# Consent to Telehealth Physical Therapy Services

*Complete only if you will be receiving virtual/telehealth physical therapy services.*

### What Is Telehealth?

Telehealth refers to the delivery of physical therapy services via real-time, two-way audiovisual communication technology (e.g., video call platform). Telehealth allows you to receive evaluation, exercise instruction, movement coaching, and programming guidance from a remote location.

### Technology Requirements

To participate in telehealth sessions, you will need: a device with a working camera and microphone (smartphone, tablet, or computer), a reliable internet connection, and sufficient space to demonstrate movement. You are responsible for ensuring your technology is functional before your scheduled appointment. Technical issues on your end may result in a rescheduled session.

### Benefits of Telehealth

Telehealth provides convenient access to physical therapy without requiring travel, allows for real-time observation of movement in your home or training environment, and supports ongoing programming and coaching between in-person sessions.

### Limitations & Risks

Telehealth has limitations compared to in-person care. Hands-on manual therapy, dry needling, blood flow restriction training, and certain clinical assessments requiring physical contact cannot be performed via telehealth. Additionally, there is a risk that technology failure may interrupt a session; your therapist will make every effort to reconnect or reschedule as needed. In the event of an emergency during a telehealth session, you are responsible for calling 911 or seeking in-person care immediately.

### Privacy & Confidentiality

Telehealth sessions are conducted using secure, encrypted video platforms. Sessions are not recorded without your explicit written consent. You are responsible for ensuring your privacy on your end — participating in a private location is recommended. All health information shared during telehealth sessions is protected under HIPAA.

### State Licensure

Physical therapy services via telehealth are provided in accordance with Connecticut state licensure requirements. Telehealth services are only available to patients physically located in Connecticut at the time of service unless a valid interstate agreement is in place.

### Consent for Minors

If you are consenting on behalf of a minor, a parent or legal guardian must be present for all telehealth sessions and must sign this form.

### Right to Withdraw

You may withdraw consent for telehealth services at any time and request in-person care. Withdrawing telehealth consent will not affect your right to receive care; your session will simply be rescheduled in person.

### Patient Acknowledgment

I have read and understood this Telehealth Consent. I voluntarily consent to receive physical therapy services via telehealth. I understand the benefits and limitations of telehealth and acknowledge that I may withdraw this consent at any time.

SIGNATURES

Patient / Guardian Signature _____ Date _____

Printed Name _____ Date _____

Date _____ Date _____

SIGNATURES

Provider Signature *(Billy Marrone, PT, DPT, SCS)* Date