



FULL-SERVICE, ALL DIGITAL IMAGING NETWORK

Physicians Portal
Terms and Conditions of Use

Updated: September 2019

This Physician Portal is to be used with general purpose computing hardware for the review of digital images and data acquired by imaging devices performed at Centrelake Medical Group, Inc. (dba “Centrelake Imaging & Oncology” or “Centrelake”). It is the user's responsibility to ensure image quality, lighting, and image compression ratios are suitable for its clinical application. Digitized images should not be used for primary diagnosis in certain imaging modalities, including digital mammography, PET, and Nuclear Medicine. Primary diagnosis on digital mammograms, PET, and Nuclear Medicine should not be done on any monitors other than those specifically authorized by the FDA and Centrelake Director of Operations for such applications. Film printing for imaging modalities should not be performed on any printers other than those specifically authorized by the FDA for digital applications and approved by Centrelake’s Director of Operations. **Caution: Federal law restricts this system to use by or on the order of a physician.**

I AGREE THAT:

1. I WILL KEEP my Physician Portal UserID and Password secret and I will not share this information with anyone.
2. I WILL NOT misuse or be careless with confidential information I obtain from Centrelake’s Physician Portal.
3. I WILL NOT use anyone else’s UserID to access Centrelake’s Physician Portal.
4. I ACKNOWLEDGE that access to Centrelake’s Physician Portal provides no claims or warranties.
5. I AM RESPONSIBLE for any access using my UserID.
6. I KNOW that my access to confidential information may be audited, logged, and tracked for quality control purposes.
7. I WILL inform Director of Operations at Centrelake if I believe my User ID has been compromised.
8. I KNOW that Centrelake reserves the right to revoke my access at any time.
9. I WILL protect the privacy of our mutual patients at all times observing all applicable state and federal laws, including HIPPA.
10. I WILL NOT make unauthorized copies of Centrelake’s software, data, repositories and other related information.
11. I AM RESPONSIBLE for my use or misuse of confidential information derived from Centrelake’s Physician Portal.

By my signature below, I agree to abide by the aforementioned terms and conditions regarding the use of Centrelake’s Physician Portal.

Physician’s Name: _____

Physician’s E-mail: _____

Physician’s Office Number: _____

Physician’s Signature: _____ **Date:** _____

PLEASE DO NOT FAX THIS FORM AS WE REQUIRE ORIGINAL DOCUMENT TO CREATE CREDENTIALS. PLEASE CALL (909) 242-7323 TO ARRANGE PICKUP OF FORMS BY OUR STAFF AT YOUR OFFICE