

## PACS Usage Request

Practice Name:			
Street Address:			
City:	State:	Zip:	
Ordering Provider PACS user at this location:			
(Must be an ordering provider to have access to PACS)			
User First Name:	User Last Name:		
Email:	Phone:	Fax:	

### System Requirements

- High Speed Internet Connection
- Microsoft Windows 2000 or XP, Windows 7 now supported
- Microsoft Internet Explorer Version 8 through 10
- 1 GHz Processor or Higher
- Minimum 512MB RAM
- 1024x768 Color Display

### **Steps to Secure Login Information**

1. Initial here that your system meets the above requirements.
2. Choose a requested login name.
3. FAX this agreement to Seattle radiologists 206-292-6375.
4. We will return an instruction email to you with a temporary password.
5. When you log in, you will be asked to create a new password that only you know.


### Access to Confidential Information - Please read carefully

Authorized viewing of health information: As a registered user, the records you have access to are not relative to your login. Under HIPAA rulings, it is important that after completing your review of cases, that you log off to prevent unauthorized use of the system. Like any other patient health information, only authorized personnel in your office should have access to the system to protect you and your business. You further agree that it is your responsibility to inform our office within 48 hours of the termination of an employee who has access to Seattle Radiologists PACS

I, the undersigned, agree to the terms of use of Seattle Radiologists PACS and understand the importance of protecting the health information of our mutual patients. I agree to only access those records pertaining to my patients.

Authorized User Signature: \_\_\_\_\_ Date: \_\_\_\_\_