



E-MAIL COMMUNICATION & TELEHEALTH CONSENT

Genetics & IVF Institute (“GIVF”) would like to offer the opportunity for our patients to receive certain services via remote telehealth technology (“telehealth”) and to communicate by email (together “electronic health services”). While there are many benefits to using electronic health services, transmitting audio, video, images, and other types of patient information electronically does pose several risks. Thus, patients must consent to the use of telehealth services and email communication before proceeding with treatment.

APPROPRIATE PURPOSE FOR ELECTRONIC HEALTH SERVICES

The types of services that may be provided by GIVF using Telehealth include consultation, diagnosis, treatment, and patient education. Your GIVF provider will determine in his/her sole discretion whether the condition being diagnosed or treated is appropriate for Telehealth. Your GIVF provider may need to exchange information with other remote health care providers to facilitate provision of Telehealth services in accordance with applicable law. When you consent below, e-mail may be used to share and request information and for you to ask non-urgent questions; it is NOT to be used for emergencies or for time sensitive issues related to your medical care.

PATIENT RESPONSIBILITY

Please contact your patient care coordinator by phone with questions or concerns that are time sensitive. E-mail correspondence is reviewed by GIVF during regular business office hours and replies, if required, will regularly occur on the next business day but no later than the end of the second business day following GIVF’s receipt of the e-mail. 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 sent emails to you. Requests to change your e-mail address on record or your e-mail communication consent must be made in writing to our Scheduling Office and will be documented in your medical record. You may also request to consent to Telehealth but not consent to the use of e-mail communication at any time.

PRIVACY CONSIDERATIONS

Telehealth. The telehealth platform(s) used by GIVF includes security measures such as encryption to protect electronic information stored or transmitted during telehealth services – however, there may be potential risks to the privacy and security of your information notwithstanding those security measures.

E-mail. GIVF will use reasonable means to protect the security and confidentiality of email information sent and received— however, we cannot guarantee the security of email communication. 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.

ACKNOWLEDGEMENT AND AGREEMENT

I/We have been informed of and understand the risks and requirements involved with receiving services via Telehealth and using e-mail as a form of correspondence. I/we agree to hold GIVF harmless for information lost or improperly accessed due to technical failures. I/we authorize my GIVF provider to exchange information with other remote health care providers to facilitate the provision of Telehealth services to the extent permitted by applicable law. I/we acknowledge that no guarantees have been made regarding the effect of any care or treatment, whether in-person or using Telehealth technology, on any medical condition I/we may have.

I/we have read this document carefully and I/we hereby consent to receive services via Telehealth and to use e-mail as a form of communication under the terms and conditions described above.

PATIENT/INTENDED PARENT:

Printed Name: _____

Preferred Email: _____

PARTNER: N/A

Printed Name: _____

Preferred Email: _____

I/we agree to the following communications via email: Scheduling Medical, including test results Financial

Signature: _____

Date: _____

Signature: _____

Date: _____