



**Rhonda Fiorillo, MPT, WCS, PRPC, Physical Therapist
Board Certified Women's Health Specialist**

To our Special Patients,

Back In Motion Physical Therapy is utilizing CDC Guidelines and effective March 16, 2020 implemented stringent sanitizing precautions and social distancing of our patients and staff.

For those of you that are not able to come to the clinic due to a positive Covid19 pre-screening or because you simply are not able to come in we have exciting news that will directly impact the way we can treat you and offer you care! We now have an online telehealth platform using FaceTime, Skype or Zoom. This telehealth tool will allow you to access me and receive care in the event you're not able to access the clinic. Back In Motion PT is open for all patients who are feeling well and not having symptoms relating to Covid19 or socializing with anyone with Covid19 symptoms.

We can use this telehealth tool in multiple ways to serve you. We can use it as a screening tool, for follow up appointments, wellness check-ins, exercise progression, and virtual treatments. This service is available for our established patients only.

If you feel you need a check-in and just want to touch bases with how you're doing please call our office and leave a message or go to our website under Contact/Telehealth Appointment and submit a call request to either 1) schedule an appointment at the clinic or 2) set up a virtual appointment.

We believe this will bring significant value to you as an option to enhance your experience at Back In Motion Physical Therapy. You will still receive the same impeccable quality of care but it will be from the comfort and convenience of your own home or office until you are able to resume treatments in the clinic.

All that is needed on your part is to get set up on the platform of your choice using FaceTime, Zoom or Skype for Mac users and Zoom for Windows users. From there, follow the prompts to set up your account. Once you set up your account, you can call us at Back In Motion PT and set up a telehealth appointment or go to www.backinmotion.net and click on "Contact/Telehealth Appointment Request" and complete visit request info including a couple options for appointment times. Please allow up to 48 hours for an appointment time to be scheduled. Most insurance companies, including Medicare, HHP, SCP, and TriWest have approved telehealth during this time and your same co-payments and deductible rules will apply. You will be asked to pay over the phone using your credit/debit card at the time of your telehealth visit. You may also mail a check, if preferred.

There are no extra fees to use this platform and the apps are free. You can use it on Mac, PC, and every type of tablet and smartphone.

Here are the links to the apps: <http://FaceTime/>, <http://Skype/>, <http://Zoom/>

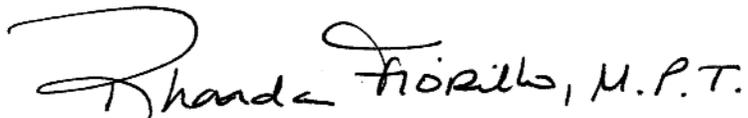
I am really happy to expand our reach as a practitioner and to deliver more care to a wider scope during this time and probably over the next several months. I am grateful we now have this new method

of staying connected and helping you on your physical journey to feeling better and continuing your hard earned progress! There are many of my patients who don't live nearby or are having health complications relating to Covid19 and other issues and cannot travel here. This kind of care can be an excellent way to fill in this gap during this time.

We also understand that many of you have come to rely and enjoy our Life Extension supplements, YoniDrops and DoTerra products. Arrangements can be made for pick up at BIM while maintaining social distancing and can even pick up in a secured location after hours.

Coco, Sabine, Bernadette and I look forward to another way to partner with you in your healing and recovery and look forward to seeing you again very soon!

In health and gratitude,

A handwritten signature in black ink that reads "Rhonda Fiorillo, M.P.T." The signature is fluid and cursive, with the first name "Rhonda" being the most prominent part.

Rhonda Fiorillo, MPT, WCS, PRPC

Back In Motion Physical Therapy

Optimizing Your Telehealth Experience

Telehealth may be something brand new for you and maybe you're wondering what to expect as a patient. Here are some suggestions to have the best experience while connecting with your provider.

1) Accessing the Software:

Your provider will send you the information to connect with the system that they will be using for telehealth. Please follow the instructions for downloading the necessary software or logging into the necessary site prior to your initial visit.

2) Hardware Needs:

You will need a computer, tablet, smartphone, or mobile device to access the software. Your provider will let you know what is best for you to use to connect with the software.

Your device must have a microphone (either internal or external) so that you can communicate with your provider.

Your device must also have a camera (either internal or external) so that you can be seen by your provider during the visit.

3) Internet Connection/WiFi:

Having a strong and solid internet connection is vital to having a positive telehealth experience. Some software performs at a slow connection but most do not. Ideally, your internet speed should be at least 15Mbps download and 5Mbps upload. Here is a [link](#) to check your speed!

If your speed is consistently slow, you may want to contact your internet provider and ask about getting faster service.

If your internet is not performing as it should, you may want to try a wired internet connection. Using a cable connected directly to your router or modem can often be much faster.

Using your mobile device can also be a solution, however data plans and costs may limit usage.

Here are important tips to maximize your digital healthcare experience:

- 1) Make yourself comfortable. Choose a location in which you can be most comfortable both physically and emotionally. You will likely be asked by your provider to move during your visit so make sure you have room to move. You want to be able to share information freely with your provider so other people in the room may not provide enough privacy. The more comfortable you are in your surroundings the better the outcome of the visit will be.
- 2) Wear comfortable clothing that also allows for movement to be seen over video. For example, snug fitting clothes or shorts and a t-shirt allows for your provider to assess how parts of your body move to determine the best intervention
- 3) Be safe. Please do not try to have a telehealth visit while driving or performing other activities that may cause harm.
- 4) Location. Choose a location that is quiet and private without distractions. This is a healthcare appointment and distractions can make the appointment challenging for everyone. Removing distractions will allow you to focus fully on your learning and your healing.
- 5) Choose a Consistent Location. Using the same space for every visit allows for your provider to know what equipment and furniture is available for treatment.

Telehealth Consent Form

Telehealth Patient Consent/Refusal Form

Patient Name: _____

Patient Address: _____

Date of Birth: _____ / _____ / _____

Purpose: The purpose of this form is to obtain your consent to participate in a Telehealth Consultation/ Treatment in connection with the following procedure(s) and/or service(s)

- 1. Nature of Telehealth Consult: During the telehealth consultation:
 - a. Details of your medical history, examinations, x-rays, and tests will be discussed with other health care professionals through the use of interactive video, audio ad telecommunication technology.
 - b. A digital physical examination may take place.
 - c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
 - d. Video, audio and/or photo recording may be taken of you during the procedure(s) or service(s) for treatment purposes only.
- 2. Medical Information & Records: All existing laws regarding your success to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction to any other parties or entities shall not occur without your consent.
- 3. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidential risks associated with telehealth consultation, and all existing confidentiality protections under state and federal law apply to information disclosed during this telehealth consultation.
- 4. Rights: You may withhold or withdraw your consent to the telehealth consultation at any time without affecting your right to future care or treatment.
- 5. Disputes:
- 6. Risks, Consequences & Benefits: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care provider has discussed with you the information provided above.

I agree to participate in telehealth care with <Enter company name here> for the procedure(s) and/or service(s) above.

Signature: _____ Date _____ / _____ / _____ Time: _____ AM PM

If signed by someone other than the patient, indicate the relationship: _____

Witness Signature: _____ Witness Name in Print: _____

Date _____ / _____ / _____ Time: _____ AM PM