

# Arcadia MRI & Imaging Center

*Open MRI*

*1.5T Short Bore MRI*

*Multi-Slice CT*

*Ultrasound*

(626) 446-0080

FAX: (626) 447-4432

## **Confidentiality Agreement For Referring Clinician Access to On-line Patient Images Through AMI's Picture Archiving and Communication System (PACS)**

**AMI wishes to thank you for the privilege of serving you and your patients and will make every effort to provide the highest quality service, diagnostic scans and information delivery systems to support your practice.**

Upon execution of this Agreement, as a referring clinician you will have access to medical images and other patient "Confidential Information" from AMI. For purposes of this Agreement, Confidential Information includes, but is not necessarily limited to, patient information, medical images, reports and such other information which in the context of providing medical services should be maintained as confidential. You may learn of or have access to some or all of this Confidential Information through a computer system or through our office services.

Confidential Information is protected from unauthorized disclosure both by law and by AMI's policies governing Confidential Information. These laws and policies are to ensure that Confidential Information will be used only as necessary to provide authorized patient care. Your principal duties in this area are explained below. The violation of any of these duties may result in termination or limitation of your access to Confidential Information. In addition, should such disclosure violate State or Federal law, such disclosure may also result in legal liability.

Accordingly, as a condition of and in consideration of your access to Confidential Information, you understand and agree that:

- You will use Confidential Information only as needed to perform your duties as a referring or consulting clinician for purpose of treatment of the referred patient and for no other purposes.
- You will only access Confidential Information for which you have a need to know; browsing information regarding patients that are not directly under your immediate care is prohibited.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized by AMI.
- You will take steps to ensure that Confidential Information is not inadvertently disclosed.
- You will safeguard and will not disclose your User ID and password or any other authorization you have that allows you to access Confidential Information. You may authorize your employees to access information on your behalf, but you then agree to implement procedures that require your employees to adhere to the provisions of this Agreement.
- You accept responsibility for all activities undertaken using you User ID and password.
- You will immediately notify AMI if you have reason to believe that the confidentiality of your User ID or password has been compromised.
- You will report activities by any individual or entity that you suspect may inappropriately disclose or other jeopardize the confidentiality of patient information.
- You understand and agree that your obligations under this Agreement will continue after termination of your access to the patient Confidential Information.
- AMI reserves the right to revoke your User ID and password or access to Confidential Information.

Please sign, date and fax this form, together with the User Account Request form to: (626) 447-4432  
Please call Mary Morrissey, Administrator: (626) 446-0080 with any questions.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_