

## **CNY Diagnostic Imaging Associates Confidentiality Agreement for PACS**

CNY Diagnostic Imaging Associates is please to introduce our PACS (Picture Archiving Communications System). This gives our referring offices internet access to their patient's examinations with your assigned user name and password.

When using this Web access, federal and state laws require that CNY Diagnostic Imaging Associates take appropriate steps to protect against the unauthorized use and disclosure of patients electronic record. 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 medical treatment of the patient. As you are well, aware, we as Providers are required by HIPAA to safeguard this information.

To assure this protection of patients' protected health information from unauthorized use or disclosure, CNY Diagnostic Imaging Associates asks you agree to the following conditions:

1. Use appropriate safeguards to prevent the use or disclosures of patient information other than as permitted pursuant to this agreement or applicable federal and state law.
2. I will treat all information received in the course of my relations with CNY Diagnostic Imaging Associates which relates to the patients of the provider, as confidential and privileged information.
3. I will not disclose information regarding the Provider's patients to any person or entity, other than as necessary to perform my job, and as permitted under the Provider's HIPAA policy I will safeguard my password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
4. I understand that I am responsible for complying with the HIPAA privacy policies, use or disclosure of PHI as specified under section 164.508 of the Privacy Rule.
5. I will safe guard my password and will not post in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
6. I will not allow anyone, including other employees, to use my password.
7. I will log off as soon as I have finished reviewing my needed information
8. I will not use e-mail to transmit patient information.
9. Upon cessation of my relations with the provider I agree to continue to continue to maintain the confidentiality of any information I learned while an associate of the provider
10. Notify the provider when any authorized user of CNY Diagnostic Imaging Associates PACS Communications Systems is no longer employed by your practice.

CNY Diagnostic Imaging Associates reserves the right to terminate this agreement and your participation with PACS upon making a determination on their sole discretion that there has been a violation or breach of any of the terms and conditions of this agreement.

Please fax the completed form attached to the attention of our PACS Administrator, Jennie Junta Sharpe at (315) 652-4578. Also, if you need assistance please call Jennie at (315) 652-1020.

**Acknowledgement:**

I acknowledge that I have read and understand the terms and conditions of the Confidentiality Agreement set forth by CNY Diagnostic Imaging Associates by signing and dating below.

PRACTICE NAME: _____	Phone: _____
Contact Person for your practice & title: _____	
E-mail Address: _____	
Signature: _____	Date: _____
Witness: _____	Date: _____
Signature: _____	Date: _____

Additional User Name and Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Additional User Name and Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Additional User Name and Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Additional User Name and Title: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Please fax the completed form attached to the attention of our PACS Administrator, Jennie Junta Sharpe at (315) 652-4578. Also, if you need assistance please call Jennie at (315) 652-1020.