



Perform for Life
Physical Therapy
• PERFORM BETTER. LIVE BETTER •

Informed Consent for Telehealth Services

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site/state than the provider; and hereby consent to Perform for Life Physical Therapy, LLC providing health care services to me via telehealth. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. I understand that I will be responsible for any payments that apply to my telehealth visit. 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. I may revoke my consent orally or in writing by contacting Perform for Life Physical Therapy. As long as this consent is in force and has not been revoked, Perform for Life PT may provide health care services to me via telehealth without the need for me to sign another consent form.

Printed Patient Name

Patient Location

Patient signature (or guardian if patient is under 18)

Date