



# RALEIGH RADIOLOGY RIS/PACS HIPAA AGREEMENT PRACTITIONER

**INTRODUCTION:** Raleigh Radiology is pleased to provide access to authorized physicians and other practitioners to our Fuji Synapse Radiology Information System (RIS) and / or Picture Archive Communications System (PACS). Access to your patient’s images and reports are available to authorized users.

When using the Raleigh Radiology RIS/PACS system to access health information about an individual patient, federal and state laws require the appropriate steps are taken to protect against unauthorized use and disclosure of Protected Health Information (PHI). The Health and 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.

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

**AGREEMENT:** I, \_\_\_\_\_ (PRINT NAME) will be assigned a unique, personal username and password to access Raleigh Radiology’s RIS/PACS systems. I agree that the issuance of a user name and password are subject to the following terms and conditions:

1. **PASSWORD/USER ID NAME CONFIDENTIALITY:** I will not divulge my password, user name, or any other information required to access the RIS/PACS 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 Raleigh Radiology’s RIS/PACS 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 Raleigh Radiology immediately upon any of the following events:
  - a. I learn that a patient’s images or reports have been improperly accessed by a third party;
  - b. I learn that my password or 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 Raleigh Radiology’s RIS/PACS.
5. **MONITORING:** I acknowledge that my use of Raleigh Radiology’s RIS/PACS system will be monitored and that upon discovery of improper use or disclosure of patient information, my access to the RIS/PACS may be terminated.

**ACKNOWLEDGEMENT:**

By signing below, I understand and agree with the foregoing terms and conditions. I acknowledge that Raleigh Radiology reserves the 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 the agreement.

Signature: \_\_\_\_\_ NPI: \_\_\_\_\_

Date: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

RR USE ONLY: Training Completed by: \_\_\_\_\_ USER ID: \_\_\_\_\_ PW: \_\_\_\_\_

MD     PA     NP     Other: \_\_\_\_\_     OPEN     LIMITED