



SSR Referring Physician Portal User Access Agreement

- A. Washington State and federal privacy laws require SSR to take reasonable steps to ensure that the personal information (including health information) of its patients is protected from misuse, unauthorized access, interference, improper modification, and improper disclosure.
B. SSR therefore requires every individual who wishes to use the SSR Synapse Portal ("Portal") to agree to this User Access Agreement ("Agreement"), and comply with the requirements and restrictions contained herein, and to act in a way that maintains privacy for SSR's patients, providers and staff.
Access Agreement
In consideration of, amongst other things, SSR providing the undersigned individual ("User") with access to the Portal, User agrees as follows:
1. User agrees to comply at all times with SSR's Portal policies related to the security and privacy of electronic records. User agrees that access to the Portal is a privilege granted to User by SSR and that SSR may terminate this privilege at any time without cause.
2. SSR will issue User a unique user ID and password. User agrees not to share this user ID or password with anyone. In addition, User agrees not to utilize "auto save" functionality on any computer or mobile device for the user ID and password. User agrees that User's account will be de-activated by SSR after 90 days of inactivity.
3. User will maintain the security and integrity of the health care information obtained through the Portal.
4. User will only access a patient's medical imaging records through the Portal for the purpose of providing treatment services to that patient and not for any other reason. User understands and acknowledges that User could face significant fines and penalties under state and federal laws for exceeding the scope of User's allowable access to the Portal.
5. User will ensure that no one else will use User's user ID and password to gain access to the Portal, and any confidential information contained in the Portal.
6. User understands that User is responsible for respecting patients' privacy and protecting the confidentiality of information to which User has access through the Portal. User shall comply with all privacy and security laws and guidelines including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Washington State Uniform Health Care Information Act (RCW 70.02).
7. User agrees that if User breaches the terms of this Agreement, violates applicable SSR privacy and/or security policies, or violates applicable law (including without limitation HIPAA, HITECH, or Washington State law), SSR may, in its sole discretion, immediately terminate User's access to the Portal without notice, and SSR will be entitled to all remedies it may have under applicable laws. In addition, SSR may seek and obtain injunctive and other equitable relief, and may contact law enforcement. User hereby agrees to indemnify SSR for any liability or damages which may occur as a result of User's breach of this Agreement or SSR's policies.
8. User understands and agrees that SSR, without notice to User, may conduct regular audits of any or all episodes of User's access to the Portal for the purpose of monitoring User's compliance with this Agreement and applicable law.
9. User will report all violations of this Agreement, and any suspected or actual privacy and security incidents related to SSR's information, to SSR within twenty-four (24) hours of the date User discovered, or should reasonably have discovered, the violation(s) and/or incident(s).
10. User agrees to notify SSR immediately if User's employment or other contractual relationship with User's current practice entity terminates. User understands that User's access to the Portal will be automatically terminated when User's employment or other contractual relationship with User's current provider entity is terminated for any reason.

Please note that we are unable to process incomplete or illegible requests. Today's Date: _____

User Name: (First) _____ (Middle) _____ (Last) _____

User Email address _____ Title: _____

Phone # _____ Fax # _____

Office Name: _____

Manager Name: _____ Manager's Email: _____

Manager's phone number: _____ Fax # _____

IF YOU'RE A PROVIDER, please provide your NPI #: _____

Signature (indicates that I agree to be bound by the terms of the Agreement): _____

Please print, sign and fax this form to South Sound Radiology- Radia fax (360) 493-4603

This section is for SSR Official Use Only

OIG [] SAM [] Verified _____ Date _____ Revised 6.19.19