



RIS/PACS HIPAA USER AGREEMENT

INTRODUCTION

Reston Radiology Consultants is pleased to introduce our RIS (Radiology Information System) PACS (Picture Archiving and Communications System) web portal at <https://reach.restonradiology.com/webaccess>. 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 Reston Radiology Consultants' 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.

AGREEMENT

I, _____ (print name), will be assigned a unique, personal username and password to access Reston Radiology Consultants' RIS/PACS web portal. I agree that the issue of my user name and password are subject to the following terms and conditions:

1. **USERNAME/PASSWORD CONFIDENTIALITY.** I will not divulge my username, password, or any other information required to access the RIS/PACS web portal to any other person, nor shall I permit any other person to use my username and password. I agree to take appropriate measures to ensure that my username and password are not accidentally revealed. I understand that my username and password should not be written down or posted where they can be seen or easily discovered. I also understand that my username and password are the equivalent of my legal signature, and I agree to make my best efforts to safeguard them so that they are not unintentionally divulged.
2. **PERMITTED USES.** I will only access PHI of patients for whom I have a healthcare provider relationship and a medically necessary need to know the specific information accessed. I understand that medical images displayed through web access are for clinical review only and must not be used for primary interpretation. I will not in any way divulge copy, release, sell or loan, disclose, misuse or alter any PHI.
3. **COMPLIANCE WITH APPLICABLE LAW.** I understand that Reston Radiology Consultants' RIS/PACS web server contains confidential information that is protected under HIPAA, HITECH ACT, other federal laws, state laws, and the ethics rules of the medical profession.
4. **DUTY TO REPORT.** I will contact Reston Radiology Consultants 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 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 Reston Radiology Consultants' RIS/PACS web portal.
5. **MONITORING/TERMINATION.** I acknowledge that my use of Reston Radiology Consultants' RIS/PACS web portal will be monitored. I agree that my access privileges are subject to periodic review, revision and, if appropriate, renewal or termination. RRC reserves the right to, at any time and for any reason, revoke my username and password or otherwise terminate access to RRC RIS/PACS web portal. This action may occur to protect and maintain the security and integrity of PHI. I understand and agree that my obligations under this agreement will continue after termination of my access to the RRC RIS/PACS web portal.
6. **TECHNOLOGY SUPPORT.** I acknowledge that Reston Radiology Consultants will not provide support to configure any system to meet necessary minimum system requirements. It is recommended I coordinate with my IT support personnel to validate that the minimum system requirements are met prior to use of the RRC RIS/PACS web portal.

Initial: _____



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ACKNOWLEDGEMENT

I accept responsibility for any and all use of my username and password. By signing below, I understand and agree with the foregoing terms and conditions. I will contact Reston Radiology Consultants immediately if I feel that my username and password are no longer secure.

Name: _____

Title/Position: _____

Email: _____

Practice Name: _____ **Phone:** _____

Practice Address: _____

Signature: _____ **Date:** _____

PLEASE FAX SIGNED AGREEMENT TO: 703-858-7150 | ATTN: MARKETING DEPARTMENT