

# PATIENT CONSENT FOR USE OF ELECTRONIC MAIL

## 1. RISK OF USING E-MAIL

Reproductive Medicine Associates of Pennsylvania (RMAPA) offers patients the opportunity to communicate with clinicians by e-mail. RMAPA uses a secure mail system that automatically encrypts, blocks and/or re-routes outbound email and documents based on centrally defined policies. This ensures compliance with government and industry privacy and security mandates including HIPAA, GLBA, SOX, FISMA and PCI. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before giving consent. These risks include, but are not limited to:

- a. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. E-mail can be immediately broadcast worldwide and be received by both intended and unintended recipients.
- c. E-mail senders can misaddress e-mail.
- d. E-mail can be more easily falsified than handwritten or signed documents.
- e. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- f. Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- g. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h. E-mail can be used to introduce viruses into computer systems.
- i. E-mail can be used as evidence in court.

## 2. CONDITIONS FOR THE USE OF E-MAIL

RMAPA will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, RMAPA cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment will be printed out and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel will have access to those e-mails.
- b. RMAPA may forward e-mails internally to RMAPA's staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling. RMAPA will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- c. Although RMAPA will endeavor to read and respond promptly to e-mail from the patient, RMAPA cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time-sensitive matters.
- d. If the patient's e-mail requires or invites a response from RMAPA, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.

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- e. The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, issues of abuse, developmental disability, or substance abuse.
- f. The patient is responsible for informing RMAPA of any types of information the patient does not want to be sent by e-mail, in addition to those set out in (e) above.
- g. The patient is responsible for protecting his/her password or other means of access to e-mail. RMAPA is not liable for breaches of confidentiality caused by the patient or any third party.
- h. RMAPA shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.
- i. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

### 3. INSTRUCTIONS

To communicate by e-mail, the patient shall:

- a. Limit or avoid use of his/her employer's computer.
- b. Inform RMAPA of changes in his/her e-mail address.
- c. Put his/her name in the body of the e-mail.
- d. Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing questions).
- e. Review the e-mail to make sure it is clear and that all relevant information is provided before sending to the Provider.
- f. Inform RMAPA that the patient received e-mail from RMAPA.
- g. Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding his/her computer password.
- h. Withdraw consent only by e-mail or written communication to the Provider.

### 4. ELECTRONIC CONSENTS

Patients are provided the option of completing treatment consents in person at any RMAPA location, offsite in the presence of a notary public, or using the electronic DocuSign® system. If you wish to use DocuSign®, a completed *Consent for Use of Electronic Mail* must be on file. DocuSign® provides full document encryption to ensure data privacy. Please note that electronic signatures submitted through DocuSign® are secure and legally binding. Therefore, RMAPA stresses the importance of keeping your email account password protected.

In addition, DocuSign® recommends keeping your user IDs and passwords safe by following these tips:

- Use a strong password that is difficult for others to guess and avoid birthdays, names, and pet's names.
- Never write down your password or share it with others.
- Never provide your DocuSign® account login or password, credit card number, or other personal information via email or to unknown parties.

DocuSign® will never ask you for your password. Exercise caution using public computers: Public web browsers can cache personal data and store login details. Always log off of web sites and clear the browser cache to protect your personal information, passwords, and accounts.

**PATIENT CONSENT FOR USE OF ELECTRONIC MAIL**

<b>PATIENT</b>	<b>PARTNER (If applicable)</b>
Name (Please Print): _____	Name (Please Print): _____
Date of Birth: _____	Date of Birth: _____
E-mail address: _____	E-mail address: _____

**PATIENT ACKNOWLEDGMENT 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 between Provider and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Provider may impose to communicate with patients by e-mail. I understand that I may withdraw my consent for email communication at any time by notifying my RMAPA Provider in writing. Any questions I may have had were answered.

Patient Signature: \_\_\_\_\_ Partner Signature (*if applicable*): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTS MUST BE WITNESSED BY AN RMAPA STAFF MEMBER OR NOTARIZED AND  
DATED THIS SECTION IS TO BE COMPLETED BY NOTARY  
CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_ before me \_\_\_\_\_, Notary Public in and for said county personally appeared \_\_\_\_\_, who has satisfactorily identified him/her as the signer or witness to the above-reference document.

Office Use Only - Consent reviewed and entered by: \_\_\_\_\_

## PATIENT CONSENT FOR USE OF ELECTRONIC MAIL

### **General RMA Communication Opt-Out:**

By signing this form, you are **opting out** of receiving email/text/SMS communication from Reproductive Medicine Associates, PC (RMA) regarding general RMA updates, announcements, and new scientific, educational, or support information. You may unsubscribe from receiving general communication at any time by using the unsubscribe feature or emailing [marketing@ivirma.com](mailto:marketing@ivirma.com).

Your privacy is very important to us. Your email will not be shared outside of the RMA provider network.

#### **Patient opt-out**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Partner opt-out (if applicable)**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_