



PHYSICAL THERAPY EXPERTS

feel better. function better. be better.

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TELEHEALTH VIA VIDEO/PHONE CONFERENCING AGREEMENT

It may be possible for treatment delivery to occur via interactive video-conferencing in lieu of, or in addition to, in-person sessions. Video conferencing (VC) is a real-time interactive audio and visual technology that enables me to provide physical therapy health services remotely. The VC systems I use (Face Time via I-phone and www.Zoom.com) meet most standards of encryption and privacy protection, but I cannot guarantee privacy. You will not have to purchase a plan or provide your name when you “join” our online meeting. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Risks may include, but are not limited to, the technology dropping due to internet connections, delays due to connections or other technologies, or a breach of information that is beyond our control. Clinical risks can be discussed, but might include discomfort with virtual face to face versus in-person treatment, difficulties interpreting nonverbal communication, and limited access to immediate resources.

By signing the document below, you are stating that you are aware that your provider might contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself, you will seek care immediately through your local primary care provider or at the nearest hospital emergency department or by calling 911.

Below please include the names and telephone numbers of your local emergency contacts.

Physician Name / Practice/ Telephone number(s)

Family or Friend Name/ Relationship/ Telephone number(s)

By signing this document you are declaring your agreement with the following statement: I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the risks/limitations and benefits of video conferencing. I agree to Telehealth sessions via video conferencing.

Printed Name/Signature

Date

If for Minor, Parent or Legal Guardian Printed Name/ Patient Name/Signatures

Date