

**Consent to Participate in a Telehealth Appointment**

1. I understand that I am a patient of Juneau Bone & Joint Center and I will be receiving my evaluation and treatment using a TELEHEALTH HIPAA-compliant and secure online platform, called Doxy.me.

2. I understand that the Telehealth sessions are hands-off sessions and will consist of a detailed discussion and evaluation of my condition with a visual assessment of my movement patterns, balance, and range of motion.

3. I understand that I will be given a home exercise program, education, and home tips to allow me to progress towards my goals.

4. I have had the alternatives to a telehealth appointment explained to me and am choosing to participate in a Doxy.me telehealth visit.

5. I understand potential risks to this technology exist, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the telehealth visit if it is felt that the Doxy.me videoconferencing connections are not adequate for the situation.

6. I understand that the responsibility of my therapist in an emergency is to either advise my referring or local primary care practitioner of the situation or contact 911 to be dispatched to my physical location if needed. My therapist’s responsibility concludes upon termination of the Doxy.me video connection.

**By signing this form or verbally agreeing, I certify:**

\* I have read or had this form explained to me \* I fully understand its contents, including the risks and benefits of the procedure(s). \* I have been able to ask questions, which have been answered to my satisfaction. \*I consent to telehealth physical therapy/massage therapy evaluation and treatment.

Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

\*\*Covid-19 Telehealth Federal Waiver allows verbal consent substitution during this time.