1824 Johns Drive
Glenview, IL 60025
www.proformtherapy.com
info@proformtherapy.com
847.581.6300

CONSENT TO USE TELEHEALTH FOR THERAPY SERVICES

By signing this form, I understand and agree with the following:

1. The laws that protect the privacy and confidentiality of health and **Physical Therapy** information also apply to tele-intervention. Information obtained during Telehealth that identifies me or my child will not be given to anyone outside of this study without my consent except for the purposes of treatment, payment, and healthcare operations.
2. As with any internet-based communication, I understand that there is a slight risk of security breach. However, I believe that the potential benefits of Telehealth outweigh this risk.
3. I understand that individuals other than my provider may also be present and have access to my information during the Telehealth session. This is so they can operate or repair the video or audio equipment used. These persons will adhere to privacy policies.
4. I have the right to withhold or withdraw my consent to the use of Telehealth at any time. Withdrawing my consent will not affect any future services. It will not impact **Physical Therapy benefits to which I am entitled.**
5. I may expect the anticipated benefits from the use of Telehealth, but I understand that no results can be guaranteed.
6. I have read and understand the information provided above regarding Telehealth, and all of my questions have been answered to my satisfaction.

I hereby consent to the use of Telehealth for Physical Therapy Services.

Name of **Client** ______________________________

Name of Parent/Caregiver **if Warranted** ______________________________

Signature of Witness: ______________________________

Date of Signature: ______________________________