



Request for Remote User Access to Philips IntelliSpace PACS

Part I: Remote Access User

Last Name _____ First Name _____ Date _____

Department or Company Name _____ Phone/Extension _____

Email Address _____ (This will be used to communicate your credentials if approved)

Please describe in detail why access to PHI in NAR Information Systems is needed. Lack of sufficient information on this form will be sent back for additional information.

Part II: Remote Access User Agreement

Northern Arizona Radiology (“NAR”) agrees to provide Remote Access User with access to NAR Confidential Information, including Protected Health Information (“PHI”) through the NAR Information Systems, subject to the conditions outlined in this Agreement. Remote Access User agrees to protect the confidentiality and security of the PHI obtained from NAR and to comply with applicable laws in respect to the PHI of patients. Remote Access User may access only the minimum amount of Confidential Information necessary to provide continuing treatment to patients of NAR and Remote Access User. Access to PHI in NAR Information Systems shall be subject to the following terms and conditions:

- 1. Scope of Use.** Remote Access User agrees not to gain access to, use, copy, make notes of, remove, divulge or disclose Confidential Information, except as necessary to provide continuing treatment of patients of NAR and Remote Access User.
- 2. Protection of Confidentiality and Security of Confidential Information.** Remote Access User agrees to protect the confidentiality and security of the demographic and health information relating to NAR’s patients (“Confidential Information”) obtained from NAR. Remote Access User will comply with federal Health Insurance Portability and Accountability Act (“HIPAA”) regulations in protecting the privacy of information accessed.

3. **Patient Permission before Access.** Remote Access User agrees not to examine patient communicable disease information, genetic testing information, drug and alcohol abuse treatment information, and mental health information without advance permission from NAR.
4. **Codes and Passwords.** Remote Access User agrees not to release his/her user name, password or access device to any other person and agrees not to allow anyone else to access NAR Information Systems under his/her user name, password or device. Remote Access User agrees not to use or release anyone else's authentication code, password or access device. Remote Access User agrees to notify NAR immediately if he/she becomes aware or suspects that another person accessed NAR Confidential Information and/or NAR applications or NAR Information Systems using his/her user name, password or device.
5. **Computer Security.** Remote Access User agrees to maintain adequate security procedures for the computers on which the Remote Access User accesses the NAR Information Systems. Remote Access User agrees that he/she will abide by the NAR security requirements and NAR hardware and software desktop standards and other provided to Remote Access User. Remote Access User acknowledges that these obligations of this Agreement apply to access and use of NAR Information Systems from all devices and locations, including, but not limited to, an office, home or other remote location. Remote Access User will take no action to avoid or disable any protection or security means implemented in the NAR Information Systems or otherwise use any means to access NAR Information Systems without following log-in procedures specified by NAR or this Agreement.
6. **Printing Confidential Information.** If Remote Access User prints Confidential Information, Remote Access User will take reasonable safeguards to protect the printed Confidential Information from any access or use not authorized by this Agreement, and thereafter destroy such copies when they are no longer required for the purposes authorized herein. If printed Confidential Information is stolen or lost the Remote Access User agrees to notify the NAR Legal Department within 24 hours.
7. **Return of Software or Equipment.** Upon request of NAR, Remote Access User agrees to return any NAR software or equipment to NAR and also agrees to un-install and/or delete any software programs provided to Remote Access User by NAR, within the time period required by NAR.
8. **Auditing Compliance.** Remote Access User agrees that his/her compliance with this Agreement may be subject to review and/or audit by NAR. This includes access to computers and computer networks at the office or home of Remote Access User.
9. **Emailing Information.** The Remote Access User agrees not to email any Confidential Information to a non-hospital email account. Remote Access User will email Confidential Information to their NAR email account only as allowed by NAR Encryption Policy HSP 04.
10. **Unauthorized Persons.** The Remote Access User agrees not to allow any person to use or access NAR Information Systems either on-site or remotely. The Remote Access User agrees not to allow family, friends or other persons to see Confidential Information on the display screen while accessing NAR Information Systems. The Remote Access User agrees to fully log out of all NAR systems before leaving any workstation.
11. **Curiosity Viewing.** The Remote Access User agrees to never access Confidential Information for "curiosity viewing." The Remote Access User understands that this includes viewing the Confidential Information of children, other family members, friends, or coworkers, and all others unless access is necessary to provide services to patients with whom there is a direct treatment relationship, or as otherwise permitted by this Agreement. In addition, Remote Access Users are not authorized to view their personal medical record using this access. Medical Records can be obtained through NAR's Health Information Management Department.

- 12. Employer/Supervisor/Director responsibilities.** Employer/Supervisor/Director (“Employer”) will (a) require each Remote Access User who has been granted remote access to NAR Information systems to sign a separate Remote Access User Agreement with NAR and obtain a distinct user name and password; (b) not permit employees to share user names and passwords; (c) train Remote Access Users on the requirements of this Agreement and is responsible for their compliance with all provisions of this Agreement; (d) notify NAR within twenty four (24) hours of a Remote Access User’s discontinued need for access to NAR’s Confidential Information, which NAR will then terminate such Remote Access User’s remote access upon notification; (e) be responsible for any consequences, financial or otherwise, resulting from an unauthorized use or disclosure of NAR’s Confidential Information caused by its Remote Access Users, employees or agents.
- 13. Non-Assignment.** Neither party may assign this Agreement or their rights hereunder without the prior written consent of the other party.
- 14. Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona. Jurisdiction and venue shall be in Coconino County, Arizona.

Your request will be reviewed for approval. Requests are expected to be fulfilled within five (5) business days upon receipt of a completed form. Notification and instructions for obtaining remote access will be provided to the Remote Access User at that time.

REQUIRED AUTHORIZATIONS:

Remote Access User:

Signature: _____

Name: _____

Title: _____

Date: _____

Employer/Supervisor/Director:

I verify the Remote Access User requires access to PHI in the NAR Information Systems for treatment, facilitation of payment and management of healthcare operations. I will notify NAR when I become aware the Remote Access User ceases employment as disclosed and will contact NAR if I suspect a possible breach of PHI has occurred. I will ensure that the Remote Access User under my direction complies with this Agreement. I further acknowledge that I have read this Agreement and agree to the responsibilities herein.

Signature: _____

Name: _____

Title: _____

Date: _____

Please return this Agreement to Northern Arizona Radiology in 1 of the 2 ways listed below;

1. Fax form to 928-773-2240
2. Email form to info@narpc.com

Northern Arizona Radiology:

Received and verified. Request pending review and authorization.

Signature: _____

Name: _____

Title: _____

Date: _____