be limitations that tele-rehabilitation services present as compared to an in-person encounter for a patient's situation, such as the inability to perform hands-on examination, assessment and treatment.
2. I hereby give consent for videotaping, recording or storing information and data from the tele-rehabilitation session; for the transmission of information via tele-rehabilitation technologies, and for the participation of other health care providers or the patient's family in the provision of care if indicated. I understand that all recording uses encrypted software to protect my privacy.
3. The physiotherapist is compliant with all privacy and security requirements both during tele-rehabilitation sessions including authentication and encryption technology, secure transmission systems and storage mechanisms.
4. Written policies and procedures will be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records of the encounter using tele-rehabilitation technologies.
5. The physiotherapist will ensure that there are guidelines in place to ensure that patient records cannot be accessed by unauthorized users, tampered with or destroyed and are protected at both the originating and remote sites
6. The physiotherapist will take the necessary action to ensure the security of all devices used in tele-rehabilitation and when storing information related to tele-rehabilitation services
7. The physiotherapist will have a safety protocol in place in the event of an emergency or adverse event.
8. There must be an alternative method of contacting the patient and the patient should be provided with an alternate way of contacting the physiotherapist. For example in the case of internet failure, the physiotherapist must be able to telephone the patient.

I, _____ **agree to a telerehabilitation consultation with Sarah Gaudet, PT or Brent MacAdam, PT given the considerations noted above.**

Signed:

Date:24 March 2020

(If sending electronically please initial above to indicate consent)

