

## PACS Account Request Form

### Practice / Hospital / Organisation Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Account Request details

Full Name	Provider Number	Contact Details	Use in
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
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			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice
			<input type="checkbox"/> Hospital <input type="checkbox"/> Practice

**Each patient will be given a Patient Identification Number ("Patient ID").**

**Group access account**  Yes  No

A group account links all individual accounts within the same practice into a single account. It will give you access to view other doctor's referred patients' images within the same practice.

**Break Glass**  Yes  No

Allow yourself access to studies which have been referred by other physicians.

### Require access to:

Alfred Imaging - Newtown  
Suite G1, 100 Carillon Ave, Newtown 2042

Lithgow Hospital Radiology Department  
Col. Drewe Drive, Lithgow 2790

Alfred Imaging \_ Five Dock  
144 Great North Road, Five Dock NSW 2046

Macquarie Medical Imaging  
3 Technology Pl. Macquarie University 2109

Alfred Imaging – North Strathfield  
Shop 7, 22 George Street, North Strathfield 2137

MUH Angiography Unit  
3 Technology Pl. Macquarie University 2109

Alfred Imaging - Auburn  
Suite 102, 39 Queen Street, Auburn 2144

Specialist Magnetic Resonance Imaging (SMRI)  
Suite G4, 100 Carillon Avenue, Newtown NSW 2042

Alfred Imaging - Drummoyne  
Ground Floor, 169 Victoria Rd Drummoyne 2047

Specialist Medical Imaging (SMI)  
29 Grose Street, Parramatta, NSW 2151

## ALFRED HEALTH SOLUTIONS PTY LTD

1st Floor, 144 Great North Rd, Five Dock NSW 2046

### SYSTEM ACCESS CONFIDENTIALITY AGREEMENT

*In order for you to use the system owned and operated by Alfred Health Solutions Pty Ltd, you must read and accept this agreement, initial each page and sign at the end of this agreement.*

*Please return to [itsupport@alfredimaging.com.au](mailto:itsupport@alfredimaging.com.au) or fax to 02 8705 8318.*

*Thank you for your co-operation.*

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I/We accept full responsibility for the security and protection of identification and password codes, including (without limitation) the unique Patient Identification Number ("Patient ID") issued to me/us for access to the Alfred Imaging Group's Information Systems. In order to protect the confidentiality of the information to which I am/we are now a party and to protect the privacy of the patient information to which we have access, I/we agree and acknowledge that:

1. The IT and computing facilities of Alfred Health Solutions Pty Ltd are only to be used for:-
  - a. authorised and lawful purposes; and
  - b. in connection with and in support of the approval and authorized activities of the Practice / Hospital / Organization.
2. I/we will not access or use information in the computer system which is not required within my/our day-to-day responsibilities and in the duties of patient care and treatment. I/we understand and acknowledge that, browsing through patient records or accessing records that are not required as part of my/our duty, is strictly prohibited pursuant to privacy legislation, patient privacy rules and compliance with work place confidentiality laws.
3. The Patient ID and the personal identification and password code that is assigned to me/us are solely to facilitate patient care and treatment. These codes and numbers must not be shared with anyone else. I/we will take all precautions necessary to protect the privileges assigned to me/us. If I/we have any reason to believe that another person is aware of my/our personal identification and password code or a Patient ID, I/we must immediately notify **Alfred Health Solutions Pty Ltd IT Support via telephone on 02 8705-8314 or 02 8705-8333** to change it.
4. I/we must not at any time access (or attempt to access), alter, transfer or copy information in the computer system by using another user or group identification code other than my / our own. I/we must not alter or delete information in the computer system. I/we must not use a Patient ID that I am/we are not authorized to use.

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5. I/we must not permit another person to access, alter, transfer, copy or delete information in the computer system under my/our personal identification code, after I/we have logged on to the system or at any other time.
6. It is my/our responsibility at all times, to logout of the system when my/our work is complete or when I/we leave the workstation. The system must not be allowed to remain open for access by unauthorised persons at any time.
7. It is my/our responsibility to immediately report any incidents or suspected incidents of improper, unauthorised or illegal activity concerning the use of the Patient Information System. Without limiting the generality of this obligation, I/we must immediately report to Alfred Health Solutions IT Support :
  - (a) any access to or use of patient information that is not in accordance with approved and authorised functions and obligations of the Hospital/Practice;
  - (b) the departure of any authorised person/user from the Practice or group, so as to enable the access code to be cancelled and a new one issued;
  - (c) the admission to the Practice or group of any new user requiring access to the Patient Information System;
  - (d) the disclosure by any means, accidental or otherwise, of a Patient ID to any unauthorised person or to any person who is not bound by this agreement, so that the Patient ID may be cancelled and a new one issued.
8. I/We agree and acknowledge it is my/our responsibility to respect patient privacy and to protect at all times the confidentiality of information to which I/we have access.
9. I/We understand that access to this system is at no charge. Alfred Health Solutions Pty Ltd and the Alfred Imaging Group are not responsible for any costs incurred by the user, or for costs associated with the user's own internet connection including bandwidth (uploads and downloads).
10. I/We will at all times act in accordance with the Privacy Act 1988 (Commonwealth) (as amended) including the National Privacy Principles and the Australian Privacy Principles contained therein. Without limiting the generality of this essential obligation:
  - a. I/we must not, without the informed consent of the patient:
    - use or disclose personal information other than for the primary purpose for which it is made available;
    - allow personal information to leave Australia; and
  - b. I/we must take all reasonable steps to ensure that:
    - personal information collected, used or disclosed is accurate, current, complete and relevant;
    - personal information is protected from misuse, interference, loss, and from unauthorised access, modification or disclosure; and
    - personal information is destroyed when it is no longer required for any authorised purpose; and
  - c. I/we declare and certify that at all relevant times I/we have obtained (where it is possible to do so) the informed consent of the patient to access and use the patient's personal medical information and history.

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11. I/we may access patient information, images and studies even if I am/we are not the patient's referring physician by using the **Break-Glass** facility of Alfred's PACS system. If I/we **Break-Glass** and use a Patient ID to gain access to that patient's information and records, I/we certify that :
  - a. I/we accept and will comply with the **Break-Glass Confidentiality Agreement**, which is an on-screen essential obligation for using the Break-Glass facility;
  - b. I am/we are treating the patient whose information and records I/we access; and
  - c. I am/we are aware that access to patient information and records is monitored by Alfred's systems administrator.
  
12. I/We will indemnify and keep indemnified Alfred Health Solutions Pty Ltd, the Alfred Imaging Group and any of their related and associated entities from all and any loss or damage, including legal costs, that they or any of them sustain at any time as a result, direct or otherwise, of a breach by me/us of the confidentiality and privacy provisions of this Agreement.
  
13. Alfred Health Solutions Pty Ltd and the Alfred Imaging Group reserve the right, in their absolute and unfettered discretion, to deny access to their systems and stored information at any time without prior notice. Normally they would only do so if they believed, on reasonable grounds, that the confidentiality, privacy and security of stored information may be compromised, or that information was used or may be used for an unlawful or unauthorized purpose.

I/We, the undersigned, agree to be bound by the terms and conditions of this agreement.

Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____
Name: _____	Sign: _____	Date: _____

**~ ~ Please initial all pages of this agreement. ~ ~**

## Internal Use

Full Name	Identifier	RIS No	Login Name

**Account restriction:**    **Yes**                       **No** Grant access manually by: \_\_\_\_\_

**Account role:**    Research       Hospital Clinician       Clinician       Radiologist  
                           Admin               Group Login               IT               Radiographer

**Additional requirements:**       Export DICOM and Burning CDs  
     Multiple simultaneous logins  
     Break Glass

**Created by**  
 Position: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Approved by**  
 Position: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_