



Physician Portal Access Request Form

Fax 425-486-8976 or Email e-HIM@pacificvascular.com

Practice Name:

Provider Name(s):

Contact Person Name:

Contact Job Function/Title:

Contact Email:

Telephone #:

Practice Email (if different than Contact):

Email for Online Alerts (Optional):

HIPAA COMPLIANCE FORM FOR PHYSICIAN WEB ACCESS

Pacific Vascular Inc. (PVI) is pleased to offer your office access to our Physician Web Portal. You will have internet access to your patients' vascular ultrasound reports and images with your assigned user name and password.

When using this Web access, federal and state laws require that PVI take appropriate steps to protect against the unauthorized use and disclosure of patient's electronic record. The Health Insurance Portability and Accountability Act ("HIPAA") allows health information concerning individual patients to be disclosed to another health care provider for purposes relating to medical treatment of the patient.

To assure this protection of patients' protected health information from unauthorized use or disclosure, PVI requests you agree to the following conditions:

1. Use appropriate safeguards to prevent the use and disclosure of patient information other than as permitted pursuant to this agreement or applicable federal and state law.
2. Treat all information received in the course of relations with PVI which relates to the patients of the provider, as confidential and privileged information.
3. Disclose the minimum amount of protected health information to any person or entity needed to accomplish patient care.
4. Safeguard the password and do not post it in area that can be viewed publically, such as a bulletin board or nametag.
5. Comply with the HIPAA privacy policies, use or disclosure of PHI as specified under section 164.508 of the Privacy Rule.
6. Do not share password outside the office.
7. Log off when task is completed.
8. Upon cessation of relations with PVI, agree to maintain confidentiality of any patient information in perpetuity.
9. Notify PVI when web access is no longer used by your practice.
10. Do not demonstrate web access or share username or password with any other imaging group or hospital radiology department.

PVI reserves the right to terminate this agreement and your participation with our web portal upon making a determination on their sole discretion that there has been a violation or breach of any of the terms and conditions of this agreement.

Acknowledgement:

I acknowledge that I have read and understand the terms and conditions of the Confidentiality Agreement set forth by Pacific Vascular Inc. by signing and dating below.

Print Name:

Date:

Signature (Healthcare Provider/CEO/Practice Administrator)

Title:

