



CONFIDENTIALITY AGREEMENT FOR ACCESS TO AND USE OF THE PUEBLO RADIOLOGY WEB AMBASSADOR PACS / 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.

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. **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 _____ E-mail: _____
(Signature)

_____ Office affiliation and ph #: _____
(Print name)



**CONFIDENTIALITY AGREEMENT FOR ACCESS TO
AND USE OF THE PUEBLO RADIOLOGY WEB
AMBASSADOR PACS / PATIENT INFORMATION
Pueblo PACS user requirements:**

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

Your password needs to consist of a minimum of 8 alpha and numeric text characters. To assure a more secure password, we would advise that your password:

- **contain capital and lower case letters**
- **contain at least 2 numbers**
- **Not spell out a word or name**

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). In cases of multiple “jbrown” users, each one after the first one will get assigned a number differentiator – i.e: jbrown1, jbrown2, etc.

Once we have entered your information into the user database, we will e-mail you that it is ready for your use.

Log-in questions, access and privilege issues may be addressed to:

Mike Jacobson, IT / PACS Director
c/o Pueblo Radiology
P.O. Box 1326
Santa Barbara, CA 93102
email:mjacobson@puebloradiology.com **Or**
Telephone (805) 879-7580
Fax: (888) 972-8759

Joey del Real, IT / PACS Administrator
c/o Pueblo Radiology
P.O. Box 1326
Santa Barbara, CA 93102
email: jdelreal@puebloradiology.com
Telephone (805) 879-7573
Fax: (888) 972-8759

Please complete the fields below

Doctor Technologist Student Other (Please Specify) _____

Facility Name: _____

Desired User Name: _____