



LIFE KEEPS MOVING, RESTORE MOTION

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### Consent for Telehealth

I understand that telehealth is the use of electronic information and communication technologies by a healthcare provider to deliver services to an individual when he/she is located at a different site than the provider.

I hereby consent to Restore Motion, LLC providing health care services to me via telehealth. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, my insurance carrier will have access to my medical records for quality review/audit.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally by calling Restore Motion at (301)881-9313, or in writing at 5410 Edson Lane Suite 350 Rockville, MD 20852.

As long as this consent is in force (has not been revoked), Restore Motion, LLC may provide health care services to me via telehealth without the need to sign another consent form.

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Printed Patient Name

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Patient Location (address at time of service)

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Patient Signature (if under 18 years old, Parent/Legal Guardian to sign)

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Date