

E-MAIL CORRESPONDENCE CONSENT (eIVF version)

APPROPRIATE PURPOSE FOR E-MAIL CORRESPONDENCE

E-mail may be used to request information and ask non-urgent questions. **It is NOT to be used for emergencies or for time sensitive issues related to your medical care.** Please contact your physician by phone with questions or concerns that are time sensitive. E-mail correspondence is reviewed by Boston IVF and IVF New England during regular business office hours. Reply to e-mail may occur on the following business day. If you experience a sudden or severe change in your health, or otherwise need an immediate response, please contact 911 immediately.

PATIENT RESPONSIBILITY

Requests to change your e-mail address on record must be made to our Registration Department or your physician's Administrative Assistant. Changes made in regards to your e-mail correspondence will be documented in your medical record. You may revoke consent to use e-mail as a form of correspondence in writing at any time, except to the extent the practice has already made disclosures.

PRIVACY RECOMMENDATIONS

We cannot and do not guarantee the privacy or security of any messages being sent over the Internet. There is the potential that e-mail sent over the Internet can be intercepted and read by others. Additionally, you should be aware of and understand that if you use e-mail provided by your employer, your employer may view any e-mail sent on your employer's system.

E-MAIL USE ACKNOWLEDGEMENT

I have been informed of and understand the risks and requirements involved with using e-mail as a form of correspondence. I understand that the confidentiality of my individually identifiable health information may be compromised when sent through electronic transmission via e-mail. I agree to the terms listed above, and I hereby voluntarily accept e-mail as one form of communication with my physician and staff at Boston IVF / IVF New England.

Patient/Guardian Signature

Date

Print Name

_____/_____/_____
Date of Birth