



Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Claim # \_\_\_\_\_

## **Purpose and Nature of Telehealth Services**

Kalamazoo Functional Rehab Team (KFR Team) offers telehealth visits to provide therapy services (physical therapy, Occupational therapy, Speech Therapy) and support services (interdisciplinary meetings) when in-person care is not practical or necessary. Telehealth may include real-time video conferencing, secure messaging, or telephone communication. The purpose is to improve access to care, enhance flexibility in home-to-community rehabilitation, and maintain continuity of services.

- Telehealth involves the use of **interactive video, audio, and electronic systems**.
- HIPAA-compliant video/audio platforms are available through KFR Team
- Assessment, treatment and education will be provided in sessions similar to an in-person visit with some expected limitations due to the remote format.
- All telehealth sessions are protected under **HIPAA and HITECH** regulations.
- Clients are responsible for ensuring a **private, secure environment** on their end of the session.
- Telehealth services are billed in the same manner as in-person visits.

## **Benefits or Reasons a Telehealth Session May be Utilized**

- Increased access to therapy care without transportation barriers.
- Continuity of care if in-person visits are not feasible.
- Inclusion of family/caregivers in home or community settings

## **Potential Risks**

- Technical problems (poor connection, interruptions, equipment failure).
- Limited ability to perform certain physical assessments or interventions.
- Privacy concerns, although safeguards are in place to minimize risks.

## **Client Rights**

- Participation in telehealth is **voluntary**.
- You may withdraw consent at any time without penalty or loss of services.
- You may request in-person visits instead of telehealth when clinically appropriate.

## **Emergency Procedures**

- Telehealth is not appropriate for medical emergencies. If an urgent medical situation occurs, call **911** or go to the nearest emergency room.

I have read and understood the information above. I understand the purpose, benefits, and risks of telehealth. I have had the opportunity to ask questions, and all of my questions have been answered.

**By signing below, I consent to participate in telehealth services with Kalamazoo Functional Rehab Team.**

**Client/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Therapist/Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_