

RIS/PACS HIPAA User Agreement

Introduction

Associated Radiologists is pleased to introduce our RIS (Radiology Information System) PACS (Picture Archiving and Communications System) web portal at <https://getresults.aradnj.com/imagecast>. This gives you Internet access to your patients' diagnostic reports and images. By simply obtaining a unique user name and password, we are confident that you will find access to your patients' records is easy and straightforward.

When using the Associated Radiologists RIS/PACS web server to access health information about an individual patient, federal and state laws require that appropriate steps are taken to protect against the unauthorized use and disclosure of Protected Health Information ("PHI"). The Health Insurance Portability and Accountability Act ("HIPAA") allows health information concerning individual patients to be disclosed to another health care provider for purposes relating to the medical treatment of the patient.

Associated Radiologists reserves the right to terminate this agreement upon making the determination in their sole discretion that there has been a violation or breach of any of the terms and conditions of this agreement.

Agreement

I, _____ (Print Name), will be assigned a unique, personal username and password to access Associated Radiologists' RIS/PACS web server. I agree that the issue of a user name and password are subject to the following terms and conditions:

1. **PASSWORD/USER NAME CONFIDENTIALITY.** I will not divulge my password, user name, or any other information required to access the RIS/PACS web server to any other person, nor shall I permit any other person to use my username and password. I understand that my username and password are the equivalent of my legal signature, and I agree to make my best efforts to safeguard my username and password so that they are not unintentionally divulged.
2. **USE FOR TREATMENT ONLY.** I will use my username and password only to gain access to the diagnostic reports and images for the patients who are under the care of my office. I understand that I have no right to view images or other information about persons who are not under the care of my office, and I agree that I will not do so.
3. **COMPLIANCE WITH APPLICABLE LAW.** I understand that Associated Radiologists RIS/PACS web server contains confidential information that is protected under HIPAA, other federal laws, state laws, and the ethics rules of the medical profession.
4. **DUTY TO REPORT.** I will contact Associated Radiologists immediately upon any of the following events:
 - a. I learn that a patients' images or reports have been improperly accessed by a third party;
 - b. I learn that my password and user name is or has been in the possession of any third party;
 - c. I change my employment status or practice; or
 - d. I learn of any other misuse of Associated Radiologists RIS/PACS web portal.
5. **MONITORING.** I acknowledge that my use of Associated Radiologists' RIS/PACS web portal will be monitored and that upon discovery of improper use or disclosure of patient information, my access to the RIS/PACS web server may be terminated.

Acknowledgement

By signing below, I understand and agree with the foregoing terms and conditions. I acknowledge that Associated Radiologists reserves its right to take legal action against me if I cause it to be involved in a legal action or to suffer damages as a result of my violation of any term of this agreement.

Signature: _____ NPI #: _____

Date: _____ Practice Name: _____

Practice Address _____

Phone# _____ Fax # _____