



## **Consent to Virtual Physiotherapy (Telerehabilitation) Visit**

Telerehabilitation (Virtual Physiotherapy) involves the use of electronic communication to enable physiotherapists to see their clients for regular visits from their home or another remote location. Physiotherapy sessions will be conducted using doxy.me platform, a secure HIPPA compliant system designed to protect your identity.

This consent form contains important information about using Telerehabilitation to deliver Physiotherapy sessions. Please read this consent form carefully and let us know if you have any questions. This consent is not a replacement for the Physiotherapy Assessment and Physiotherapy Treatment Consent forms. However, it is an addendum for the purpose of receiving Tele-rehabilitation services.

### **Benefits**

- There are benefits to Telerehabilitation lessons/sessions, which include:
  - Continuing physiotherapy sessions
  - Working toward goals and objectives
  - Maintaining the therapeutic relationship

### **Risks of using electronic communication**

There are some risks with using Telerehabilitation. While Ace Physiotherapy will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, Ace Physiotherapy cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond the control of Ace Physiotherapy that may prevent Ace Physiotherapy from being able to provide services

- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of Ace Physiotherapy or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using no cost, publicly available services may be more open to interception than other forms of videoconferencing
- There may be limitations in the services that can be provided through electronic communications, dependent on the means of electronic communications being utilized
- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

### **Conditions of Using Electronic Communications**

- While Ace Physiotherapy will endeavour to review electronic communications in a timely manner, Ace Physiotherapy cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications will not and should not be used for medical emergencies or other time-sensitive matters.
- Electronic communication may not be an appropriate substitute for some services that Ace Physiotherapy offers.
- Electronic communications may be copied or recorded in full or in part and made part of your clinical chart. Other individuals authorized to access your clinical chart, such as staff and billing personnel, may have access to those communications.
- Ace Physiotherapy may forward electronic communications to staff and those involved in the delivery and administration of your care. Ace Physiotherapy will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- Prior to the commencement of the provision of services by Ace Physiotherapy through electronic communications, Ace Physiotherapy and the patient will establish an emergency protocol to address the following:
  - Steps to be followed in the event of a technical issue that causes a disruption in the services that are being provided by Ace Physiotherapy; and
  - Steps to be followed in the event of a medical emergency that occurs during the provision of services.
- Ace Physiotherapy is not responsible for information loss due to technical failures associated with your software or internet Ace Physiotherapy.

- The Patient will inform Ace Physiotherapy of any changes in the patient’s email address, mobile phone number, or other account information necessary to communicate electronically.
- The Patient will ensure Ace Physiotherapy is aware when they receive an electronic communication from Ace Physiotherapy, such as by a reply message or allowing “read receipts” to be sent.
- The Patient will take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- If the Patient no longer consents to the use of electronic communications by Ace Physiotherapy, then the Patient will provide notice of the withdrawal of consent by email or other written communication.

**Acknowledgement and Agreement**

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above. I understand and accept the risks outlined above to this consent form, associated with the use of the electronic communications with Ace Physiotherapy and Ace Physiotherapy’s staff. I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that Ace Physiotherapy may impose regarding electronic communications with patients. I acknowledge and agree to communicate with Ace Physiotherapy or Ace Physiotherapy’s staff using these electronic communications with a full understanding of the risks in doing so. I confirm that any questions that I had regarding the provision of physiotherapy services through electronic communications have been answered by Ace Physiotherapy.

Name of Patient: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Date: \_\_\_\_\_