



PRIVACY AND SECURITY AGREEMENT FOR ALL USERS OF THE PACIFIC RADIOLOGY PACS AND RIS

Medical, other health practitioners and their immediate support staff need to view patients' medical imaging records to facilitate the care they provide to them. Privacy law requires Pacific Radiology Ltd (PRL) to ensure that any access to its records is restricted to authorised people and for justified medical treatment purposes only. PRL also needs to protect its electronic systems and networks from viruses, other malware and unauthorised entry.

We are therefore requiring every individual who wishes to use the PRL PACS or RIS systems (which comprise the information systems where patients images, reports, referrals and other data are held) to sign this document, agreeing to comply with certain restrictions, and to act in a way that maintains privacy for our patients, referrers and staff, and security of our information systems. As part of this, you will also be agreeing to PRL conducting regular audit of any or all episodes of external access to its PACS or RIS, for the purpose of monitoring compliance.

Name: _____

Email Address: _____

Postal Address: _____

Phone Numbers (work, fax, mobile): _____

Work Role: _____

NZ Medical Council No: _____

PRL PACS User Name (if known): _____

If you receive reports via Healthlink, what is your mailbox ID? _____

Agreement: I agree to comply at all times with PRL's rules related to the security and privacy of its electronic records. I will keep my user name and password absolutely confidential. I will act responsibly to maintain the security and integrity of the information systems that I use, so as to minimise the chance of any problems or security breaches for PRL. I will only look at patients' medical imaging records for the purposes of providing diagnostic or treatment services to them and not for any other reason. I will ensure that unauthorized people cannot gain access to confidential information. If I need to copy or print images or other information from the PRL PACS or RIS, I will also treat them as confidential medical records. I agree to comply with any audit by PRL or its agents of access to the PRL PACS or RIS.

Signature: _____

Date: _____

Please send all completed forms to:

Please direct enquiries to:

PACS Help Desk
Pacific Radiology
PO Box 7168
Wellington 6242
Fax: 04 978 5501

PACS Help Desk
Phone: 04 978 5585
Email: pacs@pacificradiology.co.nz

Introduction

Pacific Radiology Ltd (PRL) holds personal information about patients and employees as well as business and financial information. PRL has an obligation to ensure there is no unauthorised disclosure of this information.

As a user of PRL's information and computer systems, you will have access to some or all of the information. Before you are permitted access to any information you are required to read the Conditions of Access and Use and accept them by signing the Privacy and Security Agreement for all Users of the Pacific Radiology PACS and RIS. You will not be allowed access to PRL's information and computer systems without first accepting these Conditions of Access and Use.

Confidentiality

I will only access and use information that is necessary for the performance of my duties.

I will not try to benefit personally or permit others to benefit personally from any information or use of equipment available to me.

I will not remove, copy or disclose any information except when necessary for the performance of my duties and in accordance with the Health Information Privacy Code (1994).

Any information I include in a report or record will, to the best of my knowledge, be true and accurate.

Passwords

I agree that my user name and password must never be shared or revealed to anyone else, written down, openly displayed or stored on or near the computer.

Storage of Data

I will not operate any unauthorised software or make any unauthorised copies of software on any computer provided by PRL.

Failure to Comply

I understand that if I do not comply with the Conditions of Access and Use, PRL may revoke my access privileges to the PRL information and computer systems and may instigate disciplinary and/or legal action against me.

Compliance and Monitoring

I am aware that PRL monitors all access to the PRL information and computer systems.

I agree that I will not use PRL's computing facilities for any unauthorised commercial activities.

I agree that I will not use PRL computing facilities for the access, transfer, storage of objectionable materials.

I understand that PRL will review and if appropriate renew my access privileges to PRL's information and computer systems.

I understand that my obligations under this agreement will continue after my access to PRL's information and computer systems has been terminated.

Portable Devices

When using devices in the performance of my duties I will act in accordance with both the confidentiality requirements of this agreement and the privacy policies of PRL.