

Associates for Women's Medicine Electronic Mailing List Policy & Registration

In an effort to fully service and support our patient's needs and encourage their active participation in their own care, we at Associates for Women's Medicine have established an interactive mailing list(s), or listserv.

Definition:

A mailing list is a group of individuals sharing information and communicating through email to the entire group. Everyone can read posted messages, stay informed and support each other. Once you subscribe, you will receive email messages from the listserv administrator.

Specifics related to this mailing list are fully explained in an informational email that you will receive when you are subscribed to the list. These emails contain important information on how to use the list and should be kept. Either save them to your computer or print them out.

Purpose & Use:

Use of our listserv is for general informational and educational purposes *only*. There will be **no** confidential and or personal identifying patient health information shared through our listserv(s). Only those patients who have opted in by submitted their email address and have consented in writing will be added to our list(s).

Our general practice listserv at afwm@afwomensmed.com is a closed list. What this means is that only the administrator of the list may generate an email message to the entire list. No other mailing list member will be able to directly send a message to the list. If a member desires to communicate to others on the list, s/he will need contact the listserv administrator at info@afwomensmed.com and have that person authorize and forward their message to the group.

Please note - there will be oversight of listserv communication by the listserv administrator. It is the understanding and expectation that members do not share any personal identifying information with others on the list. No commercial email is allowed.

I reviewed the above **Practice Mailing List Policy**, understand and agree to it's terms and conditions and authorize Associates for Women's Medicine to register my email address on the following mailing list(s):

afwm@afwomensmed.com (closed)

Patient Signature: _____ Date: _____

Your Email Address:(Please be neat)_____

Your signature which gives AWM permission to add you to our listserv and send you information on our practice via the internet.

PLEASE GIVE TO RECEPTIONIST