

UNIVERSITY DIAGNOSTIC MEDICAL IMAGING, P.C.



A Fully Accredited American College of Radiology Facility

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COMPUTERIZED MEDICAL IMAGE VIEWING SERVICE PASSWORD ACKNOWLEDGMENT FORM

I agree that my use of the computerized medical image viewing service (the "Service") offered by UDMI by the issuance of a username and password is subject to the following conditions:

1. I will not divulge or allow any other person or entity to use my username and password.
2. I will use my username and password only in connection with treatment of my patients who have been seen by UDMI and whose films are posted on the Service.
3. I understand that the records of my patients are "protected health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA") Standards for Privacy of Individually Identifiable Health Information and Security Standards.
4. I will contact UDMI immediately upon learning that my patients' films have been accessed by any third party.
5. I understand that should UDMI discover any improper use or disclosure of patients' images, UDMI may invalidate my password and prohibit me from further accessing the service.

Marc Prager, M.D.

Richard DeNise, M.D.

Ralph Lichtenstein, M.D.

David H. Noble, M.D.

Marc Rozansky, M.D.

Farzam Kashanian, M.D.

Daniel S. Gurell, M.D.

Gary Tubman, M.D.

By signing this form, I agree to the terms set forth above and understand that UDMI reserves its right to take legal action against any physician who causes it to be involved in a legal action or to suffer damages as a result of a violation of any of its patients' rights to privacy and confidentiality of protected health information.

High Field M.R.I.

Open M.R.I.

MDCT Helical CT

Mammography

Biopsy

Bone Densitometry

Ultrasound

Nuclear Medicine

Diagnostic Radiology

Interventional Radiology

Pain Management

PET/CT

Agreed to and accepted by:

_____, MD
Please Print Physicians Name

Signature of Physician

Date

Email Address

*Please include an Email Address,
You will receive your;*

- *User ID*
- *Password*
- *User instructions*

In a private email within two (2) business days.

Thank you