

**ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER**  
**9204 SE Mitchell St., Portland, OR 97266 Phone: (503) 777-6746**

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Physical Therapy Telehealth Privacy Practices

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telehealth is a service delivery model that is used to provide skilled physical therapy using video conferencing. May also be known as virtual home visits, Tele-therapy, telepractice, tele-medicine or tele-intervention. This delivery model provides the same quality care as an in-person visit but can be delivered to you in the convenience of your home or office, and saves money and time on transportation.

Orthopedic & TMJ Physical Therapy Center utilizes interactive and synchronous technology. The HIPAA compliant technology and security software protocols are employed to protect the confidentiality of patient information and imaging data. Safeguard measures include protecting against intentional or unintentional corruption.

Electronically transmitted information may be used for optimizing your treatment, health and wellness, follow-up, and/or health education, and may include any of the following:

- Medical records;
- Medical images;
- Interactive audio, video, photos, transcripts, and/or data communications; and/or
- Output data from medical devices, sound and video files.

Potential Telehealth Benefits May Include:

1. Immediate access to a licensed health professional for evaluation and treatment.
2. Improving access to care by enabling patients to either remain within physician's office or electronically discuss with physician on duty any test results and any consults with a distant specialist at a remote location.

Potential Telehealth Risks May Include:

As with any procedure, there may be potential risks associated with the use of telehealth. These risks include, but may not be limited to:

1. Information transmitted electronically may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by physician on duty and a distant specialist.
2. Distant specialist may not be able to provide medical treatment using telehealth equipment no provide for or arrange for any emergency care that may be required.
3. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
4. Security protocols could fail, causing a breach of privacy of confidential medical information.
5. A lack of access to complete medical records may result in errors.

## Informed Consent: Physical Therapy Telehealth Privacy Practices

By signing this form, the patient understands and agrees to the following:

- The laws that protect the privacy and confidentiality of medical information also apply to telehealth. Information obtained during a telehealth encounter, which identifies patients, should not be disclosed to any third party without patients consent except for the purposes of treatment, payment, and healthcare operations.
- Telehealth may involve electronic communication of confidential medical information to other medical providers who may be located in other areas, including out-of-state.
- Patient understand that other individuals' other than physical therapist on duty and the distant specialist may also be present and have access to patient's medical information during the consultation in order to operate the video equipment, should such equipment be utilized.
- Patient has the right to withhold or withdraw consent to the use of telehealth during the course of patients care at any time. Patient understands that withdrawing consent will not affect any future care or treatment, nor will it subject patient to the risk of loss or withdrawal of any health benefits to which the patients is entitled.
- Patient has the right to inspect all information obtained and recorded during the course of a telehealth interaction, and may receive copies of this information for a reasonable fee. Such inspection and copying of records shall be subject to physician on duty or distant specialist's office policies and procedures.
- Patient may expect the anticipated benefits from the use of telehealth in patients care, but that no results can be guaranteed. The patient's condition may not be cured or improved, and in some cases, may get worse.
- Patient understands that the patient's condition may require a referral to a specialist for further evaluation and treatment.
- A variety of alternative methods of medical care may be available to patients, and the patient may choose one or more of these at any time.

The practitioner on duty has explained the alternative care methods to the patient's satisfaction.

The patient has read and understand the information provided above regarding telehealth, have discussed it with the physician on duty and all questions have been answered to patient's satisfaction.

The patient hereby gives their informed consent for the use of telehealth in their medical care.

I hereby consent to and authorize \_\_\_\_\_ (name of practitioner on duty) to use telehealth in the course of communication.

Patient Signature: \_\_\_\_\_