

 Clear Lake
 Pasadena

 PH: 281-488-7226
 PH: 281-991-1674

 FAX: 281-488-2077
 FAX: 281-991-3800

PRACTICE INFORMATION

PRACTICE NAME: PHYSICIAN NAME: CONTACT PERSON:	
CONTACT PERSON:	
TELEPHONE#: FAX#:	
E-MAIL (for practice):	
HIPAA COMPLIANCE FORM FOR PHYSICIAN WEB ACCESS	
I will be assigned a user name and password by Gulf Coast MRI & Diagnostic for the right to view images or other information about pat whom I provide medical or diagnostic services. I understand that I have no right to view images or other information about individuals who my patients, and I will not do so when I am accessing or using the Gulf Coast MRI & Diagnostic PACS.	ents fo are no
1. <u>COMPLIANCE WITH APPLICABLE LAW</u> : I understand the Gulf Coast MRI & Diagnostic PACS network contains con information that may be protected under the Health Insurance Portability and Accountability Act of 1996, other federal laws, state laws, ethics rules of the medical profession. I will access or use information on the Gulf Coast MRI & Diagnostic PACS network in compliant such laws and ethical rules.	and the
 2. <u>DUTY TO REPORT</u>: I will contact Gulf Coast MRI & Diagnostic immediately upon any of the following events: a. Learning that my patients' images or information has been improperly accessed by a third party. b. Learning that my password or user name is or has been in the possession of any third party; or c. Learning of any other misuse of images or information in the Gulf Coast MRI & Diagnostic PACS network. 	
3. MONITORING : I acknowledge and understand that my use of the Gulf Coast MRI & Diagnostic PACS network will be monitored upon discovery of my improper use or disclosure of patient images, my access to the PACS network may be terminated.	ınd tha
By signing below, I indicate my agreement with the foregoing terms; I acknowledge that Gulf Coast MRI & Diagnostic reserves its rights legal action against me if I cause it to be involved in legal actions or to suffer damages as a result of any violation of any terms of this agreer	to tak ient.
Signature: Date:	