



Elaine Mele, PT, DPT, PYT

Move well. Live Well.

Informed Consent

A) I understand that my telehealth appointments are a service provided by a licensed physical therapist (PT) but it does not include an actual face to face visit. My therapist may recommend that I see a direct provider (MD, PT or other) if telehealth services are not deemed appropriate. It is my choice whether or not to follow up with that recommendation.

B) I understand and am aware that the exercises/treatment associated with or recommended by my physical therapist can potentially cause harm. I am voluntarily participating in these activities and acknowledge that communication is imperative so I agree to contact my treating PT if issues (pain, swelling, numbness or any other irritation) arise before, during or after our session. If I cannot reach my therapist and I feel I need immediate help I will contact my physician or 911.

C) I acknowledge that I have either had a physical examination and been given my physician's permission to participate or that I have decided to participate in physical therapy, under state guidelines, without the approval of my physician and do hereby assume all responsibility for my participation and activities.

D) I acknowledge that all proposed treatments will be discussed with me beforehand and I have the right to refuse any activity, modality or method of treatment that I do not wish to participate in. I hereby authorize Elaine Mele, PT, DPT, PYT to provide treatment as deemed necessary based on my evaluation and discussed plan of care.

Signature: _____

Date: _____

Release of Information

I recognize that I am protected by patient privacy laws and hereby authorize the office of Elaine Mele, PT, DPT, PYT to release any necessary information pertinent to my course of treatment to my referring or stated physician's office for the purposes of facilitating improved quality and continuum of care

I also authorize the release of information to the following individuals (ie: caregiver, spouse, other physicians, lawyer)

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Signature: _____

Date: _____

Printed name: _____

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