



I hereby authorize Dr. Eugene Pergament, MD., PhD./Northwestern Reproductive Genetics, Inc. to transmit ultrasound images obtained in the course of the screening and/or diagnostic ultrasound examination I will be undergoing. I understand that the transmission of ultrasound images is to permit my spouse/partner/significant other/family member to observe the ultrasound off-site because that person is unable to attend my appointment with me.

I understand that the images will be transmitted to the following person(s)

NAME _____

TELEPHONE NUMBER/EMAIL ADDRESS _____

I understand the following with regard to this transmission:

- 1) **FREE CHOICE:** I have the right to withhold or withdraw my consent to the transmission at any time without affecting my right to future care or treatment.
- 2) **DEFINITION OF "OFF-SITE" OBSERVATION:** I understand that off-site observation is defined as the viewing of any ultrasound image to any computer or electronic device not under the direct control of Dr. Eugene Pergament, M.D., Ph.D./Northwestern Reproductive Genetics, Inc.
- 3) **LIMITATIONS ON TRANSMISSION DUE TO CLINICAL/PATIENT CARE REASONS:** I understand that transmission of ultrasound images will not commence until Dr. Eugene Pergament or his designee deems that such transmission will not interfere with the appropriate provision of patient care including but not limited to diagnosis, consultation, and counseling.
- 4) **LIMITED PURPOSE OF TRANSMISSION:** I understand that the transmission of ultrasound images is being provided as a convenience and is not being provided for diagnosis, consultation, or treatment with any other health care providers for either me or the person viewing the transmitted ultrasound images.
- 5) **ACCESS TO INFORMATION:** I understand that I have the right to inspect all medical information under the control and in the possession of Dr. Eugene Pergament, M.D., Ph.D./Northwestern Reproductive Genetics, Inc. and receive any copies of this information for a reasonable fee.
- 6) **CONFIDENTIALITY:** I understand that the law that protect the confidentiality of medical information apply to the records retained by Dr. Eugene Pergament, M.D., Ph.D./Northwestern Reproductive Genetics, Inc. but do not apply to any information or images that may be transmitted to a third-party;
- 7) **POTENTIAL RISKS:** I understand that there are risks to the transmission of ultrasound images, including the following: 1) Loss of records from failure of electronic equipment; 2) Power failures with loss of communication; 3) Invasion of electronic records by outsiders. Finally, I understand that it is impossible to list every possible risk and that once transmitted the images and information are no longer under the control of Dr. Eugene Pergament M.D., Ph.D./Northwestern Reproductive Genetics, Inc. and may be disseminated by a third-party.
- 8) **CONSEQUENCES:** I understand, that, by having my consent, Dr. Eugene Pergament, M.D., Ph.D./Northwestern Reproductive Genetics, Inc. may transmit ultrasound images obtained in the course of the screening and/or diagnostic ultrasound examination I will be undergoing to the my spouse/partner/significant other/family member I have identified to observe the ultrasound off-site because that person is unable to attend my appointment with me.
- 9) **BENEFITS:** I understand that the transmission of ultrasound images obtained in the course of the screening and/or diagnostic ultrasound examination I will be undergoing is solely intended to permit my spouse/partner/significant other/family member I have identified to observe the ultrasound off-site because that person is unable to attend my appointment with me. I understand that no additional results or benefits can be guaranteed or assured.

I have read and understood the information provided above and all my questions have been answered to my satisfaction.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____