



# Santa Fe Imaging, LLC

## HIPAA Confidentiality and Information Access Agreement for Referring Medical Offices

Santa Fe Imaging, LLC agrees to grant the Referring Medical Practice and the associated individuals named below a limited authorization to use its electronic records system(s) for the express purpose of accessing patient information regarding studies performed at Santa Fe Imaging on behalf of the named Practice/individuals. This access is governed by the limitations imposed by HIPAA Confidentiality requirements for all medical practitioners and Santa Fe Imaging’s own Privacy Policy, a copy of which is attached and also made available on the Company’s website <http://www.santafeimaging.com>.

By signing this Agreement, all Authorized Users certify that the access granted to Protected Health Information (PHI) will be used only in compliance with HIPAA Confidentiality parameters. Included in this understanding is the requirement that any information obtained by SFI-granted access to its imaging results, radiologist reports, demographic, and all other information on PACS will be used solely for its intended purpose of providing or billing medical treatment, and will adhere to all state and federal regulations governing the use and security of such information. Signatures by Authorized Users and their sponsoring Practice certify that they will only access information for patients for whom they have a healthcare provider relationship and a need-to-know for the specific information accessed; that they will not divulge, copy, release, sell, use for personal benefit, loan, review, remove, alter, or destroy any information accessed; and that they will use due diligence to secure access from any unauthorized persons or entities.

Authorized Users agree to accept personal responsibility for any activity under their assigned passwords, and realize that this obligation continues even if employment in the sponsoring Practice ceases. All parties further agree to maintain strictest security on passwords, never allowing others to use a password assigned to them, and never utilizing the password of any other individual. Staff acting on behalf of other healthcare professionals will obtain from SFI and thereafter use a personal password unique to them. The Practice agrees to safeguard access to the system so that it is available only to Authorized Users, and promptly to notify Santa Fe Imaging when any previously Authorized person leaves the practice so that their access may be terminated. If in spite of due diligence a breach of security is identified, the Practice also agrees to notify SFI at the earliest possible time so that the breach of patient PHI can be reported as required by law, and ongoing system integrity can be audited and repaired as needed.

Users further certify their understanding that any failure to follow these requirements that results in unauthorized access, improper use of PHI, or other violations of this accord constitutes a HIPAA Privacy Rule violation that could result in loss of access to the database, possible criminal or civil prosecution, and other sanctions from legal, licensing, and other bodies charged with monitoring compliance with regulations regarding the privacy of health information.

Authorized Users acknowledge that Santa Fe Imaging cannot guarantee 100% availability of online images because of the potential for technical difficulties beyond the control of the imaging center. CD, paper, or film copies of images may be requested; when possible requests should be made 24 hours in advance.

Practice Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Responsible Practice Representative: \_\_\_\_\_

**List of Authorized Users for Practice:**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If needed, please add more users / signatures on an additional sheet attached to this Agreement.

Once form is completed, please scan and email to Marketing Manager, Carole Goeller:  
[cgoeller@santafeimaging.com](mailto:cgoeller@santafeimaging.com) or to our IT team: [IT\\_support@santafeimaging.com](mailto:IT_support@santafeimaging.com)