

EXHIBIT A

**REQUEST FOR COMMUNICATION VIA EMAIL  
BETWEEN PATIENT AND HEALTH CARE PROVIDER**

Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_  
(mm/dd/yyyy)

Patient's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Patient's Primary Phone Number: \_\_\_\_\_

Patient's Email Address: \_\_\_\_\_

Care New England –Individual Provider/Practice Provider/Hospital Provider (“Provider”)<sup>\*\*\*</sup>: \_\_\_\_\_  
Center for Reproduction and Infertility, Women & Infants Hospital, 101 Dudley Street, Providence, RI 02905  
Fax: 401-453-7598

**\*\*\*Listing a Practice Name or Hospital will allow the clinicians in the named practice or hospital, or an appropriate designee of such clinician, to communicate with you by email\*\*\***

I, the patient (or representative of the patient) identified above, request the Provider identified above to communicate private medical information concerning me (or the patient) via email. I make this request with the understanding that communication by email is not considered secure, and that the use of email creates a risk that private information may be misdirected, disclosed to or intercepted by unauthorized or unintended recipients. **I hereby certify that I have read and understand the Risks of Communicating Private Information by Email, which appears on the reverse side of this document, and I further agree that:**

- **I will not use email for medical emergencies or other time-sensitive matters.**
- I have reviewed the email address indicated above, and I confirm that it is correct and accurate, and I confirm that it is my private email address and not that of a relative, friend, employer or other party. I will promptly inform the health care provider identified above of any change to my email address.
- I acknowledge that any email exchanged between me and the Care New England Health System or any of its health care providers may be included in my medical record.
- I understand that Care New England Health System and/or Providers may use and/or disclose my emails and their contents to the same extent such Providers may use and disclose protected health information in other forms.
- I will not use any social media (e.g., Facebook, Twitter, etc.) to communicate with the Provider.
- **I may request to receive unencrypted emails but such request must be in writing, via email or other documentation.**
- I may revoke this request, but my revocation will not be effective unless and until it is communicated in writing to the health care provider identified above.
- I acknowledge that I have read and understand this form, and I understand the risks associated with the communication between a Provider and me. I shall hold Care New England Health System and its hospitals and other affiliated organizations and health care providers, as well as the employees, agents, officers, medical staff members, directors and representatives of all such organizations, harmless from any and all claims and liabilities arising from or related to this request for communication via email.

**I request to not have emails sent to me to be routinely encrypted for privacy and security.  
I give permission for my email communications to be shared with third parties per my provider's discretion.**

**RISKS RELATED TO COMMUNICATING PRIVATE INFORMATION BY EMAIL**

Before requesting that any Provider use email to communicate with you about your protected health information, you must read the information that appears below. Please ask for an explanation if any part of this document is unclear.

- If you request, via email or otherwise, unencrypted emails, you should be aware that sending an unencrypted email is like sending a post card through the U.S. Mail without enclosing it in an envelope. The content of the email is visible to others while it travels from the sender to the recipient. Therefore, when using unencrypted emails you should exclude from your email communication any information that you would not want other parties to know.
- The Provider might not see an email you send to him or her or might not be able to read your mail for a long time until after you send it. Therefore, if you believe you might have an illness, injury or other condition that might require prompt attention, you should not rely on email to request service. Instead, you should seek medical attention through other means.
- You should not use email to communicate sensitive medical information, such as information concerning sexually transmitted diseases, AIDS/HIV, developmental disabilities, mental health or substance abuse.
- Email messages sent from or received on a computer, smart phone or other device may be visible to other users of that device. Therefore, you should avoid accessing or sending health information or other private information on a device that you do not own or control, such as a computer at your work place.
- Emails sent from or received at a non-private email address, such as an address on an employer’s email system, are generally visible to others. Therefore, you should only use your own, private email address to send or receive private information.
- Email users sometimes make mistakes in typing the recipient’s email address. Accordingly, the misdirection of an email message to an unintended recipient may easily occur.
- Once you send an email, you may not cancel the email or stop its transmission.

Patient’s Signature: \_\_\_\_\_  
(Print and Sign)

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative’s Name (printed)

\_\_\_\_\_  
Relationship to Patient