

PACS Confidentiality Agreement

In order for you to use the PACS system made available by Keystone Radiology Pty Ltd, we kindly ask you to read and sign the following agreement. On receipt of this signed agreement you will be issued with your initial password.

Thank you.

Name:

Clinic:

Address:

Phone Number:

Email:

Provider Number:

Role / Specialty:

Preferred User name:

Keystone Radiology – PACS Confidentiality Agreement:

I accept full responsibility for the personal identification and password codes issued to me for access to Keystone Radiology's Picture Archival and Communication System ("PACS"). In order to protect the confidentiality of the information (including personal information) to which I will have access as a user of PACS, I agree that:

1. PACS facilities are to be used for authorised patient treatment purposes only.
2. I will not attempt to access information in the PACS computer system which is not required by my day to day responsibilities. Browsing through patient records or accessing records that are not required is strictly prohibited.
3. The personal identification and password codes are assigned to me only and I must not share them with others. I will take all reasonable precautions to protect the privileges assigned to me. If I have any reason to believe that another person is aware of my password, I will immediately change it.
4. I will not attempt to access or alter information in the PACS by using any user or group identification codes other than my own.

5. I will not permit another person to access or alter information in the PACS under my personal identification code, after I have logged on the system.
6. It is my responsibility to log out of the system when my work is complete or when I leave my station for a period of time.
7. It is my responsibility to report incidences of improper and/or illegal activities which include using the PACS for abusive and/or malicious communications. I will make such reports immediately to my supervisor or directly to the administration.
8. I understand my responsibility for respecting patient's privacy and protecting the confidentiality of information to which I have access, and will comply with all relevant privacy laws and codes including, but not limited to, the Commonwealth Privacy Act 1988 and the Victorian Health Records Act 2001.
9. I indemnify Keystone Radiology Pty Ltd in relation to all losses, damages, actions, claims, costs or expenses which may be brought against, suffered or incurred by Keystone Radiology Pty Ltd as a direct or indirect result of my failing to comply with any of the terms set out above.

Signed:

Date:
