



Tele-rehabilitation Informed Consent Form

Tele-rehabilitation is the provision of rehabilitation services at a distance, by video conferencing, when an in-person visit is not possible.

This service may be billed via:

Direct billing to extended health insurance companies
Credit card

Please read the following statements and sign below. I consent to:

- During the remote session I, the undersigned, verify that I am present in the province of Ontario.
- Receive services via telephone or video chat platforms (ie. Skype, Facetime, Whatsap, Zoom, etc) rather than in person.
- The transmission of information via 3rd party platform.
- Verify my identification via the video technology.
- All documentation, consent forms and policies previously signed are still applicable.

My signature below indicates my understanding of all of the above information. This document must be signed and returned prior to appointment time via info@burlingtonphysiotherapyhc.ca

Name of Client

Date

Signature of Client

If **under 16 years of age**, the following section of the consent form must be completed by a parent or guardian before treatment can be initiated.

Printed name of parent/guardian

Date

Signature of parent/ guardian