

PASSWORD REQUEST AND CONFIDENTIALITY AGREEMENT FOR PHYSICIANS AND OTHER AUTHORIZED USERS of the Pueblo Radiology Web Ambassador PACS w/ access to private patient information

The patient records available through this data source are for the use of authorized system users only who have signed confidentiality agreements on file with this institution. A system user is defined as any authorized individual accessing images through this data source. This document will serve to assure that the system user is fully aware of the implications of information system access and the confidentiality involved. These records contain information that is privileged, confidential, and exempt from disclosure under applicable law. The information being accessed includes medical images and reports, patient demographics, and/or financial related information. Browsing information regarding patients that are not directly under your immediate care is strictly prohibited, as is tampering or otherwise interfering with the electronic information delivery system. Pueblo Radiology Medical Group, Inc. (hereafter referred to as PRMG) agrees to provide the system user with information in electronic format, which the system user needs to perform his/her duties.

The system user agrees to preserve the privacy and confidentiality of any and all patient information he/she receives from PRMG and to use the information only as needed to perform legitimate duties while providing patient care. The system user may not divulge, copy, release, sell, or loan any confidential information except as properly authorized by PRMG.

Computers used to access the patient information shall require a secure password to log on to the computer, and such computers shall not be available to personnel who do not require access for clinical purposes. This computer access password should be in addition to the system password assigned to the system user to access the confidential information. At all times, the system user shall restrict access to the PRMG PACS only to those persons who require access to such information for patient care.

The system user shall notify PRMG in the event of any unauthorized access to the system or confidential information contained thereon. Such notice will include as much information about the breach of security and unauthorized access as possible including the name of the person accessing the system, the names of patient's who information was improperly accessed, the date and time of such access, and any other pertinent data available to the system user.

The system user agrees to accept responsibility for all activities undertaken using his/her access code and other authorization. The system user will also agree not to disclose his/her access code or any other authorization that allows access into the system to any other individual or group.

The system user agrees to immediately notify the PRMG PACS Administrator or Information Systems Department if he/she has reason to believe that the confidentiality of his/her access code has been compromised or broken. PRMG will reserve the right to issue a new access code.

PRMG reserves the right to revoke any access code without reason or prior notification. Should such action take place, the user will be notified in writing, that his/her code has been revoked and disabled. **If your account has not been used within a six month time period it will be deactivated.**

RESPONSIBILITY OF OWN ACTS: Each party will be responsible for its own acts or omissions and all claims, expenses, liabilities, injuries, suits, and damages which may result or arise out of any alleged malfeasance or neglect caused or alleged to have been caused by either party, their employees or representatives, in the performance or omission of any act or responsibility of either party under this agreement. In the event that a claim is made against both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do

likewise. However, both parties shall have the right to take any and all actions they believe necessary to protect their interests.

_____ Date _____
(Signature)

(Print name)

PASSWORD REQUEST

Your personalized password and user name should be lower case and consist of a minimum of 6 alpha and numeric text characters. Your user ID name for the Web Ambassador (AKA Communicator) is the first letter of your first name followed by your last name. (i.e.: John Brown would be jbrown).

Once we have entered your choices into the “Pueblo Web Images” server, we will let you (or your administrator) know by e-mail or phone confirmation. At that time, please follow these instructions:

- At the DR User Login window enter your assigned user name and password.

User name _____ **Desired Password** _____

Please note: If you have current access to another DR PACS database such as Cottage or Sansum, feel free to use the same user name and password for your convenience. Please complete and return this form to:

Greg D. Lepine
IT Director / PACS Administrator
c/o Pueblo Radiology
P.O. Box 1326
Santa Barbara, CA 93102
email:glepine@puebloradiology.com
Telephone (805) 682-7744 x2055
Fax: (805) 569-2964
Date: _____

Note: Your password may not be disclosed or shared with another individual to gain access to this system.