

**PARK AVENUE ASSOCIATES IN RADIOLOGY, P.C.**  
**SOUTHERN TIER IMAGING**  
**Request Form for Medical Practices' Access to PAAR WebViewer**

Because some medical practices and their physician providers ("Practice") request access to the Park Avenue Associates in Radiology, P.C. (Southern Tier Imaging) ITL PACS WebViewer ("PAAR's WebViewer") in order to support patient treatment, Park Avenue grants this access on an individual basis upon request of the Practice and approval by PAAR's HIPAA Compliance Officer (Sheri Storrs at 607-729-1999 ext. 209). Each individual User approved is issued a unique User ID and password.

In our constant effort to maintain a safe and secure network, as well as meet regulatory requirements, before permission is granted to access PAAR's WebViewer, Practice must agree to the following:

1. User must stay in compliance with all PAAR policies, as well as state and federal regulations including but not limited to HIPAA regulations.
2. User IDs and passwords assigned to the User will be used by that User only. User IDs and passwords cannot be shared. User IDs and passwords must be kept confidential. User IDs and passwords will not be visible on any unattended data entry screen or imbedded in any automated program, utility, or application such as autoexec.bat.files, batch job files, terminal hot keys or otherwise saved on the PC or written/posted on or near the PC, monitor, keyboard, on or under the keyboard, mouse pad, or in any non-password protected PDA, etc.
3. The User will respond promptly to PAAR network audits (annual verifications of compliance).
4. All passwords on the PC being used to access PAAR's WebViewer will be licensed and Practice will be in compliance with the terms and conditions of those licenses. PCs connecting to PAAR's WebViewer will have all updates from their Operating System and applications. Practice will use and maintain regularly updated anti-virus and fire-wall products.
5. User agrees to comply with any additional security policies or changes to PAAR's security policy that may be required in the future.
6. User is responsible for educating himself/herself about PAAR's WebView Security Policies, and is expected to contact PAAR's WebViewer HIPAA Compliance Officer if in doubt about what defines compliance with respect to PAAR's WebViewer security policies and for technical assistance, User may call 607-729-1999 ext. 235.
7. Any deviation by User from PAAR's WebViewer security policies will result in the revocation of network access for that User and potentially for that Practice.
8. Practice is legally responsible for all use of PAAR's WebViewer by its members/shareholders and employees of Practice, including any misuse of PAAR's WebViewer or the information contained therein. Misuse includes accessing PAAR's WebViewer for any purpose other than facilitating the health care needs of Practice's patients.
9. Practice will promptly notify PAAR's HIPAA compliance officer if the User's status within the Practice changes. If the User leaves the Practice, Practice will inform PAAR immediately in order to ensure Practice and PAAR are both in compliance with all related regulatory requirements and both are protected from potential liability risks.
10. By signing this request form, User and Practice agree to be bound and to abide by all of the above.

User's Name: \_\_\_\_\_

User's Signature and Date: \_\_\_\_\_

User's Email Address: \_\_\_\_\_

If User is not a Physician, Approving Physician's Name: \_\_\_\_\_

Approving Physician's Signature and Date: \_\_\_\_\_

User's role (please circle one):

MD • NP • PA • RPA • RN • LPN • COA (Clinical Office Assistant)

Other: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

\_\_\_\_\_  
Signature of Practice President or other duly authorized representative

When this form is signed by User and Employer (Practice President or other duly authorized person) and delivered to PAAR, PAAR's HIPAA Compliance Officer will review and process. [PAAR USE ONLY: Date Received \_\_\_\_\_ Date Processed: \_\_\_\_\_]