



# CATALYST

## PHYSICAL THERAPY & WELLNESS



### TELEHEALTH Patient Agreement

1. I agree to receive telehealth physical therapy services from Catalyst Physical Therapy & Wellness Physiotherapy via technology whereby I am at a location other than the location where the Catalyst Physical Therapy & Wellness Physical Therapist is located. In agreeing to this, I agree to the following.
2. I understand that, if I have provided Catalyst Physical Therapy & Wellness with information about a responsible third party payor (eg Insurance, Medicare, Workers Comp), Catalyst Physical Therapy & Wellness will attempt to bill my telehealth visit to my third party payor. However, I understand that I am responsible for knowing my telehealth Physical Therapy benefits directly with my third party payor, including, but not limited to deductibles, co-pays, number of visits allowed, prescription/pre-authorization required. I agree that I, ultimately, am financially responsible for the treatment provided to me in the event that my third party payor does not cover the full cost of my treatment. If my Physical Therapy telehealth visits are denied by my third party payor, I agree that I am responsible to pay the telehealth self-pay rates set by Catalyst Physical Therapy & Wellness.
3. I agree to pay with my credit or debit card, in advance of my telehealth therapy session, any estimated deductibles, or co-pay amounts, or to pay in full if I am a self pay client without a third party payor, for this service. The credit or debit card I use will be one whose account information I will provide or have previously provided to Catalyst Physical Therapy & Wellness.
4. I understand that the telehealth session will be conducted using Zoom, a third party technology provider, whose solution is compliant with HIPAA rules. I further Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data, if applicable.
5. I understand that my telehealth therapy session will be conducted on my own computer, tablet, smart phone, or other device and that I may record and store certain personal health information on my device during the course of my session, and that I am responsible for the protection of any such personal health information.
6. I agree not to record the therapy session or the image of the therapist without first obtaining the verbal consent of the treating therapist.
7. I understand that the technologies being used during my telehealth physical therapy session may fail, and I agree to hold Catalyst Physical Therapy & Wellness harmless for any medical or other information lost because of any such failures.
8. I understand that in order for Catalyst Physical Therapy & Wellness to provide telehealth physical therapy services to me, I must be located in the state of California when those services are being provided, and I attest that I will be in the State of California at the time those services are provided.



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9. I agree that other Catalyst Physical Therapy & Wellness professionals, or other health care professionals whose care I am under, may participate in my telehealth session if their participation is relevant to my case and I am verbally informed of their participation in advance
  
10. I agree to pay Catalyst Physical Therapy & Wellness a \$25 late fee if I miss my appointment or sign in over 5 minutes late for my scheduled telehealth session without reaching out via email or telephone to my assigned provider.

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian (Required if participant is under age 18)

Name of Parent or Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_