

Privacy and Security Agreement for all users who wish to access the Bay Radiology Ltd, Medex Radiology Ltd and East Bay Radiology Ltd combined PACS database.

Medical and other health professionals need to view patient's medical imaging records to facilitate the care they provide to them. Privacy law requires that Bay Radiology, Medex Radiology and East Bay Radiology ensure that any access to the medical records and images held within our databases are restricted to authorised medical professionals and for justified medical treatment purposes only. In addition to these requirements we must ensure that our electronic systems and networks are protected from unauthorised entry and viruses.

Any medical professional who wishes to access our database via WebCOMRAD or Merge PACS, is required to sign this document. In doing so you are agreeing to comply with certain restrictions, and to act in a way that maintains privacy for our patients, referrers, staff and the security of our information systems. Bay Radiology will be conducting regular audits of any or all episodes of external access to WebCOMRAD and Merge PACS, to ensure ongoing compliance.

Name: First: _____ Last: _____

Organisation/s: _____

NZ Medical Council No: _____

E-mail Address: _____

Phone: _____

Postal Address: _____

Work Role: _____

Preferred Username: _____

Access Requested: WebCOMRAD: Merge PACS Viewer:

Agreement:

- I will keep the user name and password confidential; it will not be disclosed to anyone.
- I will act responsibly to maintain the security and integrity of the information systems that I use, therefore minimising the chance of any problems or security breaches for Bay Radiology Ltd, Medex Radiology Ltd and East Bay Radiology Ltd.
- I will look only at patients' medical imaging records for the purpose of providing diagnostic or treatment services to them and not for any other reason.
- I will ensure that unauthorised people cannot gain access to confidential information.
- If I need to copy or print any information or images, I will treat them as confidential medical records.
- I understand that Bay Radiology or its agents will conduct regular audits of access to these systems and I grant my consent for this to occur.
- I have read and agree to comply at all times with the Bay Radiology, Medex Radiology and East Bay Radiology rules related to the security and privacy of its electronic records.
- I acknowledge that a failure to comply with the rules listed above will result in my online access being withdrawn.

Signature: _____ Date: _____

Please send all completed forms to:

Bay Radiology Ltd
PO Box 2636
Tauranga 3140

Fax: 07 577 9930

Email: pacs.admin@bayradiology.co.nz