ELECTRONIC COMMUNICATIONS TO PATIENTS

Four Seasons Women's Health is pleased to offer EHR as a convenience to communicate electronically with you under the conditions and terms outlined below.

Use of Electronic Communication

Please check the appropriate box below:

- Yes, I want Four Seasons Women's Health to communicate my information with me through a secure system that is designed to keep that information safe. I will be notified via email when there is secure information to be reviewed. The email will provide a link to the secure site. After clicking on the link, I will need to make note of the password to access any future information.
  The following is the email address to use to notify me that there is information awaiting review:
  Email address: ____________________________
  When choosing your email address, please consider the privacy implications; for example, any other person that may have access to your email address or any other person, such as your employer, that may have the right and/or ability to review all email received at your work address.

- No, I do not want Four Seasons Women's Health to use electronic communications as a way to communicate my information to me.

Four Seasons Women's Health Email Guidelines

- The patient is responsible to notify Four Seasons Women's Health promptly of any changes to their email address.
- All Four Seasons Women's Health electronic communications to you are recorded in your medical record. Those who have access to your medical record also have access to the email messages sent to you.

Confidentiality and Privacy

- Four Seasons Women's Health will not share your email address with anyone unauthorized to view your medical record.

Consent and Agreement

I have carefully reviewed this document and agree to fully comply with the guidelines defined herein for electronic communication from Four Seasons Women's Health. I understand that the service will be offered at no charge and that I will be notified if and when a fee is administered for the service.

___________________________  ________________________
Name                        Date