



Web Portal Access Request Form

PRACTICE / GROUP NAME:
DATE:
PHYSICIAN NAME:
PHYSICIAN PROVIDER CODE (or sponsoring physician's provider code):
CONTACT TELEPHONE:
E-MAIL ADDRESS:

TECHNICAL REQUIREMENTS:

- Broadband Internet Access (Cable Modem/DSL) is required in order to view images.
- To run the Web Software, you need to allow installation of a Java Plug-in
- To load and save images from and to the local client disk, you need to grant permissions to the Web Software applet
- Both installations are prompted from <https://radweb.xraydocs.com>
- ActiveX controls must be enabled to complete installation

Radiology Associates, LLP HIPAA Agreement

Introduction

Radiology Associates, LLP is pleased to introduce our Physician Web Portal. As a valued referring clinician, this gives you Internet access to your patients' diagnostic imaging procedures. By simply obtaining a unique user name and password, we are confident that you will find access to your patients' records is extremely easy and straightforward.

When using the RALLP Web Portal to transmit health information about individual patient's electronic media, federal and state laws require that Radiology Associates, LLP and the treating clinician take appropriate steps to protect against the unauthorized use and disclosure of such information. 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 the medical treatment of the patient. As you are well aware, we as Providers are required by HIPAA to safeguard this information.

To assure this protection of patients' protected health information from unauthorized use or disclosure, we ask that you agree to the following conditions:

Agreement

Regarding your use of and participation in the RALLP Physician Web Portal, you hereby agree to use protected health information accessed from using this web portal for the purpose of diagnosis and / or treatment of your patient(s), and for no other purpose except those permitted or required by applicable federal and state law. In addition, you agree to the following:

- Make available to your patients protected health information as required by applicable federal and state law;
- Use appropriate safeguards to prevent the use or disclosure of patient information other than as permitted pursuant to this agreement or applicable federal and state law;
- Make certain that your employees or other agents who you authorize to access radweb.xraydocs.com and who access protected health information comply with the provisions of this agreement and applicable federal and state law;
- Allow access to the radweb.xraydocs.com web portal only to those personnel with an essential need for access and who request access user names and user identifications unique to each individual and who have been authorized by you below;
- Use appropriate safeguards to prevent the unauthorized use or disclosure of your user name or password;
- Notify the Radiology Associates IT Department when any authorized user of a radweb.xraydocs.com web portal account is no longer in your employ / practice.
- Report to the Radiology Associates, LLP HIPAA Privacy Officer (Mr. Ellis Keitt) any use or disclosure of protected health information not permitted by this agreement or applicable federal and state law.

Radiology Associates, LLP reserves the right to terminate this agreement and your participation with radweb.xraydocs.com web portal upon making a determination in their sole discretion that there has been a violation or breach of any of the terms and conditions of this agreement.

Authorized Users for my practice (include First Name and Last Name)

Acknowledgement

Please acknowledge that you have read and understand the terms and conditions above by signing and dating below where provided.

Physician Signature:

Date: