

OrthoSport Hawaii - Telehealth Physical Therapy Consent Form

Telehealth physical therapy consists of one-on-one real time interaction with a licensed physical therapist for treatment over a telecommunications video chat session. Your initial physical therapy sessions may be an in-person visit at one of our clinics or via telehealth (dependent on insurance requirements), after which you may choose to have your follow up sessions via telehealth.

Telehealth sessions may be conducted via our online platform with a link sent to your email for you to launch the video chat session on any standard internet browser. Alternately you may choose to meet with your P.T. over facetime or another video chat service that you are more conversant with.

On initiation of the session, the physical therapist will speak with you regarding your case and symptom changes as well as your overall perceived progress and ability to perform the various exercises you have been instructed to date. The physical therapist will then take you through a session while you remain in front of your device or computers camera & microphone so that they can monitor your performance and give guidance or demonstrate corrections and new exercises over the video, that you should add into your program. There is no 'hands on' component to these sessions. The therapist will be able to answer any questions you have and send you an updated list of recommended exercises and other helpful information via email after the session.

Telehealth Physical Therapy Agreement

I understand that Telehealth Physical Therapy sessions may not be covered by some insurances, and that I can speak with the OrthoSport billing and authorization department to determine if my insurance will cover some or all of my cost for this service.

I understand that if my insurance does not cover Telehealth Physical Therapy that I will be responsible for the charges.

I understand that I am responsible in full for the cost of each session regardless of any coverage or lack of coverage by my insurance policy.

By signing here below I acknowledge that I understand and agree to abide by the above Telehealth Physical Therapy Agreement. By typing your name in the "Signature" space, you agree to the terms indicated on this form.

Print Name

Signature

Date