

Employee Handbook Acknowledgement Form

I have received and read my copy of the IntegraMed America Employee Handbook. I understand that this handbook is intended as a guide for Human Resources policies, benefits, and general information, and that these guidelines are not to be construed as an employment contract.

I understand that IntegraMed America management reserves the right to modify, revoke, suspend, change, or terminate any or all such Human Resources policies and benefit plans, in whole or in part, at any time, with or without notice.

I also understand that employment by IntegraMed America is one of employment at will and is terminable at the will of either IntegraMed America, or myself at any time, and that no representative of the Company other than the President or CEO has any authority to make any contrary agreement.

Employee Name (Print)	
Employee Signature	Date



Technology Acknowledgment Form

I understand that all electronic communication systems, as well as all information transmitted, received, or stored in these systems, are the property of the Company, I also understand that such systems are to be used solely for job-related and not for personal purposes, and that I have no expectation of privacy in connection with the use of this equipment, or the transmission, receipt, or storage of information in such equipment. I accept that the Company's harassment and discrimination policies apply to all electronic communication systems; no obscene, derogatory, or offensive communications should be transmitted, received, or stored in these systems.

I further understand and agree not to use a code, access a file, or retrieve any stored communication unless authorized, and I acknowledge and consent to the Company's monitoring my use of this equipment, at any time, at its discretion. Such monitoring may include printing out and reading all e-mail entering, leaving, or stored in these systems, and listening to my voice mail messages as necessary.

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Employee Name (Print)		
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Employee Signature	Ι	Date