



Movement Chiropractic

7-3602 Taylor Street East
Saskatoon, SK S7H 5H9

INFORMED CONSENT TO TELEREHABILITATION PHYSIOTHERAPY

Please read the following statements and sign below if you are in agreement.

I, _____, acknowledge that in consenting to having Movement Chiropractic communicate with and/or provide service through email and videoconferencing.

I understand that I need to express all my health concerns, both present and past to my therapist.

I consent to being assessed and treated by the physical therapist in a virtual video format. I understand that my treatment will be solely over video monitoring and will involve the use of self-mobilization and self-treatment techniques, as well as exercise programs developed for mobility, strength and function.

I understand that soreness after self-treatment may occur when my joints and tissues are stretched, mobilized, or exercised. The therapist will contact my physician should the presence of these symptoms represent any potential risks. I understand that it is my responsibility to contact an employee of the clinic should I experience any unusual symptoms.

I acknowledge that video assessment and treatment exclude any “hands on” by the therapist.

I consent that Movement Chiropractic will be using Zoom videoconferencing, which has encrypted capabilities. My information will be safely and securely stored by Movement Chiropractic and kept private under legislation requirements. The videoconferencing will not be recorded.

I agree to pay for all services provided as they occur.

Twenty-four hours' notice is required if you wish to cancel or change your appointment. If no notice or late notice is given, you will be subject to a \$25.00 charge.

Risks of using electronic communication

While Movement Chiropractic will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, Movement Chiropractic cannot guarantee the security and confidentiality of electronic communications.

- Use of electronic communications to discuss sensitive information can increase the risk of

such information being disclosed to third parties.

- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications are subject to disruptions beyond the control of Movement Chiropractic that may prevent Movement Chiropractic from being able to provide services
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of Movement Chiropractic or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using no cost, publicly available services may be more open to interception than other forms of videoconferencing
- There may be limitations in the services that can be provided through electronic communications, dependent on the means of electronic communications being utilized .
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of Using Electronic Communications

- While Movement Chiropractic will endeavour to review electronic communications in a timely manner, Movement Chiropractic cannot provide a timeline as to when communications will be reviewed and responded to.
- Electronic communication may not be an appropriate substitute for some services that Movement Chiropractic offers.
- Other individuals authorized to access your clinical chart, such as staff and billing personnel, may have access to those communications.
- Movement Chiropractic may forward electronic communications to staff and those involved in the delivery and administration of your care. Movement Chiropractic will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- Prior to the commencement of the provision of services by Movement Chiropractic through electronic communications, Movement Chiropractic and the patient will establish an emergency protocol to address the following:
 - o Steps to be followed in the event of a technical issue that causes a disruption in the services that are being provided by Movement Chiropractic; and
 - o Steps to be followed in the event of a medical emergency that occurs during the provision of services.

Movement Chiropractic is not responsible for information loss due to technical failures associated with your software or internet service provider.

The Patient will inform Movement Chiropractic of any changes in the patient's email address, phone number, or other account information necessary to communicate electronically. The Patient will take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.

- If the Patient no longer consents to the use of electronic communications by Movement

Chiropractic, then the Patient will provide notice of the withdrawal of consent by email or other written communication.

I agree to ask for clarification should I have any questions or concerns.

My signature below indicates my understanding of the above information.

In the absence of an electronic signature my typed name constitutes signed consent.

_____ X _____
PATIENT NAME (Printed) PATIENT (or Guardian) SIGNATURE

_____ DATE
WITNESS