

## **DIGITAL ONLINE VIDEO CONSULTATIONS: CLIENT CONSENT FORM**

\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email address**

\_\_\_\_\_  
**Telephone#**

**Thank you for utilizing Moving Into Harmony, inc.'s digital online video consulting services for your health, fitness & wellness needs. In order to participate we ask you review and sign this form.**

**PURPOSE: The purpose of this form is to explain the digital online video consulting services, and obtain your consent to participate in a digital online video consultation.**

### **NATURE OF DIGITAL ONLINE VIDEO CONSULTATION:**

- 1. During your consultation, discussing history of the condition you are suffering from, results of any exams by other health care practitioners, imagery, and other related tests will be included. In addition to the interview process, a physical assessment involving movement and mobility testing will occur. Please make sure you are wearing comfortable clothing, and have a visible space to be able to view you moving for best outcomes of the consultation.**
- 2. We strive to provide this digital online video consulting services at the same standard of care of an in-person visit. However, you should know that there may be some limitations to what we can do through an online video connection compared to an in-person clinical visit. For example, we will not have the use of hands-on assessment, guidance and treatment. Please be rest assured movement is important for recovery, and thus consultations online can help you accomplish your goals. If the limitations of a digital online video consultation will interfere with our ability to properly examine or treat you,**

we will let you know so you can schedule an in-person clinical visit with us or another provider of your choice.

**3.** If it would be beneficial to record any portion of your digital online video consultations, we will explain the reason for the need or desire to record the consultation and obtain your verbal consent before recording. If recorded, you may request to stop the recording at any time. The recording will not be stored as part of your official medical record unless you need access to the digital online video consultation for your own purpose. You must request during the session to be able to provide you secure access, and for it to be stored and maintained with the same privacy and security protections required by applicable state and federal laws that apply to your written medical records.

**4.** There are potential risks with the use of digital online video technology, including but not limited to: (1) interruption of the audio/video link, (2) disconnection of the audio/video link, (3) video that may not be clear enough to meet the needs of the consultation, and (4) potential of unauthorized access to the live or stored consultation. If any of these occur, the consultation may need to be stopped and/or rescheduled. Also, we are not responsible for these or other technology problems that we are not in control of.

**5.** Some of the services we may provide to you through our digital online video platform may be considered fitness or wellness services, not physical therapy. Fitness and wellness services may not be subject to the requirements of the physical therapy practice act or other state laws that apply to medical services.

**6.** If we instruct you on any exercises, balance activities or other physical procedures during the digital online video consultation, you are responsible for determining whether you can safely perform the activity without risk of falling or otherwise injuring yourself. If you do not feel safe, you must tell us. If the exercise or activity requires the assistance of a family member or caregiver (collectively “Caregivers”), you are accepting the risk of the actions of your Caregivers. We are not responsible if you fall or get injured by the actions, errors or omissions of your Caregiver.

Your Initials:\_\_\_\_\_.  
Date\_\_\_\_\_.

**MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical record apply to this digital online video consultation. Please note, telecommunications are not recorded or stored. Additionally, dissemination of any patient-identifiable images or information for this digital online video interaction shall not occur without your consent.

**CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the digital online video consultation, and all existing confidentiality protections under federal and state law apply to information disclosed during this digital online video consultation.

**RISKS, CONSEQUENCES & BENEFITS:** This form has provided you with all the information you need to participate in your digital online video consultation. You have any opportunity to ask questions about the information presented on this form and the digital online video consultation.

**PAYMENT & CANCELLATIONS:** You agree to pay for any scheduled digital online video consultations with a credit card or check. You must give at least **48 hours**-notice in advance if you need to cancel or reschedule an appointment. If you cancel with less notice, you are still responsible for payment of your scheduled digital online video consultation.

I,\_\_\_\_\_ [printed name],  
have read, understand and agree to all the above terms for my digital online video consultation. Understanding the limitations and risks associated with a digital online video consultation as described above, I consent to the examination and/or treatment through Moving Into Harmony, inc's digital online video consultation service.

\_\_\_\_\_.  
Patient's signature Date