



Orange County Diagnostics
Offices: Mission Viejo, Ladera Ranch and Laguna Woods

PHYSICIAN PACS ACCESS AGREEMENT

Name: _____ Date: _____

Hello and thank you for interest in Orange County Diagnostics. As a valued referring physician we have provided you with the ability to access your patients imaging records via a secure internet connection.

You are being issued a user ID and password to access Orange County Diagnostics' web portal for images and results of diagnostic procedures performed at our facility.

You can access these images through our homepage, www.ocdiagnostics.net, on the "PACS" link.

Your user ID is: _____

Your password is: _____

Per HIPAA requirements, you are required to protect confidential patient information from unauthorized persons. If you have any questions regarding these responsibilities, that information is available at <http://www.hhs.gov/oci/hipaa/>.

Orange County Diagnostics obtains a release at the time of service, from your patient, authorizing you to view and use the health information provided on our website. Should that authorization status change, you will be notified in writing.

By signing below, you acknowledge that your office has in place appropriate HIPAA policies and procedures to protect information provided to you through Orange County Diagnostics' web portal. Furthermore, you agree to notify Orange County Diagnostics of any breaches of security or confidentiality that you discover with regard to this protected health information.

Physician signature

Date

Practice Name or Medical Group Name

Address and phone number

Please fill out and fax to (949) 859-0414, attention Marketing Department. Someone will contact you as soon as possible. If you have any questions or concerns, please leave a message with our Marketing Department at (949) 859-0400 x30.