



PERRY
PHYSICAL
THERAPY

Dear Perry Physical Therapy Patients,

We are writing with exciting news that will directly impact the way we can treat and offer you care! We have partnered with an online telehealth platform called [Doxy.me](https://doxy.me) to offer virtual healthcare.

We may use this platform as a screening tool, for follow-up appointments, wellness check-ins, exercise progression, and even for initial evaluations and treatments as accepted by insurance.

We believe this will be an added enhancement to your patient experience at Perry Physical Therapy. You will still receive the same impeccable quality of care, but it will be from the comfort and convenience of your own home or office.

All that is needed on your part is to go to [Doxy.me](https://doxy.me), and click on "Get Started for Free" then follow the prompts to set up your account. You may also follow the link sent to you by the provider to your provided e-mail address or by text to your cellphone.

There are no extra fees to use this platform. You can use it on Mac, PC, and every type of tablet and smartphone. We want to assure you it is fully HIPAA-compliant, like all electronic medical records, which means your data is completely secure.

We are really happy about the possibility to expand our reach as practitioners and to deliver more care to a wider scope. Especially during this time of global pandemic, we are happy to be able to offer this service as an option for those who do not want to leave their homes.

In health and gratitude,

Perry Physical Therapy



Optimizing Your Telehealth Experience:

Telehealth may be something brand new for you and maybe you're wondering what to expect as a patient! Here are some suggestions to have the best experience while connecting with your provider.

1) Accessing the Software:

Your provider will send you the information to connect with the system that they will be using for telehealth. Please follow the instructions for downloading the necessary software or logging into the necessary site prior to your initial visit.

2) Hardware Needs:

You will need a computer, tablet, or mobile device to access the software. Your provider will let you know what best for you to use to connect with the software.

Your device must have a microphone (either internal or external) so that you can communicate with your provider.

Your device must also have a camera (either internal or external) so that you can be seen by your provider during the visit.

3) Internet connection/WiFi

Having a strong and solid internet connection is vital to having a positive telehealth experience. Some software performs at a slow connection but most do not. Ideally, your internet speed should be at least 15Mbps download and 5Mbps upload. If your speed is consistently slow, you may want to contact your internet provider and ask about getting faster service. If your internet is not performing as it should, you may want to try a wired internet connection. Doxy.me works with Google Chrome and Mozilla Firefox browsers without the need for additional plug-ins or downloads. Using a cable connected directly to your router or modem can often be much faster.

Using your mobile device can also be a solution; however, data plans and costs may limit usage.

Now for other ways to maximize your digital healthcare experience.

- 1) Make yourself comfortable.** Choose a location in which you can be most comfortable both physically and emotionally. You may be asked by your provider to move during your visit so make sure you have room to move! You want to be able to share information freely with your provider so other people in the room may not provide enough privacy. The more comfortable you are in your surroundings the better the outcome of the visit will be.
- 2) Wear comfortable clothes** that allow for movement that can be seen over video. Having snug fitting clothes allows for your provider to assess how parts of your body move to determine the best intervention.
- 3) Be safe.** Please do not try to have a telehealth visit while driving or performing other activities that may cause harm.
- 4) Location.** Choose a location that is quiet and private without distractions. This is a healthcare appointment and distractions can make the appointment challenging for everyone. Removing distractions will allow you to focus fully on your learning and your healing.
- 5) Choose a Consistent Location.** Using the same space for every visit allows for your provider to know what equipment and furniture is available for treatment.
- 6) Limit use of Wi-Fi in the home;** make sure no one else is using Netflix, Hulu, Amazon Prime Video, YouTube, etc.



Telehealth Patient Consent/Refusal Form

Patient Name: _____

Patient Address: _____

Date of Birth: _____

Purpose: The purpose of this form is to obtain your consent to participate in a Telehealth Consultation in connection with the following procedure(s) and/or service(s):

Physical Therapy

Nature of Telehealth Consult: During the telehealth consultation:

- a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio and telecommunication technology.
 - b. A physical examination for may take place.
 - c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
 - d. Video, audio and/or photo recording may be taken of you during the procedure(s) or service(s).
1. Medical Information & Records: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to any other parties or entities shall not occur without your consent.
 2. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.
 3. Rights: You may withhold or withdraw your consent to the telehealth consultation at any time without affecting your right to future care or treatment.
 4. Risks, Consequences & Benefits: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care provider has discussed with you the information provided above.
 5. Standard text message and data rates may apply when using your cellular phone.

I agree to participate in Perry Physical Therapy for the procedure(s) and/or service(s) above.

Signature: _____ Date: _____

If signed by someone other than the patient, indicate the relationship: _____