



Telehealth Informed Patient Consent/Refusal Form

Patient Name: _____

Date of Birth: _____

1. **PURPOSE:** The purpose of this form is to obtain your consent to participate in telemedicine/telehealth services in connection you're your physical, speech, or occupational therapy services.
2. **NATURE OF TELEHEALTH/TELEMEDICINE SERVICES:** During the telemedicine/telehealth interactions:
 - a. Details of your medical history, examinations, x-rays, tests will be discussed through the use of interactive video, audio, and telecommunication technology.
 - b. A physical examination of you may take place.
 - c. A non-medical technician may be present in the studio space to aid in the video transmission.
 - d. Video, audio, and /or photo recordings may be taking of you during the services/interaction.
3. **MEDICAL INFORMATION AND RECORDS:** All existing laws regarding access to your medical information and copies of your medical records apply to telehealth/telemedicine services. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telemedicine/telehealth interaction shall only occur for purposes described under HIPAA. For any disclosures outside of treatment, payment, or operations will require your consent.
4. **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine/telehealth consultation, and all existing confidentiality protections under Federal and Louisiana state law apply to information disclosed during these telemedicine/telehealth services.
5. **RIGHTS:** You may withdraw your consent to telemedicine/telehealth consultation at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you are otherwise entitled.
6. **DISPUTES:** You agree that any dispute arriving from the telemedicine/telehealth services will be resolved in Louisiana and Louisiana law shall apply to all disputes.
7. **RISKS, CONSEQUENCES, AND BENEFITS:** You have been advised of all the potential risks, consequences and benefits of telemedicine/telehealth services. Your health care provider has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine/telehealth services. You understand the written information provided above.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Patient or Authorized Representative

Date

Relationship to patient (if other than patient)

Patient Name Printed

*****You have the right to withdraw consent for this service at any time.*****

I withdraw consent/refuse to use telehealth as a service offering in my care.

(Initial)

For questions you may contact Elisha Duhon, EVP of Outpatient Operations at 337-824-4547 or Sarah Edwards, Compliance Officer/Privacy Officer at compliance@therapyctr.com



For Our Patients

Thank you for your interest in using an audio/video platform to provide therapy services via telehealth/telemedicine. What you can expect throughout this process:

1. You may contact any of our outpatient clinics to discuss the use of telehealth as part of your care.
2. If telehealth is a valid use for your treatment, confirmation of an email and phone number to reach you at will be obtained for your appointment.
3. You may find information regarding telehealth services and your rights on page 3 of this document.
4. Your appointment will be scheduled with your therapist at a certain time either from a text message to you or your valid email. The address will be a <http://doxy.me/> link.
5. Click on the link at your appointment time and provide your name as prompted.
6. Once you are in, your therapist will activate the call/video for your session.

Tips for a successful session:

1. Find a quiet location in your home that will give you space to do exercises AND enable you to hear the therapist.
2. Use a device that has BOTH audio and video capabilities (laptop, phone, tablet).
3. **Doxy.me is compatible on Chrome, Firefox, & Safari.**
4. Check the wireless connection on your device to provide for the best service.
5. If needed, have a caregiver or someone you feel comfortable assisting in the session available to hold the phone or other device while completing exercises.
6. Be sure to ask any questions you may have during the process as you would during an in-person visit.

Troubleshooting Common Issues:

Microphone not working, no sound: Not hearing the other person at the start of a call is a common problem among all video software. Here are a few things you can try:

Restart computer <-- THIS SOLVES MOST ISSUES

Sometimes other programs that uses your microphone (e.g. Skype) are still connected to your microphone and don't allow your browser to access your mic. Restarting your computer will clear this issue.

Did you give your browser permission to access the microphone?

Make sure you [gave your browser permission](#) to use your camera and microphone.

Switch Browsers

Sometimes there can be an error on your browser. Try using a different browser to see if it works. Doxy.me is compatible on Chrome, Firefox, & Safari.

Is everyone's speakers turned on? Can you usually hear sound?

Make sure that everyone can hear sound from their computers, use this [online sound test](#) to make sure sound can be heard from everyone's computer.

Is your microphone muted?

If you're using a headset or a computer with a press-to-mute button, make sure the microphone is not muted. Also, Doxy.me has a mute button as well, make sure Doxy.me isn't muted either.

Check Your Computer Settings

Your computer settings might be preventing you from sharing your microphone. Here's how to check your computer settings on [Windows](#) and [Mac](#).