

CNY Diagnostic Imaging Associates Confidentiality Agreement for PACS and RIS

CNY Diagnostic Imaging Associates (CNY) is pleased to offer your office access to our PACS (Picture Archiving Communications System) and RIS (Radiology Information System). You will have internet access to you patients' appointment status, reports and images 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.

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

1. Use appropriate safeguards to prevent the use and disclosure of patient information other than as permitted pursuant to this agreement or applicable federal and state law.
2. Treat all information received in the course of relations with CNY Diagnostic Imaging Associates which relates to the patients of the provider, as confidential and privileged information.
3. Disclose the minimum amount of protected health information to any person or entity needed to accomplish patient care.
4. Safeguard the password and do not post it in area that can be viewed publically, such as a bulletin board or nametag.
5. Comply with the HIPAA privacy policies, use or disclosure of PHI as specified under section 164.508 of the Privacy Rule.
6. Do not share password outside the office.
7. Log off when task is completed.
8. Do not e-mail patient information.
9. Upon cessation of relations with CNY, agree to maintain confidentiality of any patient information in perpetuity.
10. Notify CNY when web access is no longer used by your practice.
11. Do not demonstrate web access or share username or password with any other imaging group or hospital radiology department.

CNY reserves the right to terminate this agreement and your participation with PACS/RIS 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/RIS Administrator at (315) 476-3712 or e-mail to Dean Williams at dwil@cnyimaging.com.





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: _____

Please fax the completed form attached to the attention of our PACS/RIS Administrator at (315) 476-3712 or e-mail to Dean Williams at dwil@cnyimaging.com.