

TELEREHAB CONSENT FORM

I understand that Wellington Physiotherapy Associates and/or the Wellington Hand Clinic (WPA) may collect, use and disclose my personal information and my personal health information for purposes of;

- Assessing, treating or providing other health related services, either in person or by using virtual internet or telephone communication strategies (Telerehab).
- Providing treatment outcomes and identifying future rehab services that may be provided.
- Enabling an insurer or funder to determine any potential funding coverage further to my claim.
- Seeking payment for the services I received at WPA.

I authorize WPA and its authorized agents to use or disclose my personal information and my personal health information to any other parties involved in my health care as reasonably required. Such parties may include a physician, another health care provider, an additional member of WPA's treatment team, relevant funders or payors, referral sources or my employer if it relates to the demands of my job, my functional ability or my ability to return to work.

I understand and accept that Telerehab communication has associated risks as compared with in-person health care consultation. I understand there are limitations in completing a physical examination for a clinician; it may be more difficult for a clinician to manage some of my complaints or urgent problems, in which case I may be provided with information on how to seek urgent care. I also accept that there is increased risk of miscommunication with my health care provider, there is increased risk of interception of this communication, there are more uncertainties related to my privacy, and I accept and consent that WPA is using a 3rd party platform to execute the videoconference required to provide this Telerehab service for me and that information transmitted via Telerehab will necessarily be shared with this 3rd party vendor. I understand that if I become uncomfortable with any of these limitation of Telerehab, that I have the right to terminate the session at any time. Further, I understand that Telerehab is not the same as in-person health care services and if WPA's clinician feels that I would be a better candidate for in-person sessions that I may be requested be my clinician to attend such sessions at WPA and that that is my choice.

I understand and consent to the following fees associated with the Telerehab services I am receiving.

- Telerehab sessions at Wellington Physiotherapy Associates are consistent with their in-person rates of \$100. for an initial assessment session and \$58. for follow-up sessions.
- Telerehab sessions at the Wellington Hand Clinic are consistent with their in-person rates of \$110. for an initial assessment session and \$60. for follow-up sessions.

As it relates to my privacy, I understand that WPA is committed to gathering, accepting, using and disclosing my personal information and my personal health information professionally, responsibly, and only to the extend required in providing their health related services. I agree that I have access to WPA's full Privacy Policy by asking my health care provider or by accessing it via WPA's webpage.

I agree that WPA may use my email address and other contact information as a means of providing me information regarding my health care, including Telerehab, exercise progressions, appointment bookings and account notifications.

Printed Name

Signature

Date