



BROSTROM PHYSICAL THERAPY
SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

E-VISIT CONSENT FORM

Patient Name: _____ Date of Birth: ____/____/____

Introduction: In light of the COVID-19 situation and your possible corresponding preference to reduce community exposure, Brostrom PT is making available the use of E-Visits, which is portal email-directed communication about your condition. During an e-visit, a PT can make recommendations, including but not limited to:

- What household activities to participate in or refrain from or, if necessary, how to modify household activities;
- What exercises to participate or refrain from;
 - If a home exercise program needs to be established or progressed, our PT can draft a comprehensive program that includes picture and/or video tutorials and guidelines on parameters (repetitions and sets, number of times per day/week).
- Whether ice and/or heat is recommended for your condition.

Criteria: In accordance with direction received from the Center for Medicare Services (CMS), e-visits are available to existing patients (CMS states that the patient must be established under a PT plan of care, meaning you must first attend an initial evaluation appointment) **and** if the following criteria are met:

- 1) If a physical visit is not condoned or sought considering the COVID-19 situation;
- 2) If you verbally request and consent to an e-visit; and
- 3) The e-visit is performed using our secure online patient portal (Turbo PT).

Medical Information & Records: All existing laws regarding your access to medical information and copies of your medical records apply to this e-visit consultation. Dissemination of any patient-identifiable images or information for this e-visit interaction to researchers or other entities will not occur without your consent.

Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the e-visit consultation, and all existing confidentiality protections under federal and Michigan state law apply to the information disclosed during the e-visit consultation.

Rights: You may withhold or withdraw consent to the e-visit consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

Disputes: You agree that any dispute arising from the e-visit consult will be resolved in Michigan, and Michigan law shall apply to all disputes.

Insurance Cost-Sharing: Brostrom PT will bill your medical insurance for performance of an e-visit but will waive any member cost-sharing that your insurance may apply. In addition, Brostrom PT will not hold you liable for any insurance denials or rejections of the e-visit HCPCS codes.

Risks, Consequences, & Benefits: Electronic systems used will incorporate software security protocols to protect the confidentiality of patient identification and will include measures to safeguard the data and ensure its integrity against intentional or unintentional corruption. As with any medical procedure, however, there are potential risks associated with the use of e-visits. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient to allow for appropriate medical decision making by the physical therapist;
- Delays in medical evaluation and treatment could occur due to deficient or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in judgment errors.

By signing this form, you understand the following:

1. The laws that protect privacy and the confidentiality of medical information also apply to e-visits, and that no information obtained in the use of e-visits which identifies you will be disclosed to researchers or other entities without your consent.
2. You have the right to withhold or withdraw your consent to the use of e-visits in the course of your care at any time, without affecting your right to future care or treatment.
3. You have the right to inspect all information obtained in the course of an e-visit interaction and may receive copies of this information for a reasonable fee.
4. A variety of alternative methods of medical care may be available to you, and that you may choose one or more of these at any time. Brostrom PT has explained the alternatives to my satisfaction.



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5. E-visits may involve electronic communication of your personal medical information to other medical practitioners who may be located in other areas.
6. It is your duty to inform Brostrom PT of electronic interactions regarding your care that you may have with other healthcare providers.
7. You may expect the anticipated benefits from the use of e-visits in your care, but that no results can be guaranteed or assured.

You have been advised of all the potential risks, consequences, and benefits of e-visits. Your health care practitioner has discussed with you the information and benefits of e-visits. You have had the opportunity to ask questions about the information presented on this form and the e-visit consultation. All your questions have been answered, and you understand the written information provided above.

I agree to participate in e-visit consultations relating to my physical therapy plan of care.

Signature

_____/_____/2020
Date