



TeleHealth Neuromuscular Therapy (NMT)

Informed Consent for TeleHealth NMT Services

Patient Name		Patient Date of Birth		Medical Records Received	
				YES	NO
Patient Sex	MALE	FEMALE	Date of Telehealth Session		
GP Name			GP Address		
Consultation Type	ONLINE	<input type="checkbox"/>	TELEPHONE	<input type="checkbox"/>	
Consultation Length					
Consultation Reason					
Neuromuscular Therapist's Name					

Introduction

TeleHealth NMT involves the use of electronic communications to enable Neuromuscular Therapists to provide health promoting neuromuscular therapy, without personal hands-on contact, at different locations.

Details gained during an individual TeleHealth session regarding patient/client assessment information may be used for the purpose of improving patient/client health care.

With the patients signed permission the consultation and additional TeleHealth NMT sessions may require the need to share patient/client information between the TeleHealth NMT and primary care practitioners, specialists, and/or sub-specialists following appropriate permission form the patient/client.

The information provided by the patient/client may be used for assessment, neuromuscular therapy interventions, follow-up recommendations for health promotion, and may include any of the following:

- **Patient medical records**
- **Medical images**
- **Live two-way audio and video consultations**
- **Output data from devices and sound and video files**
- **Live recording of the TeleHealth session**
- **Email specific to the treatment**

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient/client identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits (not limited to):

- **Increased access to neuromuscular therapy care by enabling a patient/client to remain in his/her remote site, such as their home, while the Neuromuscular Therapist obtains necessary subjective information, carries out necessary assessments, receives additional information/data and consults from a distant site.**
- **Provide efficient assessment and evaluation and offer self-care management strategies that the patient/client can easily self-administer .**
- **Obtaining expertise at a distance from a qualified Neuromuscular Therapist.**
- **No need for the patient/client to travel to a clinical practice**
- **Reassurance for the patient/client that they have continued communication with a Neuromuscular Therapist**

Possible Risks

As with any therapeutic intervention, there are potential risks associated with the use of TeleHealth NMT. These risks include, but may not be limited to:

- In a small number of cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate clinical decision making by the Neuromuscular Therapist
- Delays in assessment, evaluation and treatment could occur due to deficiencies or failures of audio-visual equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal and medical information

Patient/Client:

Please read this information with your Neuromuscular Therapist and ask any question now or at any time.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of information provide by me also apply to TeleHealth NMT, and that no information obtained in the use of TeleHealth NMT which identifies me will be disclosed to anyone without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of TeleHealth NMT in the course of my Neuromuscular Therapy at any time, without affecting my right to future NMT treatment.
3. I understand that I have the right to inspect all information obtained and recorded in the course of a TeleHealth NMT interaction, and may receive copies of this information for a reasonable fee.
4. I understand that a variety of methods employed within NMT may be available to me, and that I may choose one or more of these at any time. My Neuromuscular Therapists has explained the various neuromuscular therapeutic interventions to my satisfaction.
5. I understand that TeleHealth NMT may involve electronic communication of my personal medical information to medical practitioners and other appropriate professional who may be located in different geographical locations.
6. I understand that it is my duty to inform my Neuromuscular Therapist of electronic interactions regarding my care that I may have with other healthcare providers.
7. I understand that I may while I expect benefits from the use of TeleHealth NMT that no results can be guaranteed or assured.

Signature indicating that you have read and understood the above

DATE

Patient Consent To TeleHealth NMT

I have read and understand the information provided above regarding TeleHealth NMT and I have discussed it with my TeleHealth Neuromuscular Therapist and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of TeleHealth NMT in my continuing health care.

I hereby authorize _____ (name of therapist) to use TeleHealth in the course of my assessment and treatment.

Signature of Patient (or person authorised to sign for patient):

If authorised signer, relationship to patient: _____

Witness: _____

Date: _____

I have been offered a copy of this consent form (patient/client signature):
