



The FIT Institute is pleased to announce that we will now be providing Teletherapy treatment to our patients to ensure they continue their plan of care in a safe environment and progress towards their goals. We have attached several documents that include: **Telehealth informed consent form, Instructions to start your sessions, and Tips for a successful Telehealth visit.** Please return the consent form to your therapist if you will be moving forward with telehealth services. We look forward to working with you!

Informed Consent for Telehealth Services

Definition of Telehealth

At The FIT Institute, we may use the terms Telehealth, Telemedicine, and Teletherapy interchangeably to mean the same exact thing. Telehealth involves the use of electronic communications to enable The FIT Institute health professionals to connect with individuals using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, occupational therapy, speech therapy, physical therapy, social work, and ABA diagnosis, consultation, treatment, referral to resources, education, and the transfer of therapeutic and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state is an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission

of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. The FIT Institute utilizes secure, encrypted audio/video transmission software to deliver telehealth. I understand that there is a risk of 3rd party listening on either end and that there is lack of in-person support.

4. I understand that if my clinician believes I would be better served by another form of intervention (e.g., face-to-face services), I will be referred to a professional associated with any form of practice, and that despite my efforts and the efforts of my clinician, my condition may not improve, and in some cases may even get worse. Teletherapy may offer a diminished quality of interaction as compared to face-to-face services.

5. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured. Telehealth has no validation by research.

6. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my clinician in order to operate the video equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following:

(1) omit specific details of my medical history that are personally sensitive to me, (2) ask non-clinical personnel to leave the telehealth room, and/or (3) terminate the consultation at any time.

7. I understand that my express consent is required to forward my personally identifiable information to a third party.

8. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.

9. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based service. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Payment for Telehealth Services

The FIT Institute will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telehealth, the individual is responsible to pay out-of-pocket.

Patient Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth, have discussed it with my clinician, and all of my questions have been answered to my satisfaction and I have no objection. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name of Client/Patient

Client/Patient's Signature

Date

Parent or Guardian Signature

Tips for a Successful Telehealth Session

In order to have the best session, it is important to follow the instructions below prior to your appointment. If you have any questions, reach out to your physical therapist directly.

1. Make sure to have **Doxy.me Application** on your computer, tablet or device per the instruction sheet. Remember, an account is NOT needed to conduct sessions- please skip this step.
2. Close all open windows and apps on your computer. Remove all sensitive information from your computer desktop background. Hide all sensitive information from the view of your webcam.
3. Don't delete the email with your session login credentials until after your session is completed, it contains a number for you to contact us on if you get disconnected.
4. Plug in your device prior to the session so you don't run out of battery.
5. Secure a private space in a separate room away from other people and pets in the home.
Reduce distractions by keeping the TV off and putting toys away.
6. A parent will need to be present to facilitate the start of the session. Your therapist will specify their expectations regarding your participation in each session.
7. Ask other members of the house to limit downloading or streaming to other digital devices at the time of the session in order to prevent issues with slowed connections.
8. Please be dressed appropriately. Be aware that your therapist will be able to see you and your child on the video call.
9. Your space should have good lighting. Optimize this by shining light on the face, versus behind you. If you have a window behind you, keep the shades down to avoid glare on the screen.
10. Have any supplies that your therapist may have requested ready for your therapy.

The logo consists of the letters 'FIT' in a bold, dark blue, sans-serif font. The letters are closely spaced and have a slight shadow or depth to them.