



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

Liz Painter  
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 (516) 222-2022, ext. 1362

User Agreement:  
Secure Online Medical Image and Report Viewing

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Authorized use of the DR Systems computerized medical image and report viewing service ("the Service") is subject to the following terms and conditions which must be accepted by the user as indicated below:

1. You acknowledge that the Service stores patient radiological images and reports and that the purpose of the Service is to permit physicians who treat patients of NRAD Medical Associates, P.C. to quickly access and view the radiological images and reports of their patients.
2. You acknowledge that you have received, signed and agreed to the terms of the "Registration Form: Secure Online Image and Report Viewing" issued by NRAD Medical Associates, P.C. You agree to abide by the terms of the Registration Form when utilizing the Service.
3. You agree to use and disclose all information accessed via the Service only in accordance with the Health Insurance Portability and Accountability Act of 1996.
4. You agree that you will be responsible for any improper use or disclosure of patient information caused by you.
5. A record of each access will be logged and forwarded to NRAD Medical Associates, P.C..
6. If this is for legitimate treatment of the patient, please continue, otherwise be aware that you are requesting information for which, if disclosed, you could be held personally liable if used for purposes other than those specified by HIPAA.

If you agree to the foregoing, please initial next to the "I Agree" and return this form along with your completed acknowledgment form to:

I Agree

\_\_\_\_\_  
(Please initial above)

I Do Not Agree



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I agree that my use of the DR Systems computerized medical image and report viewing service ("the Service") offered by NRAD Medical Associates, P.C. by the issue of a username and password is subject to the following conditions:

- 7. I will not divulge or allow any other person to use my username and password.
- 8. I will use my username and password only in connection with treatment of my patients who have been treated by NRAD Medical Associates, P.C. and whose images and reports are posted on the Service.
- 9. 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.
- 10. I will contact NRAD Medical Associates, P.C. immediately upon my learning that my patients' images and/or reports have been accessed by any third party.
- 11. I understand that my access to the medical image and report service may be monitored and that upon NRAD Medical Associates, P.C.'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 Medical Associates, P.C. 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

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

\_\_\_\_\_  
Signature of Physician

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.