

# Advanced Radiology/Columbia Radiology, LTD PACS/Portal Account Request/Privacy Policy Agreement

Practice / Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Request for access to AR/CRL's PACS/Portal systems. Your username and password will be provided when your account request/privacy agreement form has been approved.

AR/CRL has structured its PACS/Portal policy to ensure compliance with the HIPAA privacy standards. Any use of Protected Health Information (PHI) while utilizing AR/CRL's PACS/Portal should be strictly limited to your patients for treatment purposes and kept to the minimum necessary. You should not use PHI in any way inconsistent with the HIPAA privacy standards. In order to comply with the HIPAA privacy standards, our systems track and monitor all PACS/Portal account usage, so please remember to sign off after each use.

Your signature below constitutes an agreement between you and Advanced Radiology/Columbia Radiology, LTD.

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I accept and agree to abide by AR/CRL's privacy policy. I understand that releasing my password to anyone or violating any of the above mentioned policy may result in the immediate termination of my AR/CRL PACS/Portal account. I understand that should I leave my current employer, I will discontinue the use of my PACS/Portal user account and contact AR/CRL to update my user account status. For security purposes user accounts deemed inactive may be disabled without notice.

Name:  
Last: \_\_\_\_\_, First: \_\_\_\_\_, MI: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Work Email (**Required**): \_\_\_\_\_  
(AR/CRL utilizes your email address for account administration only and will not share your email address with any third party.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to 573-442-1789 or email to [support@aradiology.com](mailto:support@aradiology.com)

Questions? Please contact the AR/CRL IT Department at:  
Email: [support@aradiology.com](mailto:support@aradiology.com) | Phone: 573-817-1224

AR USE ONLY:	
Date	_____
PACS <input type="checkbox"/>	Portal <input type="checkbox"/>
Initials	_____