



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 Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** describes such uses and disclosures.)
- ❖ I have the right to review the Notice of Privacy Practices prior to signing this consent. **Mann Method Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC**
 - **Sarah Mann, PT, DPT, MBA, NSCA-CPT**
 - **8565 Five Parks Drive Suite 240, Arvada, CO 80005**
- ❖ With this consent, **Mann Method Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** 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 Physical Therapy and Fitness, PLLC** may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient’s Name

Date

Print Name of Patient or Legal Guardian, if applicable