



RADIOLOGY IMAGING ASSOCIATES

www.riassociates.com

RIA Physician Portal Enrollment Form

Radiology Imaging Associates is pleased to provide referring physicians and associated office staff HIPAA-compliant online access to patient exam reports & images. If you are a medical provider, officer, manager or authorized representative of a medical practice and have a medical need for requesting access to your patient's RIA imaging records via the Physician Portal, you may complete, sign and fax the following form to the Physician Portal team at 855-622-4123.

Date:			
Practice Name:			
Primary Contact Name:			
Phone Number:		Fax Number:	
Email Address:	<i>(required)</i>		
Address: <i>Please include all location addresses (attach separate page if necessary)</i>			
Would you like to stop all paper delivery of reports?			

Physician Portal Minimum System Requirements

- Operating System: Microsoft Windows, MAC OS, iOS, Linux, Android or other operating systems.
- Internet Browsers: Internet Explorer, Firefox, Chrome, Safari and other popular browsers.
- Software: Adobe Reader, Adobe Flash (non-mobile devices)

FAX TO: 855-622-4123



RADIOLOGY IMAGING ASSOCIATES

www.riassociates.com

AUTHORIZED USERS

Please list all the employees with your practice who will be authorized to view referrals and reports on behalf of the providers. *(Unique Email addresses are required)*

NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	
NAME (First Last, Suffix)	
Email	

FAX TO: 855-622-4123



RADIOLOGY IMAGING ASSOCIATES

www.riassociates.com

Radiology Imaging Associates Use and Access Agreement

Radiology Imaging Associates is pleased to offer internet access to your patients' exam images and reports. As you know, HIPAA requires Radiology Imaging Associates and you, the treating clinician, to take appropriate steps to protect against the unauthorized use or disclosure of patients' protected health information. In consideration of the access Radiology Imaging Associates will provide, by requesting a Referring Provider Account ("Account") on Radiology Imaging Associates' Physician Portal, you agree to the following conditions:

Technology Support

- Radiology Imaging Associates makes no guarantees or warranties that the system or this Account will operate in an uninterrupted fashion or without errors. All use of the system and this Account is at your risk. Access to the system is provided on an "AS-IS, AS-AVAILABLE" basis.
- You understand that medical images displayed through web access are for clinical review only and must not be used for primary interpretation.
- You understand and agree it is your responsibility to maintain appropriate minimum system requirements on any computer systems which will be used to access RIA Physician Portal. Radiology Imaging Associates will not provide support to configure your systems to meet necessary minimum system requirements. It is recommended you coordinate with your IT support personnel to validate that the minimum system requirements are met prior to use of RIA Physician Portal.

Confidentiality

- You will use this Account to review radiological records only for patients that are under your care for treatment purposes or who have authorized you pursuant to a valid HIPAA Authorization to view such information. As a "covered entity" under HIPAA, you agree to take all actions necessary to comply with the applicable provisions of HIPAA and its implementing regulations with respect to the use, disclosure and access of patient protected health information on Radiology Imaging Associates' Physician Portal.
- Activity on the system is monitored and the system generates an audit trail of activity performed under your unique login. You authorize Radiology Imaging Associates to provide this audit trail to a patient whose records are accessed under your login upon such patient's request or a government authority when required by law.
- You understand and agree that your user name and password are the equivalent of your legal signature and your responsibility to safeguard. You agree to take appropriate security measures to ensure that the password is not accidentally revealed. You also agree that if you have reason to believe that the password has been compromised you will change the password and notify Radiology Imaging Associates in writing of the potential compromised password immediately. You acknowledge and agree that you and your practice will be accountable for any and all improper use of this Account. Upon learning of any unauthorized or improper use of the Account, you will provide immediate notice in writing of such unauthorized or improper use to Radiology Imaging Associates.
- You agree to access only those patient records as necessary for treatment purposes. Access of records for any other purpose, including, but not limited to, accessing the records of individuals with whom you do not have a legitimate provider-patient relationship, is strictly prohibited.
- You will comply with applicable laws, regulations, and professional standards and guidelines at all times in connection with your use of this Account, including without limitation, all laws governing copyright, privacy, and the practice of medicine. You will not illegally use, inspect, copy, or store any patient records, copyrighted computer software programs or other material in connection with this Account. You agree not to attempt to defeat or circumvent security measures or to reverse engineer any software program in connection with this Account. You will not cause damage to computer systems or computer networks or intentionally damage equipment, software, or data belonging to Radiology Imaging Associates or other users.
- You are solely responsible for ensuring the security of all protected health information accessed by you and your employees and agents through RIA Physician Portal.

FAX TO: 855-622-4123



RADIOLOGY IMAGING ASSOCIATES

www.riassociates.com

Indemnification

- You agree to indemnify and hold Radiology Imaging Associates harmless from any claims or liabilities which may result from a breach of these terms and conditions by you or any of your employees or agents.
You also agree to indemnify and hold Radiology Imaging Associates harmless from any expenses incurred by Radiology Imaging Associates relating to or arising out the breach of these Terms and Conditions, including, but not limited to, wrongful disclosure of protected health information, failure to safeguard your username and password, or any HIPAA breaches, as defined by law, caused by you, your employees or agents.

Termination

- You agree that if for any reason your access to the Account is no longer needed or appropriate, you will promptly notify the Radiology Imaging Associates help desk via fax at 855-622-4123 to terminate the Account.
You understand and agree that Radiology Imaging Associates may suspend or terminate this Account at any time upon notice to you. You understand and agree that, upon discovery of unauthorized or improper use in violation with these terms and conditions, your access to the Account may be terminated.
You have provided a list of individuals authorized to have log-in credentials for your Account, and confirm that such individuals have read and agree to comply with these terms and conditions. You will notify Radiology Imaging Associates promptly in writing if any of the individuals listed are no longer authorized to access Radiology Imaging Associates' Physician Portal and will instruct such individuals to cease access under your Account.

Radiology Imaging Associates may modify the terms and conditions of this Agreement from time to time by providing written or electronic notice to you. By signing below, you acknowledge you have read and agree to the terms and conditions outlined in Radiology Imaging Associates Use and Access Agreement, in their entirety, for use of Radiology Imaging Associates' Physician Portal accounts.

Only an authorized officer, likely a physician shareholder, of a practice can bind the practice to this agreement.

Signed By

Date

Printed Name

Once completed, please fax form to the Physician Portal team at 855-622-4123. A RIA representative will contact you to provide enrollment information and schedule training, if requested.

COMPLETE ONE ENROLLMENT PER GROUP PRACTICE

To be completed by RIA employee

Table with 4 columns: Processed By, Date, Status, and an empty column.

FAX TO: 855-622-4123