

Center for Women's Health

ADVANCED AND PERSONALIZED CARE FOR WOMEN

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Patient Consent for Use of Email Communications

To better serve our patients, this office has established an email address for some forms of communication. For routine matters that do not require immediate response, please feel free to contact us at info@mywomensdoc.com. Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communications is 24-48 hours. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending email, please include a subject in the subject line so we can process it more efficiently. Also, be sure to put your name, date of birth, and return telephone number in the body of the message.

We also ask that you acknowledge receipt of emails coming from this office by using the auto reply feature.

Communications relating to diagnosis and treatment will be filed in your medical record.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Please take into consideration that when emailing from home, access to your email may not be well controlled. In addition, you should be aware that, although addressed to a particular person, all staff and/or physicians would have access to this information.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

By signing below, you are agreeing that we may send medical related/billing correspondence to you via email, and that we may respond to your emails to us via email.

Check here if you DO NOT give consent to the use of email communications & sign below.

Patient Name

Patient Signature

Date

Witness (optional)

Email address (please PRINT)

Revised 09/13/2017