



Authorization for E-Mail as a Communication Means

We at New England Reproductive Medicine and Surgery, LLC (hereafter known as NERMAS) respect your right to confidential communications as well as your right to direct how communication occurs. We offer communication via e-mail as a convenience. Since e-mail is inherently not secure, we will only communicate with you via e-mail with your written authorization. This communication could contain information about appointments, financial responsibilities, and care coordination activities. This communication method also includes e-mails NERMAS generates to you via Square and Meditouch/Nextgen. We will limit information sent via e-mail to the minimum necessary.

Acknowledgements

E-Mail Risks: I understand that these e-mails will not be encrypted and the risk of exposure of my health information exists. These e-mails can be inadvertently misdirected by the sender or intentionally intercepted by third parties. NERMAS cannot and does not guarantee the security of these e-mails, nor is it responsible for e-mails that are lost due to technical failure during transmission and/or storage.

Privacy and Confidentiality: I understand that the content of an e-mail may be viewed by any person who has access to my computer/phone. The use of electronic communication means that my confidentiality cannot be guaranteed according to HIPAA regulations.

Ending E-Mail Communication: I understand that I may revoke at any time the authorization thereby ending e-mail communications with NERMAS. The revocation must be in writing via email or by letter notifying NERMAS. The notification to end e-mails will not impact any e-mails that have already been initiated at the time of my notification.

Change in E-Mail Address: I understand that it is my responsibility to notify NERMAS when my e-mail address changes.

Timeframe of E-Mails: I understand that this authorization is valid only while in a treatment relationship with NERMAS.

Purpose of E-Mails: NERMAS does not encourage e-mail for purposes other than routine communication. I understand that if e-mail is chosen to be used in the event of emergency or an urgent request, contact must also be made via phone to the office.

Authorized E-Mail Address

Initial **ONE** Line Below:

_____ **I confirm I have read and understand the above Acknowledgements and I hereby *authorize* NERMAS to communicate with me via e-mail to the authorized e-mail address provided above.**

_____ **I confirm I have read and understand the above Acknowledgements and I hereby *decline* e-mail messages as a communication means with NERMAS. I understand that by doing so I have also opted out of appointment reminders, paperless statements, and paperless visit summaries/flowsheets.**

Printed Name of Patient

Date of Birth

Signature of Patient / Guardian

Date