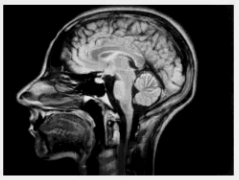
Marc Prager, M.D.
Daniel S. Gurell, M.D.
Ralph Lichtenstein, M.D.
David H. Noble, M.D.
Gary Tubman, M.D.
Robert Bernstein, M.D., Ph.D.
Flavio Kamenetz, M.D., Ph.D.

UNIVERSITY DIAGNOSTIC MEDICAL IMAGING, P.C.



A Fully Accredited American College of Radiology Facility

1200 Waters Place Suite M108
Bronx,. NY 10461

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COMPUTERIZED MEDICAL IMAGING 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 images are posted on the service.
3. I understand that the records of my patients are "protected health information" defined by the Health Insurance Portability and Accountability Act ("HIPAA") Standards for Privacy of individually identifiable Health Insurance and Security Standards.
4. I will contact UDMI immediately upon learning that my patients' images 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.

By signing this form, I agree to the terms set forth above and understand that UDMI reserves the 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.

Agreed to and accepted by:

_____**M.D.**
Please print physician's name

_____
Signature of Physician

_____
Date

_____
Email address

Please include an email address. You will receive your:

- **User I.D.**
- **Password**
- **User Instructions**

in a private email within two (2) business days. Thank you