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# **Telerehabilitation Consent**

**NOTE TO CLIENT:** We want your informed consent. This means that we want you to understand the services we will provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

## Patient Information (as required for service)

NAME:		
ADDRESS:		
PHONE:		
I,		, acknowledge that in consenting to having
		(the "Service Provider") communicate with and/or
provide services through:	Phone	
	Email	
	Videoconferencing	

I am aware of the following:

#### 1. Risks of using electronic communication

While Uxbridge Physiotherapy uses a secure and encrypted platform to deliver their telerehabilitation services, Uxbridge Physiotherapy cannot guarantee the security and confidentiality all electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond our control that may prevent Uxbridge Physiotherapy from being able to provide services.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of Uxbridge Physiotherapy or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Email, text messages, and instant messages can more easily be misdirected or falsified, resulting in increased risk of being received by unintended and unknown recipients.

#### 2. Conditions of Using Electronic Communications

- While Uxbridge Physiotherapy will endeavour to review electronic communications in a timely manner, there may be a delay in our ability to respond.
- Please note that electronic communications will not and should not be used for medical emergencies or other time-sensitive matters.
- · Electronic communication may not be an appropriate substitute for some services that Uxbridge Physiotherapy offers.
- Electronic communications may be copied or recorded in full or in part and made part of your clinical chart.
  Other individuals authorized to access your clinical chart, such as staff and billing personnel, may have access to those communications.
- Uxbridge Physiotherapy may forward electronic communications to staff and those involved in the delivery and administration of your care. Uxbridge Physiotherapy will not forward electronic communications to third parties without your prior written consent, except as authorized or required by law.
- Prior to the commencement of the provision of services by Uxbridge Physiotherapy through electronic communications, Uxbridge Physiotherapy and the patient will establish an emergency protocol to address the following:
  - o Steps to be followed in the event of a technical issue that causes a disruption in the services that are being provided by Uxbridge Physiotherapy; and
  - o Steps to be followed in the event of a medical emergency that occurs during the provision of services.
- Uxbridge Physiotherapy is not responsible for information loss due to technical failures associated with your software or internet service provider.
- The Patient will inform Uxbridge Physiotherapy of any changes in the patient's email address, cell phone number, or other account information necessary to communicate electronically.
- The Patient will ensure Uxbridge Physiotherapy is aware when they receive an electronic communication from us, such as by a reply message or allowing "read recipients" to be sent.
- The Patient will take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- If the Patient no longer consents to the use of electronic communications by Uxbridge Physiotherapy, then the Patient will provide notice of the withdrawal of consent by email or other written communication.

### **Acknowledgement and Agreement**

I understand that Telerehabilitation is a different way of treatment. There may be limitations in the services that can be provided through electronic communications, as I am not able to receive "hands on" assessment and treatment techniques. However, I have consented to this method of assessment and treatment because it is a positive alternative to help me recover from my injury, continue to rehabilitate and work towards my functional goals, due to my inability to attend an "in person" session at Uxbridge Physiotherapy. I understand that Telerehabilitation will be delivered with the same individual-ized care, ethics, professionalism and quality as the care I would receive in the clinic. I understand that I may withdraw my consent at any time, and that I have the right to ask for any clarifications regarding the proposed treatment at any stage.

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above. I understand and accept the risks outlined above to this consent form, associated with the use of the electronic communications with Uxbridge Physiotherapy and their staff. I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that Uxbridge Physiotherapy may impose regarding electronic communications with patients. I acknowledge and agree to communicate with Uxbridge Physiotherapy and their staff using these electronic communications with a full understanding of the risks in doing so. I confirm that any questions that I had regarding the provision of physiotherapy services through electronic communications have been answered by Uxbridge Physiotherapy.

# **Consent to Billing and Payment Policy**

All appointments are to be paid via Visa, Mastercard or e-transfer, within one business day following your Telerehabilitation appointment.

At the time of booking an appointment, your credit card information will be taken (but not charged) to finalize your booking.

If you cancel any appointment with less than 24 hours notice, you are subject to our Cancellation Fee Policy.

Your security is extremely important to us. All credit card information is stored securely in a locked location and not stored on a computer.

# **Consent for Privacy of Personal Information**

I authorize Uxbridge Physiotherapy and it's associated health professionals to collect my personal and medical information. I understand that this information will be kept confidential and only be disclosed to the third parties indicated on my Client Profile by Uxbridge Physiotherapy and it's associated professionals.

SIGNATURE:

DATE:

PRINTED NAME: \_\_\_\_\_

