

**Island Reproductive Services**

www.islandreproductive.com

Eric Knochenhauer, MD

Michael Traub, MD

237 Richmond Valley Road  
Staten Island, NY 10309  
Phone (718) 848-6100  
Fax (718) 948-6114

3000 Hadley Road  
South Plainfield, NJ 07080  
Phone (908) 412-9909  
Fax (908) 412-9910

**CONSENT FOR EMAIL COMMUNICATION**

I, \_\_\_\_\_, understand that email may be used to communicate with my physician, either DR KNOCHENHAUER or DR TRAUB. I understand that my physician may not check his email messages on a regular basis. I further understand that email should not be used for any emergency. I have been given the office number (718) 948-6100 which gives me access 24-hours per day to my physician in an emergency.

I understand that certain information cannot be transmitted via email, including but not limited to certain lab results such as HIV results. I understand my physician may require a follow up visit to discuss certain lab results or testing.

I understand that complete privacy is not possible with electronic email.

I understand that email is not a substitute for recommended appointments or testing by my physician.

I understand that through no fault of my physician it is possible that I may send an email to my physician and he may not receive it, and furthermore, that it is my responsibility to follow up in person or by phone on any email messages sent to my physician if I do not get a response.

I hereby certify that any email address that I provide my physician now or in the future is/will be an email that I control and access. I understand that it is my responsibility to make sure that no other person has access to my email account. If someone else, under any circumstance and for any reason, has access to my email and reads email information from my physician that was intended for me, then I take full and complete responsibility for that occurrence. If my physician sends any email that could provide identifying personal or medical information, I understand this information is intended only for me and no other person.

I agree to hold harmless Island Reproductive Services, Reproductive Center of Central New Jersey, their physicians and all staff members for any information sent by email to me that is intercepted, intentionally or unintentionally, by any other person accessing or attempting to access my email account(s).

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**