

E-MAIL CONSENT FORM

I hereby authorize Advanced Reproductive Medicine and Gynecology of Hawaii, Inc. and Fertility Institute of Hawaii to correspond with me using electronic mail (e-mail). This form provides guidelines for the intended use of this type of communication and documents your consent.

IN A MEDICAL EMERGENCY, DO NOT RELY ON E-MAIL. PLEASE CALL 911.

Generally, e-mail correspondence is between the provider and an adult patient at least 18 years of age, or a parent or legal guardian of a minor.

Unless your provider informs you that all e-mail messages will be conducted via a secure server, consider e-mail to be like a postcard that can be viewed by unintended recipients. Please consider that e-mail can be circulated, forwarded, and stored in numerous files, e-mail senders can misaddress e-mail, e-mail can be used to introduce viruses into computer systems, e-mail can be used as evidence in court, e-mail can be intercepted, altered, forwarded, or used without authorization, our office as well as online providers have the right to archive and inspect e-mails that are transmitted using their systems, backup copies of e-mail may still exist even after the sender or the recipient has deleted his/her copy, and with e-mail communication, there is the ability to falsify documents.

E-mail is to be used for non-urgent and non-sensitive issues or questions. Types of information that is appropriate for an e-mail include:

- Ultrasound photos
- Questions about medications or prescriptions
- Appointment scheduling
- General lab results (i.e. hormone levels and the like)
- Routine follow-up inquiries
- Description of treatment cycle, protocol, medications, and procedures

E-mail communication must never be used for lab results and communication as it relates to HIV testing, sexually transmitted diseases, hepatitis, drug abuse, presence of malignancy, or for alcohol or mental health issues.

Please discuss with your provider the expected wait time in which to receive a response by e-mail. If this time is exceeded or you require an answer sooner, please call your provider.

Disclaimer: Advanced Reproductive Medicine and Gynecology of Hawaii, Inc. and Fertility Institute of Hawaii are not responsible for any e-mail messages that fail to be delivered due to technical failure, inadequate data storage capacity, or those that may be lost. We will not be liable for improper disclosure of confidential information that is not caused by our (the provider's) intentional misconduct.

I have read and understand the information stated above, and have no questions at this time in regards to the policy presented. I agree to the guidelines for e-mail communication. I understand that at any time I may discontinue this authorization by contacting Advanced Reproductive Medicine, Inc. or Fertility Institute of Hawaii.

Name: _____

E-Mail Address: _____

Signature of patient, parent, or representative

Relationship

Date