

## Gina Rooney PT, LMT

Tucson Arizona 520.870.794 gina@setyourfasciafree.com www.setyourfasciafree.com

## Consent for TELEHEALTH Physical Therapy Evaluation and Treatment

I understand that I am a patient of Set Your Fascia Free, LLC and I will be receiving my evaluation and/or treatment via a TELEHEALTH secure online platform.

I understand that the Telehealth sessions are hands-off sessions with video and/or audio communication. Telehealth sessions may consist of functional movement analysis; gait and/or balance assessment; strength and range of motion testing; detailed discussion regarding my condition including past medical and surgical history and medication/supplement usage; education on previous medical diagnoses, musculoskeletal conditions, and observations the PT has made during the assessment portion; education on self-care techniques including self massage/tissue mobilization, modalities for symptom management (application of heat, ice, home traction units, electrical stimulation), and therapeutic exercises and activities to assist in managing/treating current symptoms/disorders.

As with any physical therapy intervention, there are risks, benefits, and alternatives.

**Potential risks** may include an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist.

**Potential benefits** may include an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increase strength, awareness, flexibility, and endurance in my movements. I may experience an increase in tissue extensibility/mobility. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

**Alternatives:** If I do not wish to participate in the therapy program, I will discuss my medical, surgical, or pharmacological alternatives with my physical therapist, as well as my physician or primary care provider.

**Payment:** I understand that I am responsible for full payment for the session. Set Your Fascia Free is a cash-based physical therapy provider and does not have any relationship with any insurance provider. Depending on my insurance carrier, I may be able to submit an invoice for possibly reimbursement.

By signing below, I indicate that I have read the above information and I consent to physical therapy evaluation and treatment.

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

(Signature of representative/parent/guardian who is authorized to sign for medical treatment of minor patient )



Gina Rooney PT, LMT

Tucson Arizona 520.870.794 gina@setyourfasciafree.com www.setyourfasciafree.com

## **Telehealth Session Preparation Guidelines**

In order to optimize your telehealth session, Set Your Fascia Free recommends the following:

- 1. Ensure that you have read and signed the "Telehealth Consent Form" prior to the session. This can be found on the website and in the email invitation for the session.
- 2. Ensure that there are no other devices in the household/your location that are actively streaming a video/movie/service. This reduces the chances that the connection is cut off or poor in quality. It also allows for best video and audio connection.
- 3. Ensure that the environment you are in is as free from external interruptions, distractions, or stimuli as possible. Finding a quiet room with no loved ones, including the 4 legged one, is best.
- 4. Prepare your space and set up the video/phone/tablet at least 5 minutes before the scheduled session time. Be ready to go live at the appointment time.
- 5. It is possible that you will need to be hands-free for this session. Please set/place/secure your phone/device in a tripod or in some other manner. It is also possible, that you will need to enlist the help of someone else to hold the device for you. If this is the case, please note that they will need to maintain strict confidentiality during and after the course of the session. If you are uncomfortable at any time with this person in the room, you have the right to ask them to leave and/ or to terminate the session.
- 6. Wear comfortable and/or loose fitting clothing so that your therapist can assess your body with greater ease, and so that you will be able to perform any self care or treatment techniques with ease.
- 7. Have a credit card available for payment. This process is safe and secure.