



YOUR COMMUNITY WELLNESS PARTNER

Consent for TELEHEALTH Physical Therapy Treatment

I understand that I am a patient of South Central Health Physical Therapy Department and I will be receiving my treatment via TELEHEALTH secure online platform, Doxy.me.

I understand that the Telehealth sessions are hands -off sessions and will consist of detailed discussion regarding my condition, visual assessment of my movement patterns, balance, and range of motion.

I understand that I will be given home exercise program and home tips to allow me to progress towards my goals.

Informed consent for treatment: The term “informed consent” means that the potential risks, benefits and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

Potential risks: I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist.

Potential benefits: I may experience an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increase strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

Alternatives: If I do not wish to participate in the therapy program, I will discuss my medical, surgical, or pharmacological alternatives with my physical therapist, as well as my physician or primary care provider.

Payment: Many insurances have approved payment for telehealth however this is insurance plan and code specific. You will need to check with your insurance by calling Member Services or call the physical therapy department. This is for established and / or a new clients. Telehealth has been approved for all services provided. Many insurances do not require a referral to access services and if you previously needed a referral you may not need one during this time. Please check with your insurance or give us a call.

I have read the above information and I consent to physical therapy evaluation and treatment.

By clicking on “I AGREE”, I confirm that I have read all of the above information and I consent to physical therapy evaluation and treatment. Verbal Consent will also be asked for during your session.