



Federation of State Boards of Physical Therapy

## **Telehealth in Physical Therapy**

### ***Policy Recommendations for Appropriate Regulation***

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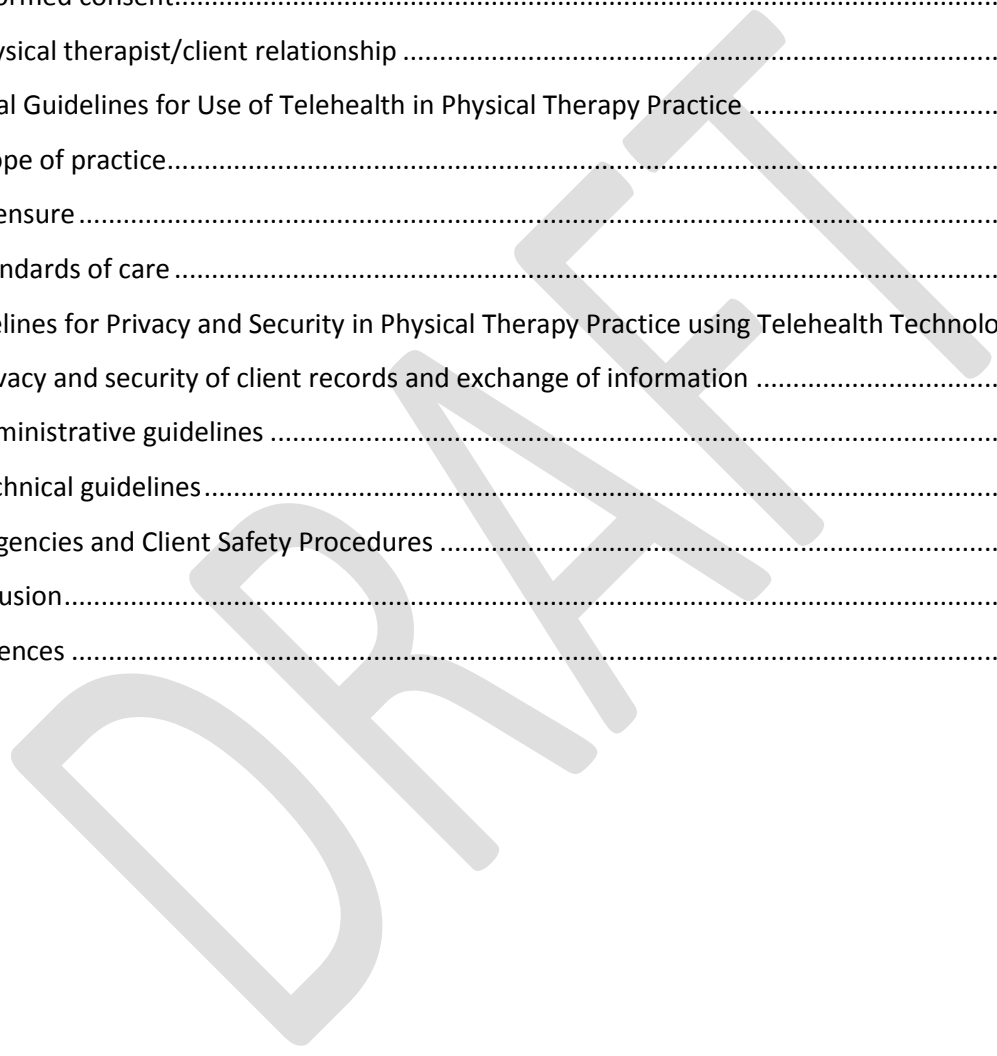
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# 1 **Telehealth in Physical Therapy**

## 2 **Introduction**

3 The Federation of State Boards of Physical Therapy (FSBPT or the Federation) is a membership  
4 organization whose mission is to protect the public by providing service and leadership that promote  
5 safe and competent physical therapy practice. Its membership comprises the 53 jurisdictional licensing  
6 boards in the United States.

7 Telehealth technology and applications are rapidly expanding. Telehealth technology often uses secure  
8 videoconferencing or ‘store and forward’ technology to allow interaction between the client and the  
9 healthcare provider. In some cases, such as when travel is difficult or there is no provider nearby, the  
10 use of the technology is preferable to a traditional (in-person) encounter. The provider, however, is  
11 responsible for making sure that the appropriate care can be delivered without in-person interaction.

12 Advancement in telehealth may be complicated by current regulatory and/or licensure policies.  
13 Requirements for in-person evaluations or supervisory visits are examples of regulations that may  
14 inhibit the potential use of telehealth in physical therapy. Concerns are often voiced in the regulatory  
15 arena about the misuse of physical therapist assistants (PTAs) or the potential for fraudulent and  
16 abusive billing. The ability to provide physical therapy services using telehealth technologies is also  
17 related to the current fragmented licensure system. Inconsistent licensure application requirements and  
18 the necessity to obtain a license in every state in which the physical therapist (PT or therapist) or PTA  
19 may practice are seen by many as potential barriers to telehealth practice. While researching licensure  
20 mobility, the FSBPT Ethics and Legislation Committee members and staff took note of the interest in  
21 telehealth in reference literature, legislative initiatives, popular media, as well as FSBPT member  
22 requests for information and resources regarding regulation of physical therapy services utilizing  
23 telehealth technology. As a first step, committee reviewed the existing 5<sup>th</sup> Edition of the Model Practice  
24 Act (MPA) language which defines telehealth as *“the use of electronic communications to provide and  
25 deliver a host of health-related information and healthcare services (including physical therapy related  
26 information and services) over large and small distances.”* As the committee further researched typical  
27 applications of telehealth in varied treatment settings, they found that the use of telehealth was  
28 growing significantly in the profession yet questions remained regarding the best practices for  
29 regulation.

30 The purpose of this document is to provide information and general guidance to physical therapy  
31 jurisdictional authorities for regulating the use of telehealth technologies in the practice of physical  
32 therapy. In developing these recommendations, the committee conducted a review of other  
33 professions’ models and best practices, telehealth nomenclature, published practice/clinical guidelines,  
34 and industry standards. Acknowledging the rapid growth in telehealth technology and applications, the  
35 guidelines in this resource were purposefully written in a general manner in an attempt to maintain  
36 future relevance and avoid the need for jurisdictions to continually revise statutes and/or regulations on  
37 this topic.

38 **Current Telehealth Legislation and Regulation Specific to Physical Therapy**

39 In preparing the following guidelines, the Ethics and Legislation Committee reviewed current and  
40 proposed legislative and regulatory language that might be useful to other jurisdictional authorities. At  
41 the time of review (2014), only three jurisdictions, Alaska, Kentucky, and Washington, had specific  
42 language regulating physical therapy practice using telehealth. Excerpts from the regulations are found  
43 below, and may be beneficial to jurisdictional authorities as they consider terminology and content of  
44 proposed regulations.

45 **Alaska**

46 Regulation: 12 AAC Chapter 54. Statutory Authority: AS 08.84.010

47 **12 AAC 54.530. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PHYSICAL THERAPIST.**

48 (a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of  
49 an interactive telecommunication system by a physical therapist licensed under AS 08.84 and this  
50 chapter in order to provide physical therapy to clients who are located at distant sites in the state which  
51 are not in close proximity of a physical therapist.

52  
53 (b) A physical therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means  
54 of an interactive telecommunication system

55 (1) must be physically present in the state while performing telerehabilitation under this section;

56 (2) must interact with the client maintaining the same ethical conduct and integrity required under 12  
57 AAC 54.500(c) and (d);

58 (3) must comply with the requirements of 12 AAC 54.510 for any licensed physical therapist assistant  
59 providing services under this section;

60 (4) may conduct one-on-one consultations, including initial evaluation, under this section; and

61 (5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure  
62 connections, activate firewalls, and encrypt confidential information.

63 **Kentucky**

64 **Regulation: 201 KAR 22:160. Telehealth and telephysical therapy.**

65 Section 1. Client Identity, Communication, and Informed Consent Requirements. A credential holder  
66 using telehealth to deliver physical therapy services or who practices telephysical therapy shall, upon an  
67 initial contact with the client:

68 (1) Verify the identity of the client;

69 (2) Obtain alternative means of contacting the client;

70 (3) Provide to the client alternative means of contacting the credential holder;

71 (4) Provide contact methods of alternative communication the credential holder shall use for  
72 emergency purposes;

73 (5) Not use personal identifying information in non-secure communications; and

74 (6) Inform the client and document acknowledgement of the risk and limitations of:

75 (a) The use of electronic communications in the provision of physical therapy;

76 (b) The potential breach of confidentiality, or inadvertent access, of protected health  
77 information using electronic communication in the provision of physical therapy; and

78 (c) The potential disruption of electronic communication in the use of telephysical therapy.

79

80 Section 2. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder  
81 using electronic communication to deliver physical therapy services or who practices telephysical  
82 therapy shall:

- 83 (1) Be responsible for determining and documenting that telehealth is appropriate in the provision of  
84 physical therapy;
- 85 (2) Limit the practice of telephysical therapy to the area of competence in which proficiency has been  
86 gained through education, training, and experience;
- 87 (3) Document which physical therapy services were provided by telephysical therapy;
- 88 (4) Follow the record-keeping requirements of 201 KAR 22:053, Section 5; and
- 89 (5) Ensure that confidential communications obtained and stored electronically shall not be recovered  
90 and accessed by unauthorized persons when the credential holder disposes of electronic  
91 equipment and data.

92

93 Section 3. Compliance with State Law. A credential holder practicing telephysical therapy shall be:

- 94 (1) Licensed to practice physical therapy where the client is physically present or domiciled; or
- 95 (2) Otherwise authorized by law to practice physical therapy in another jurisdiction where the client  
96 is physically present or domiciled.

97

## 98 Washington

### **Regulation: WA Admin Code 246-915-187 Use of telehealth in the practice of physical therapy.**

99 (1) Licensed physical therapists and physical therapist assistants may provide physical therapy via  
100 telehealth following all requirements for standard of care, including those defined in chapters [18.74](#)  
101 Revised Code Washington (LAW) and [246-915](#) Washington Administrative Code.

102

103 (2) The physical therapist or physical therapist assistant must identify in the clinical record that the  
104 physical therapy occurred via telehealth.

105

106 (3) The definitions in this subsection apply throughout this section unless the context clearly requires  
107 otherwise:

108 (a) "Telehealth" means providing physical therapy via electronic communication where the physical  
109 therapist or physical therapist assistant and the client are not at the same physical location.

110 (b) "Electronic communication" means the use of interactive, secure multimedia equipment that  
111 includes, at a minimum, audio and video equipment permitting two-way, real time interactive  
112 communication between the physical therapist or the physical therapist assistant and the client.

113

## 114 **Guidelines for Appropriate Use of Telehealth in Physical Therapy Practice**

### 115 **Responsibility for and appropriate use of technology**

116 A PT is responsible for all aspects of physical therapy care provided to a client, including determining  
117 and documenting the extent to which the use of technology is necessary and appropriate in the  
118 provision of physical therapy. Additionally, the PT is responsible for assuring the technological  
119 proficiency of those involved in the client's care. A client's appropriateness for telehealth should be  
120 determined on a case-by-case basis, with selections based on the judgment of the clinician, the client's  
121 informed choice, and professional standards of care.

### 122 **Verification of identity**

123 Given the fact that in the telehealth clinical setting the client and therapist are not in the same location,  
124 it is critical that the identities of the provider, client and assistive personnel present during the physical  
125 therapy appointment be established and shared with the client and therapist. Photo identification in the  
126 form of a government or employer issued ID is recommended for all parties who may be involved in the  
127 delivery of care to the client. Additionally, verification of the therapist's physical therapy license should  
128 be available to the client.

### 129 **Informed consent**

130 Just as most PTs have traditionally obtained informed consent for face-to-face encounters, PTs should  
131 obtain informed consent for the delivery of physical therapy services via telehealth technologies.  
132 Informed consent is the process of communication between the PT and a competent client, or  
133 competent designee, during which the therapist and client discuss the examination and recommended  
134 plan of care. Upon gaining a clear understanding of the risks, benefits, alternatives to the proposed  
135 treatment plan and anticipated timeframes and costs, the client is enabled to make an informed and  
136 voluntary decision on whether or not to proceed with physical therapy care. Informed consent  
137 procedures should follow state law. Typically informed consent may be verbal, written, or recorded and  
138 the documentation of consent should be maintained in the medical record. The standard of care that is  
139 expected during face-to-face encounters is also expected for telehealth encounters.

140 Given the reliance on imperfect technology and the unique nature of the provision of services through  
141 telehealth, PTs may wish to include the following during the informed consent process:

- 142 1. Consent to being photographed, recorded, or videotaped and consent to the storage of the  
143 encounter data, if applicable. Disclosure should be made as to how long data will be stored.
- 144 2. Clients should be made aware of any limitations that telehealth services present as compared to  
145 a face-to-face encounter for that client's situation such as the inability to perform hands-on  
146 examination, assessment and treatment.
- 147 3. Consent to release information from the client's medical record to any other healthcare facility,  
148 provider to which the client's care may be transferred, or to any third party payer for the  
149 purpose of obtaining payment of the account. Laws protecting the confidentiality of medical  
150 information also apply to telehealth, though there may be a potential for increased security risks  
151 with telehealth services.

152 4. Clients should be informed of the potential for failure of the technologies used to provide  
153 telehealth services. Consent procedures should include a hold harmless clause for medical or  
154 other information lost because of technology failures.

### 155 **Physical therapist/client relationship**

156 The provider/client relationship forms the basis of a client-centered approach to healthcare. There is  
157 little guidance in physical therapy literature regarding the establishment of the PT/client relationship,  
158 potential implications for client care management and liability risk. The relationship is established  
159 regardless of whether the care delivered was pro bono or for a fee.

160 As alternative delivery methods such as telehealth emerge, all parties involved (including regulators)  
161 must be mindful that the PT/client relationship may be established in the absence of actual physical  
162 contact between the PT and client. Though it may sometimes be difficult to determine the precise  
163 moment the relationship is established, the earliest beginnings are when the client agrees to be seen by  
164 the PT and consents to participate in the physical therapy appointment. It is solidly established when the  
165 PT affirmatively commences to evaluate, diagnose, and render treatment, including any advice or  
166 instructions to the client. The formation of the PT/client relationship is the point at which the therapist  
167 owes a duty of care to the client.

### 168 **Clinical Guidelines for Use of Telehealth in Physical Therapy Practice**

169 FSBPT has proposed the following guidelines for PTs and PTAs (subsequently referred to collectively as  
170 physical therapy providers) utilizing telehealth technologies in the delivery of client care, regardless of  
171 any pre-existing provider/client relationship.

172 These guidelines support a consistent scope of practice and standard of care regardless of the delivery  
173 mechanism. Guidelines, position statements, or standards for telehealth developed by a professional  
174 organization or society (e.g. American Physical Therapy Association (APTA)), should be reviewed and  
175 appropriately incorporated into practice.

#### 176 **Scope of practice**

177 The following guidelines should not be construed to alter the scope of practice of physical therapy or  
178 authorize the delivery of physical therapy services in a setting or manner not otherwise authorized by  
179 jurisdictional authorities or regulatory agencies.

#### 180 **Licensure**

181 Physical therapy providers delivering care using technology must be authorized by law (licensure or  
182 certification) to practice physical therapy in the state or jurisdiction in which the client is physically  
183 located during the PT/client interaction. Physical therapy care occurs in the jurisdiction in which the  
184 client is located at the time the technology is used. Although the provider should be licensed in the  
185 jurisdiction where the client is located and must adhere to the laws defining scope of practice in that  
186 jurisdiction, the provider should not be required to be physically located in that same jurisdiction.  
187 Providers of telehealth services shall be aware of credentialing requirements at both the site where the

188 PT is located and the site where the client is located. The PT should ensure compliance with regulatory,  
189 credentialing, and accrediting agency requirements as applicable.

#### 190 **Standards of care**

191 It is the responsibility of the PT to ensure the standard of care required both professionally and legally  
192 (in the jurisdictional practice act and rules) is met. As such, it is incumbent upon the PT to determine  
193 which clients and therapeutic interventions are appropriate for the utilization of technology as a  
194 component of, or in lieu of, in-person provision of physical therapy care. Physical therapy providers shall  
195 be guided by professional discipline and existing clinical practice guidelines when practicing via  
196 telehealth.

197 Physical therapy interventions and/or referrals/consultations made using technology will be held to the  
198 same standards of care as those in traditional (face-to-face) settings. Regardless of delivery method, a  
199 physical therapy examination and evaluation must be completed prior to providing physical therapy  
200 interventions.

201 The documentation of the telehealth encounter should be held at minimum to the standards of a face-  
202 to-face encounter.

### 203 **Guidelines for Privacy and Security in Physical Therapy Practice Using Telehealth Technologies**

#### 204 **Privacy and security of client records and exchange of information**

205 Physical therapy providers should meet or exceed applicable federal and state legal requirements of  
206 medical/health information privacy, including compliance with the Health Insurance Portability and  
207 Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act  
208 (HITECH), the Affordable Care Act (ACA), and state privacy, confidentiality, security, and medical  
209 retention rules. Sufficient privacy and security measures must be in place and documented to ensure  
210 confidentiality and integrity of identifiable client health information. Methods for protection of client  
211 health information include the use of authentication and/or encryption technology, and limiting access  
212 to need-to-know (availability for those people who do require access). Transmissions, including client  
213 email, billing, and treatment records, must be secure within existing technology (i.e. password  
214 protected, electronic encryption, or other reliable authentication techniques). All provider-client email,  
215 as well as other client-related electronic communications, should be stored and filed in the client's  
216 physical therapy record, consistent with traditional recordkeeping policies and procedures. Providers are  
217 referred to "Standards for Privacy of Individually Identifiable Health Information," issued by the  
218 Department of Health and Human Services (HHS). Guidance documents are available on the HHS Office  
219 for Civil Rights website at: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

220 Specific guidelines shall be in place to address access to client records so as to ensure that unauthorized  
221 users cannot access, alter, tamper with, destroy or otherwise misuse client information. Providers and  
222 their staff should be aware of the advanced requirements for privacy and confidentiality associated with  
223 provision of services through telehealth technology at both the originating site and remote setting.  
224 Steps should be taken to ensure compliance with all relevant laws, regulations and codes for technology.



225 The physical security of telehealth equipment and the electronic security of data storage, retrieval and  
226 transmission should be maintained. Some information that is specific to delivering services via  
227 telehealth technologies that should be communicated to the client include the use of  
228 information/communications transmitted via telehealth technologies and the utilization of any passive  
229 tracking mechanisms in the collection of information. Additional considerations may include providing  
230 clients with a clear mechanism to access, supplement, and amend client-provided personal health  
231 information, feedback mechanisms regarding the quality of information and services, and a means to  
232 register complaints to the therapist, employer, regulatory board, etc.

### 233 **Administrative guidelines**

234 Policies and procedures should be periodically evaluated for currency and be maintained in an  
235 accessible and readily available manner for review. Written policies and procedures should be  
236 maintained at the same standard as traditional encounters for documentation, maintenance, and  
237 transmission of the records of the encounter using telehealth technologies. In addition to privacy  
238 mentioned previously, policies and procedures should address topics such as the required client  
239 information to be included in communications, the healthcare personnel authorized to process  
240 electronic communications, and archival and retrieval of the data. Procedures should be written to  
241 ensure the safety and effectiveness of equipment through ongoing maintenance. Additionally, when  
242 relevant, infection control policies and procedures should be followed for shared, multi-user equipment.  
243 It is imperative that the physical therapy providers and/or the larger healthcare organization have  
244 quality-oversight mechanisms in place.

### 245 **Technical guidelines**

246 Physical therapy providers need to have the minimal level of understanding of the technology to ensure  
247 safe, effective delivery of care. Additionally, arrangements should be made to ensure access to  
248 appropriate technology support as needed. Providers should take appropriate measures to familiarize  
249 themselves with equipment and safety issues with client use. As is good practice with any equipment  
250 utilized, all providers should be fully aware of the capabilities and limitations of the telehealth  
251 technology they intend to use. All providers should have an appropriate plan prior to delivering services  
252 ensuring that the equipment is sufficient to support the encounter, is available and functioning properly,  
253 and all personnel using the telehealth equipment are trained in equipment operation and  
254 troubleshooting.

255 Physical therapy providers should have strategies in place to address the environmental elements of  
256 care including the physical accessibility of the treatment space as well as usability of equipment. This is  
257 essential in physical therapy telehealth applications as considerations must be made for clients who  
258 have a variety of impairments in areas such as fine/gross motor skills, cognition, speech, and language.  
259 Providers should also consider possible modifications to accommodate clients with visual or hearing  
260 impairments.

### 261 **Emergencies and Client Safety Procedures**

262 When providing telehealth services, it is essential to have procedures in place to address technical,  
263 medical or clinical emergencies. Emergency procedures need to take into account local emergency plans  
264 as medical emergencies will most often be handled through the typical chain of emergency procedures  
265 such as notifying the client’s emergency contact, notifying local physician, or calling local emergency first  
266 responders. Redundant methods of communication between both parties need to be established prior  
267 to providing telehealth services in case of technical complications. It is the responsibility of the provider  
268 to inform the client of these procedures; furthermore, it is the responsibility of the provider to have all  
269 needed information to activate emergency medical services to the clients’ physical location if needed at  
270 time of the services are being provided. If during the provision of services the provider feels that the  
271 client might be experiencing any medical or clinical complications or emergencies, services will be  
272 terminated and the client referred to an appropriate level of service.

### 273 **Conclusion**

274 Advancements in technology have created expanded and innovative treatment options for clinicians and  
275 clients while posing challenges to physical therapy regulators. The delivery of physical therapy services  
276 by or under the supervision of a physical therapist via telehealth is physical therapy, falling under the  
277 purview of corresponding state jurisdictional bodies and the respective practice act and regulations.  
278 Regulators must consider care delivered in this manner as physical therapy first, telehealth second and  
279 ignore any impulse to draft a new set of “telehealth” rules, instead relying on the existing regulatory  
280 framework for physical therapy.

281

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