

**RADIOLOGY IMAGE AND RESULTS WEB PORTAL - USER AGREEMENT**

Alliance Medical is pleased to introduce our Radiology Image and Results Web Portal at <https://images.alliancemedical.ie/> ("Web Portal"). By simply obtaining a unique user name and password you, the referrer, will have access to your patients diagnostic reports and images. We are confident that you will find that access to your patients' records is easy and straightforward.

**Agreement:**

I, \_\_\_\_\_ (Print Name), will be assigned a unique, personal username and password to access Web Portal. I agree that the issue of a user name and password and use of the Web Portal are subject to the following terms and conditions:

- PASSWORD/USER NAME CONFIDENTIALITY.** I **accept** that I am responsible for maintaining the confidentiality of my user name and password. I undertake not to disclose my user name, password, or any other information required to access the Web Portal from time to time to any other person, nor shall I permit any other person to use my user name or password.
- FOR IMAGE AND REPORT REVIEW.** The images found on the Web Portal are made available for review purposes only and are not for diagnosis or use as a legal patient record. Images must not be used for publication, research or for any other purposes unless prior written consent is obtained from Alliance Medical.
- USE FOR PATIENT TREATMENT ONLY.** I undertake to use my user name and password only to gain access to the diagnostic reports and images for the patients who are under the care of my office. I understand and agree that I have no right to view images or other information about persons who are not under the care of my office.
- COMPLIANCE WITH APPLICABLE LAW.** I understand the Web Portal contains confidential and personal information that is protected under GDPR 2018 and any other applicable data protection legislation and the relevant ethics rules of the medical profession, and agree to observe all relevant legislation and rules.
- DUTY TO REPORT.** I will contact Alliance Medical immediately upon any of the following events:
  - I learn that a patient's images or reports have been improperly accessed by a third party;
  - I learn that my password or user name is or has been disclosed to or used by any third party;
  - I change my employment status or practice; or
  - I learn of any other misuse of the Web Portal.
- MONITORING.** I acknowledge that my use of the Web Portal will be monitored and that upon discovery of improper use or disclosure of patient information, my access to the Web Portal may be terminated immediately without prior notice.
- DISCONTINUATION.** I understand that Alliance Medical reserves the right to modify or to discontinue temporarily or permanently the Web Portal at any time without prior notice. I agree that Alliance Medical will not be liable to me or any third party for any modification, non-availability or discontinuance of the Web Portal.

**Acknowledgement:**

By signing below, I understand and agree with the foregoing terms and conditions. I acknowledge that Alliance Medical reserves its right to take legal action against me if I cause it to be involved in a legal action or to suffer loss or damage as a result of my violation of any term of this agreement.

**Please complete in BLOCK CAPITALS**

Practice Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Medical Council Number \_\_\_\_\_

***Please indicate which site(s) you refer to:***

Charter Medical	<input type="checkbox"/>	Clane	<input type="checkbox"/>	St Francis, Mullingar	<input type="checkbox"/>	Hillsborough	<input type="checkbox"/>
BSDI Limerick	<input type="checkbox"/>	Tralee	<input type="checkbox"/>	Mater Private Cork	<input type="checkbox"/>	Cherrywood	<input type="checkbox"/>
NMH Holles St	<input type="checkbox"/>			NWIH Ballykelly	<input type="checkbox"/>		