



13825 W. 85th Drive, Suite 20
Arvada, CO 80005

Consent for Electronic Communications

Patient Name (“Patient”): _____

Email Address: _____

By signing below, Patient (or legal guardian/personal representative on behalf of Patient) consents to correspond with Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC via unencrypted emails and other means of non-secure electronic communications (collectively, “Electronic Communications”).

1. Risks of using Electronic Communications:

Patient (or legal guardian/personal representative on behalf of the Patient) acknowledges and understands that the transmission of Patient information by Electronic Communications with Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC includes but is not limited to the following risks:

- Electronic Communications may be circulated, forwarded, stored electronically and on paper, and sent to unintended recipients;
- Backup copies of Electronic Communications may exist even after the sender and/or the recipient has deleted his or her copy;
- Employers and internet/computer companies may have a right to inspect Electronic Communications sent via its systems;
- Electronic Communications may not be secure or encrypted, and therefore, it is possible that the confidentiality of such Electronic Communications may be breached, intercepted, taken, or used without authorization or detection; and
- Electronic Communications may be lost in transmission.

2. Conditions for the use of Electronic Communications:

Because of the risks outlined above, Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC cannot guarantee the security and confidentiality of Electronic Communications. Except with respect to gross negligence or willful and wanton negligence by Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC, Patient, including Patient’s heirs, assigns, administrators, and legal guardians/personal representatives, waives and releases all claims against Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC (including its owners, members, directors, officers, agents, contractors, shareholders, interns, students, and employees) for any damages or injuries to person or property that are the result of a use or misuse of Electronic Communications by Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC.

Patient (or legal guardian/personal representative on behalf of the Patient) acknowledges, understands, and agrees to the following conditions for using Electronic Communications with Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC:

- Electronic Communications shall not be used for urgent or emergency situations (**instead, call 911**);
- Electronic Communications may become part of the Patient’s file;
- Although Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC staff and practitioners will try to respond promptly to Electronic Communications, Patient understands that Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC cannot guarantee that any particular Electronic Communication will be responded to within a specific period of time;
- If the Patient’s Electronic Communication requires a response from Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC and the Patient has not received a response within a reasonable time period, it is the Patient’s responsibility to follow up with Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC to determine whether the intended recipient received the Electronic Communication and when a response will be provided;



- Patient shall inform Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC in writing of any changes to contact information utilized for Electronic Communications;
- Patient shall send a reply message or delivery receipt to Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC to acknowledge Patient's receipt of any Electronic Communications from Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC; and
- To withdraw consent to Electronic Communications with Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC, Patient shall notify Mann Method PT™ & Fitness, PLLC and Mann Therapies, LLC in writing.

Printed Name of Patient

Signature

Date

Printed Name of legal guardian/personal representative

Signature

Date

Legal guardian/Personal representative's relationship to Patient (if applicable)