



Please return the original Registration Form with the User Agreement to:

Liz Shaw
990 Stewart Avenue, Suite 400
Garden City, NY 11530

In order to expedite registration, forms can also be faxed to: (516) 222-8475

Should you have any questions, please call us at: (516) 222-2022, ext. 1362

**Registration Form:
Secure Online Medical Image and Report Viewing**

I agree that my use of the DR Systems computerized medical image and report viewing service ("the Service") offered by NRAD-Nassau Radiologic Group by the issue of a username and password is subject to the following conditions:

1. I will not divulge or allow any other person to use my username and password.
2. I will use my username and password only in connection with treatment of my patients who have been treated by NRAD-Nassau Radiologic Group and whose images and reports are posted on the Service.
3. I understand that the records of my patients are "protected health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA") Standards for Privacy of Individually Identifiable Health Information and Security Standards.
4. I will contact NRAD-Nassau Radiologic Group immediately upon my learning that my patients' images and/or reports have been accessed by any third party.
5. I understand that my access to the medical image and report service may be monitored and that upon NRAD-Nassau Radiologic Group's discovery of my improper use or disclosure of my patients' images and/or reports, NRAD may invalidate my password and prohibit me from further accessing the Service.

By signing this form, I indicate my agreement to the foregoing terms and realize that NRAD-Nassau Radiologic Group reserves its right to take legal action against any physician who causes it to be involved in a legal action or to suffer damages as a result of a violation of any of its patients' rights to privacy and confidentiality of protected health information.

Agreed to and accepted by:

_____, M.D./D.O./D.P.M

Please PRINT Physician's Name

Signature of Physician

Date

USER NAME* (6-14 Characters mix alpha/numeric)

PASSWORD* (6-14 Characters mix alpha/numeric)

Physician's E-mail Address

* Username and Password should be 6-14 characters in length including both letters and numbers. No two users can have the same username and password for privacy reasons.