



Athletic Advantage

Telehealth Consent Form

I, _____ hereby grant permission to ATHLETIC ADVANTAGE PHYSICAL THERAPY LLC and its employees to provide telehealth services.

I By signing this agreement, I hear-by authorize and consent to receiving services by Athletic Advantage Physical Therapy that include, but may not be limited to: evaluation, treatment, movement analysis, education, consultation, and exercise prescription via telehealth through an online platform.

I understand that, although my medical and personal information is protected and encrypted from being released to the public, there may be a risk of information breach that is not at the fault of Athletic Advantage Physical Therapy.

I understand that I have the right to terminate services received electronically at any time.

Client Name

Client Signature

Date

Parent/Guardian Name
(if under 18)

Parent/Guardian Signature

Date