



**HIPAA Security Agreement  
For Access To View Patient's Reports & Images**

**User Name:** \_\_\_\_\_

**Office/Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address of User:** \_\_\_\_\_

When using the University Radiology web server to access University Radiology's images and reports, I am acknowledging an understanding of and a willingness to abide by the University Radiology's security policies. Specifically I acknowledge that:

- All information stored on, or obtained from, University Radiology systems remains the property of University Radiology and is confidential.
- I will not allow others to use my login and password to access this system.
- I agree to immediately notify University Radiology of any instances where I know, or suspect, that there has been unauthorized access to the University Radiology web server using my login and password.
- In the event that University Radiology's management personnel or Information Technology Security suspects a possible breach of security associated with a user's account, they may, without prior notification to the account holder, suspend privileges associated with that account.
- All systems available through this user account are monitored and logged according to University Radiology policy.
- I UNDERSTAND I AM ACCOUNTABLE FOR ALL ACTIONS AND EVENTS RESULTING FROM THE USE OF THIS ACCOUNT.

I have carefully read the agreement above and acknowledge with my signature acceptance of the terms listed and agree to abide by them.

**Employee, Affiliate, or Physician's Signature:**

**Date:**

**\*\*\* Please fax the completed form to 732-390-5603 \*\*\***