



COASTAL PHYSIOTHERAPY CLINIC

Patient Name: _____ Medical Record No: _____

1. I understand that my health care provider wishes me to engage in a TeleHealth consultation as an alternative to an onsite consultation at Coastal Physiotherapy Clinic. The reasons for this may include to minimise risk of infection from COVID-19 or other communicable diseases and is especially beneficial for our immuno-compromised clients.

2. I have received an information leaflet on how the Telehealth consult will be conducted and I can affirm that I have a suitable space or room with sufficient space to move around that is free from obstacles, affords privacy plus an appropriate device(laptop, smart phone or IPAD) that I am familiar in using in order to participate in the Telehealth consult.

3. I understand there are potential difficulties to this technology, including interruptions to the internet, and technical difficulties.

4. I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

5. I understand that correspondence about my condition may be shared with other health practitioners including my referring doctor to facilitate communication, but we will inform you as to which practitioners. **Please write your initials here**

6. I understand that I must pay for this consultation at the conclusion of my appointment via telephone. Our reception staff will call you approximately 15 – 20 mins prior to your consultation to ensure that you are ready to participate, and then after to take payment and make any further appointments. Please note our fees have been reduced for TeleHealth consults and do not reflect full consultation fees. Additional fees may also be incurred if you require any specialised equipment. Most health funds are offering rebates for this consultation, but it is up to you to clarify this with your health fund for further clarification.

I(name) agree

That I have read or had this form read and/or had this form explained to me

That I fully understand its contents including the risks and benefits of the Telehealth Consultation

Patient's/parent/guardian signature

Date

.....

.....