



829 SW Lemans Ln - Lee's Summit, MO - 64082 P: (816) 352-9461 F: (816) 817-0501

Telehealth Patient Consent Form

1. **PURPOSE:** The purpose of this form is to obtain your consent for _____ (Child's Name) to participate in telehealth physical therapy (telehealth) for ongoing services.
2. **NATURE OF TELEHEALTH PHYSICAL THERAPY:** During participation in telehealth sessions:
 - a. Details of your child's medical history may be discussed
 - b. Ongoing examination of motor movements, mechanical alignment and function may take place
 - c. Telehealth is intended for established care. Initial and re-evaluations are carried out in a physical setting only.
 - d. Your child will participate in movement activities to help them reach their goals established at evaluation
 - e. A guardian or responsible adult will be expected to supervise and assist as needed at the direction of the supervising physical therapist
3. **MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to telemedicine physical therapy. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information resulting from telehealth sessions to other entities will not occur without your additional consent.
4. **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate confidentiality risks associated with telehealth sessions and all existing confidentiality protections under federal and Missouri state law apply to information disclosed during telehealth sessions.
5. **RIGHTS:** You may withhold or withdraw consent for telehealth at any time without affecting your right to future care or treatment.
6. **DISPUTES:** You agree that any dispute arising from telehealth sessions will be resolved in Missouri, and that any Missouri law shall apply to all disputes.
7. **RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all of the potential risks, consequences and benefits of telemedicine. Your physical therapist has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and telehealth. All of your questions have been answered and you understand the written information provided above.

I agree for my child, _____, to participate in telehealth physical therapy services.

Parent/Guardian Signature _____ Date _____ Relationship _____