



CONSENT TO PHYSICAL & OCCUPATIONAL THERAPY TREATMENT

Response to therapy intervention varies from patient to patient; it is not possible to accurately predict your response to specific procedure, exercises or modality including but not limited to techniques such as: Blood flow restriction (BFR), kinesiology taping, trigger point dry needling (TDN), electrostimulation, splinting, instrument assisted soft tissue mobilization (IASTM), cupping, flossing and other manual therapy techniques involving joint mobilizations. Our licensed therapist does not guarantee what your reaction may be to a specific treatment or that the treatment will help resolve the condition you are seeking treatment for. It is possible that treatment may result in aggravation of current and existing symptoms as well as increased pain.

It is your right to decline any part of your treatment at any time, before and/or during treatment should you feel discomfort or have other concerns.

It is your right to discuss with your therapist about the treatment, including potential risks or benefits, based on your history, therapy diagnosis, symptoms and examination results.

I have read this consent form and understand the potential risks involved in physical and/or occupational therapy. I understand that the success of my treatment depends on my ability and willingness to cooperate and participate in the therapy procedures and comply with the established plan of care.

I authorize the release of medical information to appropriate third parties

What this means in plain English:

We are a group of highly skilled medical professionals and we will use our best judgement and expertise to help with your problem. Some of the treatments we will work on may cause increased pain and we will make all efforts to minimize that. Sometimes, no matter how great we are at our jobs, Skilled Rehabilitation Therapy cannot help you. It usually makes sense to try Physical and/or Occupational Therapy treatment before considering more invasive or risky options like medication, injections or surgery.

CONSENT TO TELEHEALTH

Revolution Sport & Spine Therapy LLC is providing telehealth services for consultation, treatment and education when in-office or face-to-face visits are unable to occur. Health information is exchanged interactively though electronic communications; this includes but is not limited to: videoconferencing, telephone consultation and e-health technologies.

I understand that I am participating in telehealth to receive my physical and/or occupational therapy examination, establish a plan of care and cooperating in treatment/interventions to address my current symptoms through and electronic or technology-assisted format.

I understand that there are limitations in providing these services without a physical presence from the treating therapist, I agree to accept responsibility following provider's recommendations- this may include an in-office visit or referral to another provider.

I understand that with electronic communications and videoconferencing that Revolution Sport & Spine Therapy LLC is using doxy.me is a HIPAA compliant platform. Though all medical communications carry some level of risk, while Revolution Sport & Spine Therapy LLC has taken measures to reduce possible breaches. The healthcare provider and practice, Revolution Sport & Spine Therapy LLC is not responsible for breaches of confidentiality caused by an independent third party or by me.

To the extent permitted by law, I agree to waive and release my healthcare provider and Revolution Sport & Spine Therapy LLC from any claims I may have about the telehealth visit.

What this means in plain English:

WE would prefer to see you in-person, but in certain circumstances that is not possible (like with COVID-19 or other illnesses, out of state travel, etc.). We can still provide great help, education and treatment suggestions using high-tech video communication. We do our best to keep your medical information secure, but using the internet adds additional risk.

Patient or Legal Guardian Signature

Date