



PACS User Agreement for Referring Medical Practices

Introduction

RAM Radiology is proud to offer to you the ability to view your patients’ reports and studies online using our PACS (Picture Archiving & Communications System) portal, accessible at either guilfordradiology.com or westhavenradiology.com. This access is governed by the limitations imposed by HIPAA patient confidentiality and the HITECH Security Act requirements of all medical practitioners as well as RAM Radiology’s own Privacy Policy, available on either of the web sites listed above.

By signing this agreement, all Authorized Users certify that the access granted to Protected Health Information (PHI) will be used only in compliance with HIPAA privacy parameters. Included in this understanding is the requirement that Users access information only for patients with whom they have a healthcare provider relationship and a need-to-know for the specific information being accessed; that they will not divulge, copy, release, sell, use for personal benefit, loan, remove, or otherwise affect the information being accessed; and that they will use due diligence to secure access from any unauthorized persons or entities.

Authorized Users agree to accept personal responsibility for any activity under their assigned passwords, and realize that this obligation continues even if employment in the sponsoring practice ceases. Users further agree to maintain the strictest security on passwords, never sharing their passwords with anyone, whether Authorized or not. The Medical Office agrees to safeguard access to the system so that it is available only to Authorized Users, and to promptly notify RAM Radiology when any previously Authorized User leaves the practice so that their access may be terminated. If in spite of due diligence a breach of security is identified, the practice also agrees to notify all affected persons as well as RAM Radiology at the earliest possible time so that the breach of patient PHI may be reported as required by law, and ongoing system integrity may be audited and repaired as needed.

Users further certify their understanding that any failure to follow these requirements that results in unauthorized access, improper use of PHI, or other violations of this accord constitutes a HIPAA Privacy Rule violation that could result in loss of access to the portal, possible criminal or civil prosecution, and other sanctions from legal, licensing, and other bodies charged with monitoring compliance with regulations regarding the privacy of health information.

Practice Name: _____ **Telephone No.:** _____

Representative: _____

List of Authorized Users for this Practice:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

If necessary, add additional names and signatures to a sheet attached to this agreement. Once the form has been completed for the practice, please fax it to the Physician Liaison at (203) 458-0427.

**Guilford Radiology
1591 Boston Post Road, Guilford, CT
203-453-5123**

**West Haven Radiology
687 Campbell Avenue, West Haven, CT
203-934-4482**