

Consent for TELEHEALTH Therapy Treatment

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Telehealth is the delivery of healthcare services using real-time synchronized technology when the healthcare provider and client are not in the same physical location. I consent to participating in a telehealth visit with a Therapist, who is an associate of Seniority Wellness & Consulting LLC. I understand that the evaluation and treatment of current medical conditions using a synchronous video and/or audio call is under the therapist scope of practice similar to a clinic visit and will be carried out by a licensed practitioner. I understand that the telehealth session will be conducted over Zoom, a computer application that allows HIPAA compliant video meetings. Meetings are private and secure between the therapist and client. It prevents hacking and invasion of privacy with health information being shared. We may decide to record the session and will obtain your verbal consent in advance. I understand that therapist will conduct the session in a space that is conducive for keeping health information private and maintain professional guidelines. I understand that no physical touch will be given during the telehealth visit and I agree to the fact that the therapist's therapy plan will be modified for telehealth.

Seniority Wellness & Consulting LLC, strives to provide telehealth services at the same standard of care as in person however if limitations to providing telehealth consults interferes with our ability to effectively examine and treat you, we will let you know so you can schedule a face to face visit with us. As a client I agree to fully disclose all of my pertinent medical history to the best of my knowledge in order that the therapist be able to provide care to its full effectiveness with being mindful of specific contraindications and precautions to exercise and mobility. This is in order for the therapist to make the necessary and safe recommendations in accordance to my medical situation/condition. If I am being instructed in any exercise, balance activities or physical procedures during a telehealth session, I am responsible for determining whether I can safely perform any physical activity (instructed by the therapist) without risk of falling or otherwise injuring myself. If I do not feel safe, I must notify the therapist. If the exercise or activity requires the assistance of a family member or caregiver I am accepting the risk of the actions of my caregivers. Seniority Wellness & Consulting, LLC is not responsible if the client falls or gets injured by the actions or errors of a client's caregivers if for not following professional recommendations and safety tactics appropriately. I understand that telehealth services will be billed to my insurance for coverage, however if I have a financial obligation to services I am responsible for payment of my telehealth session at the time of service.

Please sign your name below after understanding and agreeing to all of the above terms with telehealth consultation, if you consent to telehealth examination and treatment with Seniority Wellness & Consulting, LLC

Signature

Date

Witness

Date