



ACCESS AUTHORIZATION FOR ORDERING PHYSICIANS AND STAFF

Southwest PET/CT Institute, Arizona Molecular Imaging Center and Indian Wells PET/CT (collectively hereafter referred to as "SW PET/CT Institute.") grants the following physician or physician group staff members ("Authorized Person") electronic access to SW PET/CT Institute's patient reports and images. Such access is granted with the express understanding that the access is necessary to perform treatment, and/or healthcare operations activities and that such Authorized Person will safeguard the security and confidentiality of the Protected Health Information (PHI) contained in the patient reports/images in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other relevant State and Federal laws.

It is further understood that it is the Authorized Person's responsibility to abide by SW PET/CT Institute's PHI confidentiality and security requirements, including but not limited to the following: (a) passwords are not to be shared, (b) user names and passwords are not to be stored on any computer or remote access device that would permit automatic login if the machine is lost or stolen, (c) the undersigned expressly agrees to limit his/her access to and use of SW PET/CT Institute's patient report/image database to only the reports and images of his/her patients and only for treatment or health care operations purposes and (d) the undersigned further acknowledges that accessing PHI without authorization, accessing or using PHI for an improper purpose, or allowing access to PHI by unauthorized persons constitutes a HIPAA Privacy Rule violation that could result in the loss of your privilege to access SW PET/CT Institute's database, possible criminal prosecution, and other sanctions, and such unauthorized conduct may be reportable to law enforcement, professional licensure and disciplinary authorities and the Department of Health and Human Services.

SW PET/CT Institute reserves the right to audit all access to ensure compliance with these requirements. User activity is monitored on a regular basis. User log-ins that are inactive for four (4) months in the case of a provider or two (2) months in the case of their staff will be deactivated.

Type of access action to be taken: ADD CHANGE DELETE

The following information must be completed by the person requesting access.

Name: _____

Practice Name: _____

Office Address: _____

Job title: _____

Telephone: _____

E-mail: _____

Signature _____ Date: _____

Please fax completed form to (520) 321-4061