Pinnacle Kidz
Pediatric Physical Therapy

Consent to transmit protected health information via email

I, the parent/guardian of _____ (child's name) have requested that documents or information containing my child's protected health information be emailed to me. I attest that I have been notified by Pinnacle Physical Therapy, Inc. that unencrypted email may not be a secure form of transmission for protected health information and I agree to assume this risk. I acknowledge that I have been notified of alternate options for receiving the requested documents that are considered safer forms of protected health information transmission. I understand that these alternate options could include fax transmission to a secure or private line, standard mail (postage fees apply), or that I may pick up copies of the requested documents in person. By signing this form, I acknowledge that I fully understand the risk associated with transmitting my child's protected health information via unencrypted email and I give my consent to Pinnacle Physical Therapy, Inc. to utilize this form of communication and medical records transfer. I also understand that this authorization is valid until I revoke this consent, which I can do at any time.

Patient/Child's name: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date:_____