

Safety Protocol as a Requirement for Telerehabilitation

Because Telerehabilitation involves a licensed clinician providing treatment from a remote location, it provides some additional challenges. As the patient is not physically present with us, we require some additional information in order to ensure your safety. Please read through the following information pertaining to your upcoming Telerehabilitation session. Please then fill out, sign any required information and return it to us.

A. Failure of the Communication Technology

In the event of failure of the communication video technology being used (if a session ends accidentally or technology fails) we will first attempt to resend you the link to join the video session again via email or text. If this attempt is unsuccessful, we will then phone you via telephone. **Please provide the telephone number that we will be able to directly reach you at during your telerehabilitation video session.**

Telephone Number: _____

B. Telerehabilitation Critical Information in case of an Emergency or Adverse Event

We require the following information in order to assist you in the unlikely event of an emergency or adverse event taking place during our Telerehabilitation session. Please list the name and phone number for individuals within your home or work environment that we may contact in the case of an adverse event or emergency during your telerehabilitation session. Please also sign the consent for us to contact this individual.

Emergency Contacts:

1. Name: _____ Phone number: _____

2. Name: _____ Phone number: _____

I, _____ (Patient Name) give consent for my treating licensed clinician providing telerehabilitation to contact the above individuals in the case of an emergency or adverse event during my telerehabilitation session.

Signature: _____

C. Your Information for First Responders:

Please provide your physical address where you will be at during your telerehab session and phone number if we need to direct any emergency services to you.

Your Address: _____

Your Phone Number: _____ Date: _____