

VIRTUAL CARE CONSENT – OHIP

Your privacy is very important to us. Similar to any in-person visit, we do our best to make sure that any information you give to us during a virtual care visit is private and secure.

We have privacy and security policies and procedures in place however any electronic communication, including virtual care visits and e-mail is never completely secure and there may be an increased risk that your health information be intercepted by third parties through malware, phishing scams or other unauthorized access.

To help us keep your information safe, we request that you do the following:

- Use your personal computer or device.
- Use a secure internet connection at home. Do not use an internet connection in a public area, such as a store, restaurant or library.
- Use your personal e-mail, not a work e-mail address.
- If you receive an e-mail and are not sure if it is coming from Lindsay Rehab/Lindsay Physiotherapy, please call us to confirm before clicking on any links.

By agreeing to participate in virtual care, you are agreeing to let your health-care provider collect, use, or disclose your personal health information through video or audio communications in order to provide you with care (while following the same regulatory and legislative requirements and adherence to their respective Standards of Practice and Code of Conduct, just as they are for in-person services). Electronic (or virtual) communication may include e-mail, videoconferencing, text messaging or email.

At the beginning of the session, the therapist will confirm their identity, request that you confirm your identity, provide your OHIP card and they will seek your informed consent to receive services and transmit information.

We encourage you to have someone present in your home in case of emergency and you will be required to provide an emergency contact.

It is important to understand the risks and disadvantages of virtual physiotherapy. Many physiotherapy issues and health concerns can be addressed with virtual care alone, but virtual care is not a substitute for in-person communication or physical examination. If at any time either you or the provider believe that the virtual care session is limiting the quality or goals of the service, we can arrange for an in-person appointment.

I have read, understood and agree to the above statements and, as such, agree to participate in a virtual assessment and treatment program. I understand that for the duration of my treatment, my consent may be withdrawn at any time and that I must inform my physiotherapist.

Consent and Agree

Note: if the client is under the age of 18 a parent or guardian must sign for them.

Please confirm your signature by typing your full legal name below:

Name of Patient: (required)

Date of Birth (required): MM/DD/YYYY

If patient is under 18 years of age, Name of Parent/Guardian

Name:

Relationship:

I certify that I am the parent or legal guardian of the above minor

I certify that I am over 18 years of age.