



Radiology Ltd.

RADIOLOGY LTD., PLC and RLC, LLC PHI AND EPHI ACCESS AUTHORIZATION

Radiology Ltd., PLC and RLC, LLC (collectively hereafter referred to as "Radiology Ltd.") grants the following healthcare providers and their respective authorized owners, employees, agents, independent contractors and business associates ("Authorized Persons") access to Radiology Ltd.'s patient reports/images or both, Electronic Protected Health Information ("EPHI") through an authorized network connection and/or electronic order entry (Online RadScripts), with the express understanding that the access is necessary to perform treatment, payment, and/or healthcare operations activities and that the undersigned healthcare provider and its Authorized Persons will safeguard the security and confidentiality of the Protected Health Information (PHI) and EPHI in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, including the Privacy Standards and Security Standards implementing such Acts, and other relevant State and Federal laws. It is further understood that it is the healthcare provider's responsibility to ensure that it has complied with all requirements of HIPAA and HITECH to provide its Authorized Persons with this access and that all of its Authorized Persons abide by Radiology Ltd.'s PHI confidentiality and security requirements, including but not limited to the following: (a) *passwords are not to be shared*, (b) *all patient searches must utilize at least one (1) other patient identifier in addition to the patient's first and last name*, and (c) *user names and passwords are not to be stored on any computer or remote access device that would permit automatic login if the machine is lost or stolen*. Only appropriately licensed providers are permitted to use Online RadScripts. Radiology Ltd. monitors user activity on a regular basis. User log-ins that are inactive for six (6) months will be deactivated. Radiology Ltd. will attempt to contact users prior to deactivation.

The undersigned healthcare provider and its Authorized Persons expressly agree to limit their access to and use of Radiology Ltd.'s patient reports/images database, network connection and Online Radscripts for their treatment, payment, or health care operations (such as quality assurance, peer review, and so forth) purposes. The undersigned further acknowledges that accessing PHI and EPHI without authorization, accessing or using PHI or EPHI for an improper purpose, or allowing access to PHI or EPHI by unauthorized persons constitutes a HIPAA Privacy and Security Rule violation that could result in the loss of the undersigned's privilege to access Radiology Ltd.'s PHI and EPHI, possible criminal prosecution, and other sanctions and such unauthorized conduct may be reportable to law enforcement, professional licensure and disciplinary authorities and the Department of Health and Human Services. The undersigned healthcare provider on behalf of itself and its Authorized Persons further agrees to take all reasonable measures and precautions to ensure that the access to Radiology Ltd.'s PHI and EPHI is only available during regular business hours. *The undersigned healthcare provider shall immediately notify Radiology Ltd. in the event it becomes aware of any unauthorized access to Radiology Ltd.'s PHI, EPHI, or network connection or when any previously Authorized Person is no longer associated with the undersigned so that such Authorized Person's access may be terminated.* Radiology Ltd. reserves the right to audit all access to ensure compliance with applicable State and Federal law.

Regarding any network connection established with Radiology Ltd., the undersigned agrees that it will (i) not knowingly introduce or cause to be introduced into Radiology Ltd.'s systems, hardware, software or databases any code, virus, worm, Trojan Horse or other mechanism to disable, adversely affect, harm, or grant unauthorized access or use of any systems, hardware, software or database of the other party; and (ii) maintain reasonable measures to detect and contain such code, virus, worm, Trojan Horse or other mechanisms and to eliminate them from its systems. The undersigned shall: (i) repair or apply applicable security patches to known security vulnerabilities as soon as possible, test and verify that the patches work, and notify Radiology Ltd. immediately of the need for such patches; (iii) use industry standard encryption algorithms and best practice configurations to ensure security of the EPHI transmissions; and (iv) notify Radiology Ltd. immediately of any changes in password policy or changes in the information provided to Radiology Ltd. as part of the network connection authorization process. Radiology Ltd. reserves the right to terminate any network connection in its sole discretion.

Availability of online images cannot be guaranteed due to potential technical difficulties, which may be beyond the control of Radiology Ltd. It is essential that any images required for surgery or other invasive procedures be obtained in hard-copy form. It is the responsibility of the physician performing these procedures to obtain CD, paper or film copies of the necessary images in advance.

In no event will Radiology Ltd. be liable to the undersigned or its Authorized Persons for any special, indirect, incidental, punitive or consequential damages (including loss of use, data, business or profits) arising out of or in connection with the network connection provided to Radiology Ltd., including but not limited to, any damages resulting from any delay, omission or error in the electronic transmission or receipt of data from Radiology Ltd., whether such liability arises from any claim based upon contract, warranty, tort (including negligence), product liability or otherwise, and whether or not the undersigned or its Authorized Persons has been advised of the possibility of such loss or damage.



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Access Form

System Access requested for: Royal MD PACs (hospital staff only)

Type of Affiliation with Radiology Ltd.: Hospital Staff Referring Provider Other (i.e., Agent, Contractor, or Business Associate)

Type of access action to be taken: ADD CHANGE DELETE

TO BE COMPLETED BY THE HEALTHCARE PROVIDER AND AUTHORIZED PERSON (USER):

Please print clearly and send completed form to fax: 1-520-901-6634

Hospital or Practice Name: _____

Hospital ID (if applicable): _____ NPI (if applicable): _____

Name of Authorized Person (User): _____

Job Title _____

Authorized Person (User) E-mail: _____

Authorized Person Primary Office Location: _____

Signature of Authorized Person (User): _____ Date: _____

(Above user affirms that he / she has completed HIPAA training.)

IMPORTANT! IF THE AUTHORIZED PERSON (USER) IS NOT A LICENSED HEALTHCARE PROVIDER, THE BOTTOM SECTION MUST BE COMPLETED BY AN OFFICE MANAGER, ADMINISTRATOR, OR OTHER AUTHORIZED REPRESENTATIVE OF THE HOSPITAL OR PRACTICE

Healthcare Provider Responsible Contact's Name: _____

Responsible Contact's Job Title **(i.e. Physician, Administrator, or Office Manager)**: _____

Responsible Contact's Office Address: _____

Responsible Contact's Telephone: _____

Responsible Contact's Email: _____

Responsible Contact's Signature: _____ Date: _____

(Responsible Contact affirms that the Authorized Person (User) has completed HIPAA training.)

Please send completed form to fax: 1-520-901-6634