

# Lucia Miller Pelvic Health Physical Therapy

---

## Physical Therapy and Pilates

### Patient Letter and Patient Instructions

Dear Lucia Miller Pelvic Health Physical Therapy Patient:

I am writing to you with exciting news that will directly impact the way I can treat you and offer you care! I now have an online telehealth platform called [insert here]. This telehealth tool will allow you to access your provider and receive care in the event you aren't able to access the clinic.

I can use this telehealth tool in multiple ways to serve you. I can use it as a screening tool, for follow up appointments, wellness check-ins, exercise progression, and even for initial evaluations and treatments.

I believe this will bring significant value to you as an option to enhance your experience at Lucia Miller Pelvic Health Physical Therapy. You will still receive the same impeccable quality of care, but it will be from the comfort and convenience of your own home or office.

All that is needed on your part is to click on the link that your therapist emails to you. There are no extra fees to use this platform. You can connect using a Mac, PC, and every type of tablet and smartphone. I want to assure you it is fully HIPAA-compliant, like all electronic medical records in hospitals, which means your health information, personal information and data is completely secure.

I am really happy to expand our reach as practitioners and to deliver more care to a wider scope. There are so many people who don't live near a health center or are suffering too much to travel to one, may be too busy, or in this case, may be required to stay at home due to health reasons. If any of these describe you, then this kind of care is for you! Welcome to the next level of patient experience. I look forward to partnering with you in your healing and recovery.

In health and gratitude,

Lucia Miller PT

### **Optimizing Your Telehealth Experience**

Telehealth may be something brand new for you and maybe you're wondering what to expect as a patient. Here are some suggestions to have the best experience while connecting with your provider:

#### 1) Accessing the Software:

Your provider will send you the information to connect with the system that they will be using for telehealth. Please follow the instructions for downloading the necessary software or logging into the necessary site prior to your initial visit.

#### 2) Hardware Needs:

You will need a computer, tablet, smartphone, or mobile device to access the software. Your provider will let you know what is best for you to use to connect with the software. Your device must have a microphone (either internal or external) so that you can communicate with your provider. Your device must also have a camera (either internal or external) so that you can be seen by your provider during the visit.

### 3) Internet Connection/WiFi:

Having a strong and solid internet connection is vital to having a positive telehealth experience. Some software performs at a slow connection but most do not. Ideally, your internet speed should be at least 15Mbps download and 5Mbps upload. Click on this link to check your speed: <https://www.speedtest.net>

If your speed is consistently slow, you may want to contact your internet provider and ask about getting faster service. If your internet is not performing as it should, you may want to try a wired internet connection. Using a cable connected directly to your router or modem can often be much faster. Using your mobile device can also be a solution, however data plans and costs may limit usage.

Here are important tips to maximize your digital healthcare experience:

- 1) Make yourself comfortable. Choose a location in which you can be most comfortable both physically and emotionally. You will likely be asked by your provider to move during your visit, so make sure you have room to move. You want to be able to share information freely with your provider so other people in the room may not provide enough privacy. The more comfortable you are in your surroundings the better the outcome of the visit will be.
- 2) Wear comfortable clothing that also allows for movement to be seen over video. For example, snug fitting clothes or shorts and a t-shirt allows for your provider to assess how parts of your body move to determine the best intervention.
- 3) Be safe. Please do not try to have a telehealth visit while driving or performing other activities that may cause harm.
- 4) Location. Choose a location that is quiet and private without distractions. This is a healthcare appointment and distractions can make the appointment challenging for everyone. Removing distractions will allow you to focus fully on your learning and healing.
- 5) Choose a Consistent Location. Using the same space for every visit allows for your provider to know what equipment and furniture is available for treatment.

## Telehealth Consent Form

### Telehealth Patient Consent/Refusal Form

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Purpose: The purpose of this form is to obtain your consent to participate in a Telehealth Consultation/Treatment in connection with the following procedure(s) and/or service(s)

---

---

1. Nature of Telehealth Consult: During the telehealth consultation:
  - a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio and telecommunication technology.
  - b. A digital physical examination may take place.
  - c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
  - d. Video, audio and/or photo recording may be taken of you during the procedure(s) or service(s) for treatment purposes only.
2. Medical Information & Records: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to any other parties or entities shall not occur without your consent.
3. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.
4. Rights: You may withhold or withdraw your consent to the telehealth consultation at any time without affecting your right to future care or treatment.
5. Risks, Consequences & Benefits: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care provider has discussed with you the information provided above.

I agree to participate in telehealth care with Lucia Miller PT for the procedure(s) and/or service(s) above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_AM PM

If signed by someone other than the patient, indicate the relationship \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name in Print: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ AM PM