

Tel: 213-975-9990 Fax: 213-975-9997

USCFertility.org

EMAIL COMMUNICATION POLICY

For many patients, email serves as an effective form of communication with their nurse or doctor. Though in many instances email communication may be very efficient, there are several things that you must consider.

- If you request to communicate with a physician or staff member of our office via email, it is
 possible that such email could be received by a person other than yourself unintentionally;
 therefore it possible that any Protected Health Information contained in such an email would be
 viewed by someone other than yourself.*
- Our email program is not part of a secured system; therefore it is not protected by a firewall.
- Every effort is made to have all incoming emails into our system read within 48 hours.
 However, this is not always possible. Therefore, if you have received a response within 72 hours, do not assume that your email has not been read. At this point, you should try to reinitiate contact with whomever you are trying to reach either by email or through a direct phone call to the office.
- Urgent matters should NOT be addressed by email. This includes, but is not limited to: immediate prescription refill requests, appointment requests, and medical complications.
- Emergency matters should **NOT** be addressed by email. This includes, but is not limited to: abdominal pain, bleeding, fevers, post-operative complications.

If you have an emergency during office hours, please call the office immediately. If you have an emergency either during the receptionists' lunch hour (12 - 1 PM) or after hours, call the office and follow the instructions on the voicemail to leave an urgent message. At this point, the doctor on call will be paged immediately. If you do not hear back from the doctor on call within 15 minutes, call the office back and leave another urgent message. The office number is 213-975-9990.

*Confidential health information is protected by the state and federal law including, but not limited to, the Health Portability and Accountability Act of 1996 and related regulations.

| The signature below s | signifies that I have re | ad the above Email | Communication Policy | y and agree to |
|-----------------------|--------------------------|--------------------|----------------------|----------------|
| abide by it. | | | | |
| | | | | |

Date

Signature of patient or patient's representative