



## Request for Access to Online Viewing

To gain access to Diagnostic Imaging Centers' Image Viewer, please read and sign below.

Return the signed second page of this form:

- Via fax to 913-955-3742
- OR scan email to helpdesk@dic-kc.com
- OR mail to 6650 West 110th Street, #200, Overland Park, KS 66211

User and Passwords will be emailed directly to the approved user via the email address provided on the form.

Because some medical practices and their physician providers ("Practice") request access to the Diagnostic Imaging Centers, P.A. Image Viewer in order to support patient treatment, Diagnostic Imaging Centers grants this access on an individual basis upon request of the Practice and approval by Diagnostic Imaging Centers' HIPAA Security Officer (Dr. Jeffrey Herman, MD at 913-319-8400). Each approved User is issued a unique User ID and password.

In our constant effort to maintain a safe and secure network, as well as meet regulatory requirements, before permission is granted to access Diagnostic Imaging Centers, P.A.'s Image Viewer, Practice must agree to the following:

1. User must stay in compliance with all Diagnostic Imaging Centers' policies, as well as state and federal regulations, including but not limited to, HIPAA regulations.
2. User IDs and passwords assigned to the User will be used by that User only. User IDs and passwords cannot be shared. User IDs and passwords must be kept confidential. User IDs and passwords will not be visible on any unattended data entry screen or imbedded in any automated program, utility, or application such as autoexec.bat.files, batch job files, terminal hot keys or otherwise saved on a PC or written/posted on or near a PC, monitor, keyboard, on or under the keyboard, mouse pad, or in any non-password protected PDA, etc. Diagnostic Imaging Centers uses a HIPAA-compliant password generator for passwords. Passwords must be alphanumeric and at least eight (8) characters long.
3. The User will respond promptly to Diagnostic Imaging Centers' network audits (annual verifications of compliance).
4. All passwords on a PC being used to access Diagnostic Imaging Centers, P.A.'s Image Viewer will be licensed and Practice will be in compliance with the terms and conditions of those licenses. PCs connecting to Diagnostic Imaging Centers, P.A.'s Image Viewer will have all updates from their Operating System and applications. Practice will use and maintain regularly updated anti-virus and firewall products.

5. User agrees to comply with any additional security policies or changes to Diagnostic Imaging Centers' security policy that may be required in the future.
6. User is responsible for educating himself/herself about Diagnostic Imaging Centers, P.A.'s Image Viewer security policies, and is expected to contact Diagnostic Imaging Centers' HIPAA Security Officer if in doubt about what defines compliance with respect to Diagnostic Imaging Centers, P.A.'s Image Viewer security policies and for technical assistance, User may call 913-319-8400 ext. 1131.
7. Any deviation by User from Diagnostic Imaging Centers, P.A.'s Image Viewer security policies will result in the revocation of network access for that User and potentially for that Practice.
8. Practice is legally responsible for all use of Diagnostic Imaging Centers, P.A.'s Image Viewer by its members/shareholders and employees of Practice, including any misuse of Diagnostic Imaging Centers, P.A.'s Image Viewer or the information contained therein. Misuse includes accessing Diagnostic Imaging Centers, P.A.'s Image Viewer for any purpose other than facilitating the health care needs of Practice's patients.
9. Practice will promptly notify Diagnostic Imaging Centers, P.A.'s HIPAA Security officer if the User's status within the Practice changes. If the User leaves the Practice, Practice will inform Diagnostic Imaging Centers immediately in order to ensure Practice and Diagnostic Imaging Centers are both in compliance with all related regulatory requirements and both are protected from potential liability risks.
10. By signing this request form, User and Practice agree to be bound and to abide by all of the above.

Please return the signed portion below via fax, mail or email.

Printed name: \_\_\_\_\_

Role (circle one): MD DO DC PA NP RN \_\_\_\_\_ (other)

Email address: \_\_\_\_\_

Signature and date: \_\_\_\_\_

  

Practice Name: \_\_\_\_\_

Operating system (circle one): Windows Mac Both

Will you need access to images to patients whom you did not refer? YES NO

If not a Provider, Approving Physician's name: \_\_\_\_\_

Approving Physician's signature and date: \_\_\_\_\_

When this form is signed by User and Employer (Practice President or other duly authorized person) and delivered to Diagnostic Imaging Centers, Diagnostic Imaging Centers' HIPAA Security Officer will review and process. [INTERNAL USE ONLY: Date received \_\_\_\_\_; Date processed \_\_\_\_\_.]