



CONSENT TO RECEIVE TELEHEALTH TREATMENT

By signing below, I agree to the following:

- I voluntarily give My Restorative Physical Therapy and Physical Therapy Dynamix my consent to receive physical therapy services via Telehealth which may include diagnostic procedures, examinations, and treatment according to the recommended plan of treatment as discussed with my therapist.
- I understand that telehealth physical therapy cannot include all possible physical therapy assessment and treatment options that would be available in a standard in-person treatment session. Such assessments and treatments may include, but is not limited to, MMT (manual muscle testing), Special Tests, joint mobility assessment, PROM (passive range of motion) assessment, manual intervention, soft tissue mobilization, joint mobilization, PROM (passive range of motion), manual/ facilitation cues, and manually-resisted exercise.
- The physical therapist reserves the right to discontinue a Telehealth physical therapy session at any time if delivery of this treatment is deemed unsafe or the determination is made that physical therapy must be conducted in-person for the patient to benefit.
- I understand most health insurance carriers do not cover Telehealth physical therapy services. My Restorative Physical Therapy and Physical Therapy Dynamix will call to verify if your insurance plan covers physical therapy via Telehealth, but if it does not, a cash rate will be established and payment is due on date of service.

Check Box of Choice Below:

I am voluntarily making the choice to participate in Telehealth Physical Therapy Services with My Restorative Physical Therapy and Physical Therapy Dynamix.
I decline participation in Telehealth Physical Therapy Services.

Addendum to Privacy Practices/ Policy Read

□ I have had the opportunity to read and review the updates made to the Privacy Practices/ Policy to include Telehealth Physical Therapy Services to my satisfaction.

Signed: ____

Date: _____

Patient or Parent/ Guardian if Under Age 18