

# Privacy and Security Agreement

for all users who wish to access the Bay Radiology Limited and Medex Radiology Limited combined PACS database.

Medical and other health professionals need to view patients' medical imaging records to facilitate the care they provide to them. Privacy law requires that Bay Radiology and Medex 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 use our combined iConnect resource to access our PACS system 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 iConnect, to ensure ongoing compliance.

Name:	First:	Last:
Organisation/s:		
NZ Medical Council No:		
E-mail Address:		
Phone:		
Postal Address:		
Work Role:		
Preferred Username:		

## Agreement:

- I will keep the user name and password confidential; it will not be disclosed to anyone.
- I will keep Bay Radiology informed if I leave my current practice or move to another one.
- 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 and Medex Radiology.
- 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 and Medex 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- I acknowledge that a failure to comply with the rules listed above will result in my online access being withdrawn.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:
------------	-------

**This form must be completed, signed and returned to us via email, [pacs.admin@bayradiology.co.nz](mailto:pacs.admin@bayradiology.co.nz)**