

IVF FLORIDA REPRODUCTIVE ASSOCIATES

Electronic Communication Consent

E-mail communication provides a fast and easy way to communicate with your healthcare provider for issues that are non-emergent, non-urgent or non-critical. It is not a replacement for interpersonal contact that is the very basis of the patient-physician relationship; however, can support and strengthen an already established relationship. The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Considerations

- E-mail communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard e-mail services, such as AOL, Optonline, Yahoo and HotMail are not secure. This means that the e-mail messages are not encrypted and can be intercepted and read by unauthorized individuals. Transmitting e-mail that contains protected health information through an e-mail system that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act.
- Your e-mail address will not be used for external marketing purposes without your permission. You may receive a group mailing from the practice, however, the recipients e-mail addresses will be hidden.

Provider Responsibilities

- The provider will attempt to electronically confirm your e-mail address by requesting a return response to all e-mail messages.
- Your provider may route your e-mail messages to other members of the staff for informational purposes or for expediting a response.
- Designated staff may receive and read your e-mail.
- The provider will make every attempt to respond to your e-mail message within 2 business days. If you do not receive a response from the provider within 2 business days, please contact the Practice.
- Copies of e-mails sent and received from and to you will be incorporated into your medical record. You are advised to retain all electronic correspondence for your own files.

Patient Responsibilities

- If you do receive an e-mail from US Fertility or IVF Florida and you do not wish to continue any electronic communication with US Fertility or IVF Florida, at the time you receive the e-mail, you will have the option to “opt out” of receiving e-mails.
- E-mail messages should not be used for emergencies or time sensitive situations. In the event of a medical emergency, you should contact 911. For emergent or time sensitive situations, you should contact your healthcare provider through the office.
- E-mail messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via e-mail.
- Please key in your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the e-mail.
- Please acknowledge that you received and read the provider’s message by return e-mail to the provider.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my healthcare provider. I acknowledge that commonly used e-mail services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information. I have been given the opportunity to discuss electronic communication with my healthcare provider and have had all my questions answered. In consideration for my desire to use electronic communication as an adjunct to in-person office visits with my provider, I hereby consent to electronic communication via non-secure e-mail services. I understand that I may revoke my consent to communicate electronically at any time by notifying IVF Florida Reproductive Associates in writing; however, if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.

I agree to release my provider and the practice from any and all liability that may occur due to electronic communication over a non-secure network. I further agree to be held accountable to comply with the patient responsibilities as outlined above.

Patient’s Authorized E-mail Address

Patient Signature

Date

Partner’s Authorized E-mail Address

Partner Signature

Date