

Provision of Telerehabilitation Services

During a telerehabilitation (TR) consultation, you and your physiotherapist will discuss details of your injury and symptoms, medical history, social and work history as well as other health information relevant to your clinical presentation. Your physiotherapist may also ask you to demonstrate certain movements, positions or exercises to further assess and mobility and functional restrictions. This information can be used to form a clinical diagnosis. Your physiotherapist may also provide you an on-going care plan in the form of home exercises and education about your clinical presentation based off of the findings of your initial TR consultation, or previous in-clinic visits (if applicable).

The provision of TR imposes risks and limitations on physiotherapy services. These include, but are not limited to:

- It cannot be used for medical emergencies. Please dial 911 for medical emergencies
- TR is dependent on broadband infrastructure and is susceptible to degradation or loss of connection via phone or email
- Not all health conditions can adequately be assessed through TR
- Providers may not have access to your complete medical record, or be able to provide “hands on assessment” and other tools typical of an in-person assessment, which may result in an inaccurate diagnosis and treatment plan
- Anytime electronic information is being stored or transferred electronically there is a risk of a data breach despite encryption and security software

While providing TR services, REP Physio agrees to

- Verify your identity prior to commencing TR sessions by asking for your date of birth and/or other personal health information (PHN, claim # etc.)
- Receive your express consent to receive TR services
- Ensure electronic connections are encrypted, and any personal health data disclosed via video/audio recordings (if applicable) is stored in a secure, encrypted and/or password protected location
- Inform you of risks and limitations that are inherent to the delivery of services using telerehabilitation
- Remain compliant with governing legislation applicable to the provision of TR services

I consent to receive physiotherapy treatments via TR. I consent to have any personal health information that is disclosed during the TR session to be transmitted electronically. I consent to allow my personal health information to be disclosed to relevant third parties if required/applicable (other medical providers directly involved in your care, WCB, extended health care providers/insurance companies etc.). I agree to hold harmless REP Physio and its provider for any information lost due to technology failure of TR services. I agree to hold REP Physio and any of its providers harmless for any misdiagnosis or harm from any assessment or treatment plan provided during a TR session. I agree to hold REP Physio harmless for any data breaches to my electronic health information.

I have read and understand this TR patient consent form and consent to care provided via TR.

Name (print): _____

Signature: _____

Date: _____