

Telemedicine Patient Consent Form

Kid O' Therapy, LLC offers some occupational therapy, speech therapy and physical therapy consultations via a telemedicine/telehealth platform. If you elect to receive our telehealth services, you must give informed consent and agree to the following:

1. Our occupational therapy, speech therapy, physical therapy telemedicine/telehealth consultations are provided through HIPAA compliant and secure platforms, called "Fusion Web Clinic" and "Microsoft Teams". By using this service, you agree to the terms of use and privacy policies of this telemedicine/telehealth vendors www.fusionwebclinic.com and/or www.teams.microsoft.com
2. The benefits to using our telemedicine/telehealth services including but not limited to not having to take time to drive to and from appointments, minimizing time off work for appointments, being able to access services at more convenient times.
3. We strive to provide telemedicine/telehealth services at the same standard of care of an in-person visit. However, you should know that there may be some limitations to what we can do through a telemedicine/telehealth connection compared to a face-to-face visit. For example, we will not have the use of other senses, such as touch and smell, or the ability to observe your body/condition in a 3-dimensional view. If the limitations of a telemedicine/telehealth consultation will interfere with our ability to properly examine or treat you, we will let you know so you can schedule a face-to-face visit with us or another provider of your choice.
4. If it would be beneficial to record our telemedicine/telehealth consultations, we will explain the reason for the need or desire to record the consultation and obtain your verbal consent in advance. If we do record the session, you may request to stop the videotaping at any time. The recording will not be stored as part of your official medical record unless we advise you that we plan to store and maintain it. If we do, it will be stored and maintained with the same privacy and security protections required by applicable state and federal laws that apply to your written medical records.
5. There are potential risks with the use of telemedicine/telehealth technology, including but not limited to: (1) interruption of the audio/video link, (2) disconnection of the audio/video link, (3) video that may not be clear enough to meet the needs of the consultation, and (4) potential of unauthorized access to the live or stored consultation. If any of these occur, the consultation may need to be stopped and/or rescheduled. Also, we are not responsible for these or other technology problems that we are not in control of.
6. Privacy and Confidentiality. The same state and federal laws that protect your privacy and the confidentiality of your medical records apply to our telemedicine visits if the visit is for health care services. You acknowledge by signing below that you have been given an opportunity to review our Notice of Privacy Practices and had all your questions answered.
7. Some health plans may cover telemedicine services if they are medically necessary and you have out-of-network benefits. If you want to submit our bills for reimbursement for the services your health plan might cover, please let us know so we can provide you with a statement that indicates the services were provided via telehealth.

8. Some of the services we may provide to you through our telemedicine/telehealth platform may be considered fitness or wellness services, *not* physical therapy, occupational therapy or speech therapy. Fitness and wellness services may not be subject to the requirements of the physical therapy practice act or other state laws that apply to medical services.

9. Payment and Cancellations. You agree to pay for any scheduled telemedicine/telehealth consultations with a credit card in advance of your scheduled appointment. You must give at least 24 hours-notice in advance if you need to cancel or reschedule an appointment. If you cancel with less notice, you will forfeit the payment made for the scheduled visit.

I, _____ [print name], have read, understand and agree to all the above terms for my telemedicine/telehealth consultation. Understanding the limitations and risks associated with a telemedicine/telehealth consultation as described above, I consent to the examination and/or treatment through Company's telemedicine/telehealth service.

Patient's signature

Date

Witness

Date