



User Access Agreement

South Sound Radiology (SSR) Synapse Referring Physician Portal

A. Privacy law requires us to take reasonable steps to ensure that any access to individuals' personal information (including health information) is protected from misuse, unauthorized access, interference and loss, from authorized access, modification or disclosure, and is restricted to authorized persons and for justified medical treatment purposes only.

B. SSR therefore requires every individual and entity who wishes to use our SSR Synapse Portal to agree to this User Access Agreement, agreeing to comply with certain restrictions, and to act in a way that maintains privacy for our patients, referrers and staff. As part of this, you will also be agreeing to us conducting regular audit of any or all episodes of access to the SSR Synapse Portal, for the purpose of monitoring compliance.

Access Agreement

In consideration of, amongst other things, our providing you with access to the SSR Synapse Portal, you agree as follows:

1. You agree to comply at all times with our portal policies related to the security and privacy of electronic records.
2. You will keep your username and password absolutely confidential.
3. You will act responsibly to maintain the security and integrity of the health care information obtained through the SSR Synapse portal.
4. You will only look at a patient's medical imaging records for the purposes of providing diagnostic or treatment services to that patient and not for any other reason.
5. You must not browse through a patient's records or access records that you are not required to see for the purposes of providing diagnostic or treatment services to the relevant patient: that is strictly prohibited.
6. You will ensure that unauthorized people cannot gain access to this SSR Synapse Portal and any confidential information where such access by unauthorized people is reasonably within your control to prevent.
7. If you need to copy or print images or other information from the SSR Synapse Portal, you will also treat them as confidential medical records and store them accordingly.
8. You understand your responsibility for respecting patients' privacy and protecting the confidentiality of information to which you have access, and will comply with all privacy laws, codes and guidelines including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
9. You agree to us revoking your access to the SSR Synapse Portal in the event of any breach by you to the terms and conditions of this Agreement.

10. If you leave your current place of business it is the responsibility of you and or your manager to notify South Sound Radiology P.S., Inc. so that we may disable your access.

User Full Name (PLEASE PRINT LEGIBLY)

User Email address:Job Title.....

FAX #..... Phone #

Practice Name:

Manager Name: Manager Email:

If you're a provider, please provide your **NPI #:**.....

Signature (indicates that I agree with the above user statement): _____

If you have a specific password request please contact jlee@southsoundradiology.com

Please send this form to South Sound Radiology via email to jlee@southsoundradiology.com or via fax (360) 493-4603 so that you may be granted access to the SSR Synapse portal.