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949-364-5716 Phone  
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24301 Paseo De Valencia, # 100  
Laguna Woods, CA 92637  
949-859-0400 Phone  
949-859-0414 Fax

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## PHYSICIAN PACS ACCESS AGREEMENT

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

Hello and thank you for your interest in Orange County Diagnostics. As a valued referring physician, we have provided you with the ability to access patient's images and reports via a secure internet connection. Please fill out this form and fax to the number listed below. You will be contacted for an install date. Once the set up is complete, images can be accessed by logging into our website, [www.ocdiagnostics.net](http://www.ocdiagnostics.net), and clicking the "PACS" tab.

Leave blank – these will be issued to you:

**\*\*User Name & Password:** \_\_\_\_\_ **\*\***

Per HIPAA law, 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/ocr/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 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.

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Physician Signature

Date

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Practice Name or Medical Group Name

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Address, Phone & Fax 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.**

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