



Mann Method PT and Fitness, PLLC

8565 Five Parks Drive Suite 240

Arvada, CO 80005

Health Insurance Portability and Accountability Act (HIPAA)

Email Consent

Date: _____

I, _____, have requested that my physical therapist, Sarah Mann, communicate with me via email. Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Per the HIPAA Privacy Rule, covered health care providers can communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 C.F.R. § 164.530(c). Per Section 164.314(a) of HIPAA, it is the responsibility of the health care provider to ensure that everyone involved in handling such confidential and protected health information complies with the safeguards established by the HIPAA laws.

My physical therapist may:

- Email me information such as home exercise programs or appointment reminders
- Email me evaluation or progress notes (protected health information)
- Send me email messages at the following address:

Patient Name: _____

Patient/Parent/Legal Guardian Signature: _____

Date: _____