



FINALIZED IMAGES AND REPORT PORTALS **REFERRING PHYSICIAN CONFIDENTIALITY AGREEMENT**

This document is confirmation to Southwest Diagnostic Imaging Center (SWDIC), Southwest Diagnostic Center for Molecular Imaging (CMI) and Texas Health Resources (THR) that I am fully aware of the implications of access to the computer systems at SWDIC, CMI, and THR and the confidentiality of the information to which I have access.

I understand I must have a sign-on I.D. (Username) and password to access any finalized images or reports.

I understand that my sign-on I.D. is the equivalent of my legal signature, and I will be accountable for all work done under my sign-on I.D.

I understand that the electronic data and information stored in the computer systems are confidential patient, organizational, and practitioner data or information and must be treated with the same care as data and information in the paper records.

I will not disclose my sign-on I.D. and password to anyone, nor will I attempt to learn another person's sign-on I.D. and password. In return, SWDIC and CMI will not release my username to anyone.

I will not access data for which I have no responsibilities nor have a "need to know."

If I believe the security of my password has been compromised, I will immediately change my password.

I understand the misuse of my access to the THR computer systems and/or misuse of confidential information as outlined by HIPAA may subject me to denial of access to all viewing portals.

Physician Name: _____
(Please Print) First Last

Physician Email: _____
(This will be used as your username in our referral portal)

Office Telephone Number: _____

Practice Name: _____

Primary Practice Address: _____

City/State/Zip: _____

Date: _____ Physician Signature: _____
(No Stamps)

Please fax back to 214-345-6519
ATTN: Support Systems Department