

AUSTIN FERTILITY SURGERY CENTER

Email Informed Consent

Many patients prefer the convenience of electronic mail (“e-mail”) to other forms of communication. Austin Fertility Surgery Center offers established patients the opportunity to communicate by e-mail on weekdays during the normal business hours of 8:30 a.m. to 4:00 p.m. E-mail communications will not be monitored during off-hours, holidays, or weekends.

Austin Fertility Surgery Center will make every effort to read and respond to an e-mail from you within two (2) working days. However, Austin Fertility Surgery Center cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Therefore, should you need immediate assistance or in the event of technological or equipment failure, please call the office at (512) 614-4830.

Patients will be required to meet face-to-face with the physician BEFORE any e-mail communications are accepted by Austin Fertility Surgery Center.

For routine matters that do not require immediate response, please feel free to e-mail our office staff. Please remember, however, that this form of communication is not appropriate for use in an emergency.

The following types of information may be disclosed through e-mail:

- Scheduling inquiries
- Non-urgent medical questions
- Billing or insurance questions
- Requests for educational materials
- Test and lab results

Patient Treatment and Diagnosis: All e-mails to or from patients concerning diagnosis or treatment will be printed out and filed in the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those e-mails. Note that all e-mail is retained in the record of the system sending the e-mail.

Disclosures within Austin Fertility Surgery Center Office: Austin Fertility Surgery Center may forward e-mails internally to Workforce Members as necessary for diagnosis and treatment.

Although Austin Fertility Surgery Center acknowledges the conveniences of e-mail, transmitting patient information by e-mail has a number of risks that you should seriously consider prior to using e-mail. These risks include, but are not limited to, the following:

- E-mail is subject to transmission errors.
- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcasted worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily send an e-mail to the wrong address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.

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- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.
- E-mail can be hacked.
- E-mail is subject to malware, spam, phishing, and use by third parties for malicious or other purposes that can harm you.
- When communicating from work, you should be aware that some companies consider e-mail corporate property and your messages may be monitored. Even when emailing from home, you may feel access to your e-mail is not well controlled, so you should take that into consideration.

Taking into account these risks, Austin Fertility Surgery Center will use reasonable means to protect the security and confidentiality of e-mail communications as required by HIPAA, HITECH and Texas Law. However, it is impossible for Austin Fertility Surgery Center to guarantee the security and confidentiality of e-mail communications. Should confidential information be improperly disclosed, through no fault of Austin Fertility Surgery Center, Austin Fertility Surgery Center will not be liable for such disclosures.

E-MAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES. IN THE EVENT OF AN EMERGENCY—CONTACT 911 IMMEDIATELY.

By consenting to communicate with Austin Fertility Surgery Center through e-mail, you also agree to the following responsibilities:

- If you send an e-mail to Austin Fertility Surgery Center that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify Austin Fertility Surgery Center that the e-mail was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should mail, by certified mail, and NOT use e-mail to make disclosures about sensitive medical information such as:
 - Substance Abuse
 - AIDS/HIV
 - Mental Health Disorders
 - Sexually Transmitted Diseases
 - Work related injuries and disability issues
- It is your responsibility to inform Austin Fertility Surgery Center of any changes to your e-mail address.
- When sending an e-mail, please put the subject of your message in the subject line so that we process it more efficiently. Also, be sure to include your full name and return phone number in the body of the message.
- We also request that you acknowledge receipt of e-mail coming from this office by using the auto-reply feature.

Should you want to restrict any other kind of information that may be disclosed through the use of e-mail, please list the restrictions below:

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Austin Fertility Surgery Center is not required to comply with your request in all instances. If it chooses not to comply (as permitted by law), it will not communicate with you via e-mail. If your request is approved, please understand that the restriction will not apply in case of an emergency or when disclosure is otherwise required by law.

Should you wish to revoke this consent, revocation must be made in written form or e-mail. In either case, the revocation must be addressed to Christi Schunek, who may be contacted at the following address or e-mail: 6500 North Mopac Expressway, Building 1, Suite 1200, Austin, Texas 78731, or Christi@txfertility.com.

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PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand this consent form.

I understand the risks associated with the communication of e-mail as set forth in this consent form.

Despite the risks associated with e-mail, I agree that Austin Fertility Surgery Center and Austin Fertility Surgery Center's Workforce may use e-mail to facilitate communications about me. I understand that disclosures regarding my child's treatment and diagnosis, if applicable, may be made to not only me but also internally within Austin Fertility Surgery Center's office or to appropriate third parties for services such as billing and/or treatment.

Patient Name: _____

Date of Birth: _____

Patient /Legal Representative Signature: _____

Date: _____

Witness: _____