

Please complete this form and email it to [physicianliaisons@jeffersonradiology.com](mailto:physicianliaisons@jeffersonradiology.com) and a liaison will be in touch.

### Account Owner Information: Please Complete all Fields

_____	MI	_____
_____		_____
Phone		4 Digit PIN # <small>Required for password reset when contacting the IT support desk</small>
_____		_____
Email Address— <small>this email will not be used for marketing purposes. This email address should be your professional email and will be used when you need password reset assistance.</small>		Position/Title
_____		_____
Practice Name		Specialty
_____		_____
Practice Location (Street, City and Zip)		Office Fax #
_____		_____
NPI # (if applicable)		Hospital Affiliation (if applicable)

### Existing PACS Account?

Have you previously had PACS access with a different practice?    Yes     No

If yes, please provide the practice name and your previous email address (associated with that practice). The Jefferson Radiology IT Help Desk will use this email address to locate your existing PACS accounts.

\_\_\_\_\_

Previous Email Address

### Signature & Approval

I, \_\_\_\_\_ have read and understand the attached Information Systems Referrer Access Agreement in its entirety. I hereby agree to all terms and obligations described in the Agreement for the practice and the practice's authorized individuals.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

### For Jefferson Radiology Office Use Only

\_\_\_\_\_

Physician Liaison Name

\_\_\_\_\_

Physician Liaison Fax

\_\_\_\_\_

Physician Liaison Email

This Information Systems Referrer Access Agreement (“Agreement”) is entered into by and between Jefferson Radiology, P.C. (“Jefferson”) and \_\_\_\_\_ (“Practice”). This Agreement is effective as of the date that it is executed by the Practice.

**Whereas**, Jefferson is required by the HIPAA Security Standards (“Security Standards”) to ensure the confidentiality, integrity, and availability of electronic protected health information (“ePHI”) that it creates, receives, maintains, or transmits, and is also required by the Security Standards to implement policies and procedures for authorizing access to ePHI in a way that is permitted by the HIPAA Privacy Standards (“Privacy Standards”); and

**Whereas**, Jefferson creates and maintains ePHI about patients to whom it furnishes radiology imaging services; and

**Whereas**, a part of the ePHI that Jefferson maintains consists of radiology images on certain stored systems (“Stored ePHI”); and

**Whereas**, the treatment and related activities of health care providers require that those providers access Jefferson’s Stored ePHI and such access is permitted by the Privacy Standards; and

**Whereas**, Practice is a health care provider, or a member of the workforce of a health care provider that requires such access to Jefferson’s Stored ePHI for its own treatment and related health care activities, including payment; and

**Whereas**, Jefferson authorizes, in its sole discretion and according to formal criteria and procedures, certain physicians in the Practice and allied health professionals in the Practice whom those physicians supervise (all, including Practice, are hereinafter referred to as “Authorized Individuals”) to have access to Jefferson’s Stored ePHI for their own treatment and related health care activities; and

**Whereas**, Jefferson’s information security policy (“Security Policy”) is to limit access only to Authorized Individuals, to restrict the scope of their access to “read only”, to hold Authorized Individuals accountable for their access to Stored ePHI and to maintain records of each Authorized Individual’s access to the Stored ePHI; and

**Whereas**, Jefferson grants access to Authorized Individuals to Jefferson’s Stored ePHI by means of standard secure internet protocols and browser services utilizing a unique user ID (“UUID”) to identify an Authorized Individual, and a password (“Password”) to authenticate the Authorized Individual’s identity;

**Jefferson Radiology and Practice acknowledge and agree as follows:**

1. Jefferson may assign to Practice and/or to Authorized Individuals an UUID and Password that Authorized Individuals may use to access Jefferson's Stored ePHI.
2. An Authorized Individual will not disclose its UUID or Password to any other Authorized Individual or to any other person.
3. Authorized Individuals will limit the use of their UUIDs and Passwords only for their own, personal access to Jefferson's Stored ePHI, and will ensure that Jefferson's Stored ePHI is accessed only through the access process that requires the UUID and Password. Authorized Individuals will not allow any other person or persons to use the assigned UUID and Password.
4. Practice will ensure that any instance of access to Jefferson's Stored ePHI that is associated with an Authorized Individual's UUID and Password involves only the Authorized Individual viewing the Stored ePHI and does not involve some other person viewing the Stored ePHI. Practice acknowledges that access to Jefferson systems is via an encrypted SSL link and that patient information is protected during transmission.
5. Practice will ensure that Authorized Individuals access Jefferson's Stored ePHI only in relation to Practice's own treatment and related health care activities.
6. Practice will report to Jefferson any instance in which the UUID and/or Password is disclosed to some other person, or is used by some other person to access Jefferson's Stored ePHI.
7. Practice and Authorized Individuals understand and agree that they must hold all ePHI in confidence and not disseminate any of the accessed ePHI for any purpose other than treatment and related health care purposes. Practice and Authorized Individuals understand that any violation of the confidentiality of ePHI by the Practice or an Authorized Individual may result in a violation of State and Federal law and may result in a claim for damages and/or punitive action. The Practice agrees to review this Agreement on an annual basis with all of its Authorized Individuals.
8. Practice and Authorized Individuals acknowledge that Jefferson reserves the right to revoke or alter the UUID and Password at any time and for any reason without prior notification. Practice acknowledges that such action of revocation or alteration under this section does not automatically terminate Practice's right to access Stored ePHI through processes other than the use of the UUID and Password.
9. Practice and Authorized Individuals acknowledge and agree that patient images viewed prior to diagnostic interpretation by Jefferson should be treated as incomplete, as the transfer of the modality image, the quality assurance, and/or additional manipulation or reformatting may not be complete.

10. Practice will notify Jefferson when any Authorized Individual no longer meets the criteria under which Jefferson authorized its access, and will ensure that the Authorized Individual stops using its UUID and Password.
11. These terms and conditions are available on the Jefferson system and may change without notice at any time.
12. This Agreement will continue in effect until terminated by the Practice or by Jefferson. Either party may terminate this Agreement without cause at any time upon thirty (30) days written notice to the other party. If either party terminates this Agreement, the UUIDs and Passwords will no be valid and the Practice will no longer have access to Jefferson systems.

Practice and Authorized Individuals execute this Agreement by the signature and date below:

\_\_\_\_\_  
Printed Name of Authorized Individual (*Applicant*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Practice Authorizing Agent (*Applicant's Supervisor*)

\_\_\_\_\_  
Signature

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

Jefferson Radiology, P.C. executes this agreement by the signature of its letterhead as of the date executed by the other parties.