



Mann Therapies, LLC



Mann Method  
PT and Fitness, PLLC

## HIPAA Patient consent form Patient Consent for Use and Disclosure of Protected Health Information

- ❖ I hereby give my consent for **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). (The Notice of Privacy Practices provided by **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** describes such uses and disclosures.)
- ❖ I have the right to review the Notice of Privacy Practices prior to signing this consent. **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to
  - **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC**
  - **Sarah Mann, PT, DPT, MBA, NSCA-CPT**
  - **13825 W. 85<sup>th</sup> Drive, Suite 200, Arvada, CO 80005**
- ❖ With this consent, **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care.
- ❖ With this consent, **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked “Personal and Confidential.”
- ❖ With this consent, **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.
- ❖ By signing this form, I am consenting to allow **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** to use and disclose my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Mann Method PT™ & Fitness, PLLC/Mann Therapies, LLC** may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

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Print Patient’s Name

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Date

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Print Name of Patient or Legal Guardian, if applicable