



Vue Motion User Access Request Form

Subject to the terms and conditions of this request, **Radiology Associates of Regina Medical PC Inc. operating as Prairie Skies Medical Imaging (PSMI)** agrees to provide the undersigned access to diagnostic images performed by PSMI or other community imaging providers that Radiology Associates of Regina Medical PC Inc. maintains Data Sharing Agreements with.

Workstation Security

- The user will secure all data available from the RAR Vue Motion viewer, access by unauthorized users will not be permitted.
- The user will keep all passwords associated with the system private and will notify Radiology Associates if the access is not needed anymore so the user profile can be closed.
- The user will secure the workstation with a screen-saver password to assure security when the machine is left unattended for an extended period of time.

Terms and Conditions for Use

- Users are responsible for ensuring that the use is related to the “need to know” for the purpose of their healthcare work and the Health Information Protection Act (HIPA).
- Users who are viewing data through the RAR Vue Motion viewer or the RAR Carestream PACS are responsible for selecting the correct person from the patient list and protection of the reuse of the information.
- The user will not use the data for unauthorized research.
- User access is audited.
- Inappropriate use will be reported to the Ministry of Health’s Chief Privacy Officer.
- Any violation of the privacy legislation and the Ministry Privacy and Security Policy will be dealt with according to the Ministry’s Privacy and Security Breach Management protocols.

If you are not a physician please explain the type of access required:

I acknowledge that I, _____
have read and agree to the conditions for use as described in this form and my obligations under HIPA.

Contact Address: _____

Email Address: _____

Phone Number: _____ Preferred User Name: _____

Signature: _____ Date: _____

MM / DD / YY

Please fill in all sections and email this completed form to pacsadmin@prairieskies.ca or fax to 306-719-2219