

TeleHealth

Greater Brunswick and Core Physical Therapy is now offering telehealth physical therapy services to minimize the spread of COVID-19 and provide access to care for individuals who are unable to attend an office visit.

Call our office (207-729-1164) to schedule your telehealth appointment.

Secure Platform

- *HIPAA compliant* video and audio platform allows for a private and secure physical therapy consultation
- Direct one-on-one communication with your physical therapist from the comfort of your own home

Services Offered

- Screening and assessment of current physical condition
- Management strategies to decrease pain and improve health
- Exercise program evaluation and adjustment
- Ergonomic or functional task evaluations and feedback
- Real-time demonstrations from your physical therapist

Insurance Coverage

- Since the COVID-19 outbreak, many insurance companies are covering telehealth as they would a typical office visit.
- Please contact our office or your insurance company if you have any questions about coverage for telehealth.

Preparing for your TeleHealth Visit

- You will need a computer, tablet, or smartphone with a supported browser (Apple Safari Version 11 or later, Google Chrome, or Mozilla Firefox). Your device will need an enabled camera and microphone.
- Set up your device in a stable location and wear comfortable, loose fitting clothing.
- Based on your preference, you will receive an email or text with a secure link to start your telehealth appointment. You will receive this link approximately 5-minutes prior to your appointment. The email sender will be noreply@raintreemails.com with the subject line "Telehealth." The message will appear as pictured below. Click the link within the email.

Subject: Telehealth

Welcome to your Telehealth session. To start this session please make sure you are using a computer with a web camera and microphone. You also must open this link using Google Chrome, Mozilla Firefox, or Safari. If you open this with another browser, please copy and paste the web address to one that is supported.

You can also open this if you are using an iPhone with Safari or Google Chrome on your Android phone.

Please sign the consent form before starting your session. You can sign this form with your mouse or your finger on a phone.

After signing you can start your session by clicking on "Start Session". Please make sure to allow the site to use your video/audio devices.

Click [this link](#) to start a video chat with your provider.

Do not reply to this message. If you have any questions, please call us at .

Thank You

Supported Browsers:

Apple Safari (Version 11 and later)

Google Chrome

Mozilla Firefox

Please follow the directions below if you have any problems getting the video chat to work.

1. Select Settings
2. Select Advanced Settings
3. In the "Privacy" section, click Content settings
4. In the "Media" section, select allow access to microphone and camera

- Next, you will be prompted to sign our consent form (pictured below). Click "Start Session" to begin your telehealth appointment. You will need to allow the telehealth platform to access your camera and microphone.

Raintree Systems Inc.

Telehealth Session

Room Name: 0002793

Consent for Telehealth

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

The purpose of this form is to obtain your consent to participate in a telemedicine consultation

1) Purpose and Benefits. The purpose of this project is to use telemedicine to enable patients affected by COVID-19 to access services they normally receive in a face-to-face setting.

2) Nature of Telemedicine Consultation: During the telemedicine consultation:

- a) Details of you and/or your child's medical history, examinations, x-rays, and tests will be discussed with other health professionals through the use of interactive video, audio and telecommunications technology.
- b) Physical examination of you or your child may take place.
- c) Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission.
- d) Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.


3) Medical Information and Records. All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.


4) Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Washington State law apply to information disclosed during this telemedicine consultation.


5) Risks and Consequences. The telemedicine consultation will be similar to a routine office visit, except interactive video technology will allow you to communicate with a therapist at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver health care and educational services is a new technology and may not be equivalent to direct patient to therapist contact.


6) Rights. You may withhold or withdraw consent to the telemedicine consultation at any time without affecting

Please unlock the signature box and sign the consent form to continue







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If you have additional questions or concerns regarding telehealth, please contact our office at 207-729-1164.