



(541) 389-XRAY/(541) 389-9729

Toll Free: (866) 264-XRAY/(866) 264-9729

This agreement is entered into on \_\_\_\_\_, by and between Central Oregon Radiology Associates, P. C. (CORA) and \_\_\_\_\_ (User).

WHEREAS, CORA makes accessible to authorized Users its Information System(s), for the sole and specific purpose of providing healthcare and/or healthcare services. CORA's information systems contain a broad range of electronically stored medical information about patients, including Protected Health Information.

\_\_\_\_\_ (User) requires access to the medical information stored in one or more of the following systems:

- Sectra (PACs)
- Royal RIS
- Royal MD

CORA grants User access to the User to CORA systems for the purpose of obtaining medical information needed by User to provide healthcare and/or healthcare services for patients.

User acknowledges the following:

**1. Definitions:**

- a. Protected Health Information (PHI) is defined in 45 Code of Federal Regulations (CFR) 160.103 (HIPAA Regulations.) PHI includes patient-identifiable clinical and demographic information in any form (electronic, written or verbal).
- b. Healthcare and healthcare services are treatment, payment, and operations (TPO) as defined in 45 CFR 164.501.
- c. User means the individual who is authorized to have access to CORA's system(s).

**2. Terms of Access:**

- a. Information accessed and/or retrieved from the system(s), is intended only for the review and/or use of the User based on the User's legitimate healthcare or healthcare service related duties. Access or retrieval of information from RIS for any other purpose is expressly prohibited.
- b. User understands they have no right to or ownership interest in any confidential information contained in the system(s).
- c. User's access to the application(s) will be recorded electronically and may be audited by CORA at any time on a random basis or for cause. Users consent to having all of any part of their use of access to the application(s) recorded, audited or reviewed at any time, for any reason.

**3. Agreements and Conditions of Access and Use:** In consideration for use of the RIS, User agrees to the following terms and conditions:

- a. To access PHI only for the purpose of providing healthcare and/or healthcare services based on legitimate job duties;
- b. To access the minimum amount of information needed to complete job duties;
- c. To safeguard and not share or give his/her authentication credentials (login ID and/or password) to any other individual; to take appropriate measures to safeguard his/her authentication credentials; to accept responsibility for all activities undertaken via User's authentication credentials;
- d. To not use or disclose PHI other than as permitted or required by law or as authorized by the patient;
- e. To use appropriate safeguards and practices to prevent use or disclosure of PHI other than as provided for in this Agreement, including but not limited to the following:
  - i. User will not divulge, copy, download, sell, loan, alter or destroy any PHI except as explicitly authorized by CORA.
  - ii. User will only access PHI on a need-to-know basis.

- iii. User will not leave PHI displayed on an unsecured computer screen and will log out of the system before leaving an unsecured area.
  - f. To report activities by any individual or entity that User suspects may compromise the confidentiality of PHI to CORA's Privacy Officer. Reports made in good faith are held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
  - g. To promptly notify CORA when changes occur in his/her practice or job duties which would eliminate or materially affect his/her job status or stated justification for access.
4. **Completion of HIPAA Education:** User agrees and warrants that s/he has received HIPAA education and understands their responsibilities as outlined in the Privacy and Security rules.
5. **Termination:** CORA may at any time revoke User's authentication credentials for reasons including but not limited to:
- a. Inappropriate access
  - b. System inactivity
  - c. Activities that may compromise the protection or confidentiality of the PHI.

Please provide the following information:

<b>Name:</b>	<b>Company email:</b>	
<b>Title:</b>	<b>Company Phone:</b>	
	<b>Department:</b>	
<b>Clinic/Hospital Name: (if other, please specify):</b>		
<b>Reason for Access (choose all that apply):</b>		
<input type="checkbox"/> Sectra - View Reports/Images/PHI	<input type="checkbox"/> Order Exams/Studies (NPI required)	<input type="checkbox"/>
<input type="checkbox"/> Royal RIS*	<input type="checkbox"/> Royal MD Access (NPI required)*	<input type="checkbox"/>
*Please only select Royal MD or RIS if you are an employee of CMI or a referring provider who has discussed the product with CMI staff.		
<b>Company Address:</b>	<b>Signature:</b>	

By signing below, you are acknowledging that you are the supervisor of the requestor/user listed above and both you and the requestor are currently employed by the clinic/hospital listed above.

<b>Supervisor's Name:</b>	<b>Supervisors company email:</b>	
<b>Supervisor Signature:</b>	<b>Supervisor's Phone:</b>	
	<b>Date:</b>	