

**THE RADIOLOGY CLINIC, LLC
PACS PRIVACY POLICY AGREEMENT**

To: _____

Employer: _____

Employer Address: _____

Date: _____

You have been assigned a user name and password for access to The Radiology Clinic, LLC's PACS. Your user name and password will be forwarded to you upon completion of this agreement. Your signature below will constitute an agreement between you and The Radiology Clinic, LLC that you will not disclose your password to anyone, nor will you willingly misuse confidential information on the PACS.

The Radiology Clinic, LLC has structured its PACS policies to ensure compliance with the HIPAA Privacy Standards. Therefore, any use of protected health information (PHI) through the PACS should be limited to **treatment** purposes and kept to the minimum necessary for those purposes. Access is limited strictly to your patients. You should not reuse any PHI in any way inconsistent with the Privacy Standards.

In order to comply with the Privacy Standards, The Radiology Clinic, LLC will be tracking and monitoring all PACS usage under your user name, so please remember to sign off after each usage.

After having read and understood the above, I acknowledge that I accept and will abide by The Radiology Clinic, LLC's PACS Privacy Policy. I understand that releasing my password to anyone or violating any of the above mentioned policy will result in the immediate termination of my access to The Radiology Clinic, LLC's PACS. I also understand that should I leave my current job, I will discontinue using my user name and password. My Office Manager/ Practice Administrator's signature below acknowledges that he/she will inform The Radiology Clinic of my departure.

Signature: _____ Date: _____

Social Security Number: _____

Signature of Office Manager/ Practice Administrator: _____