



This box to be completed by Prof. Services Rep:

Able to login to Web server? Yes No
 Followed Troubleshooting steps? Yes No

Date _____

PACS Web Access Request Form

Demographics			
Practice / Group name:			Date:
Contact Person:		Phone:	
Access Requested For:	Physician Name:	Physician Email:	
	Do you currently refer patients to Borg Imaging?		<input type="checkbox"/> YES
Do you often see patients referred by other physicians?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you need to have access to patients referred by others in your group?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Notes:			

Technology		
IT Contact Name:		Phone:
Do you currently have Internet Access?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Internet Service?	<input type="checkbox"/> Broadband (Road Runner / DSL)	<input type="checkbox"/> Dial up
What is your computer platform?	<input type="checkbox"/> PC	Operating System:
	<input type="checkbox"/> Mac	Operating System:
Are your computers behind a Hardware Firewall?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your computers behind a Software Firewall?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your firewall block ActiveX Controls or Java Plug-ins?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the client PC user have Administrator rights to the computer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Administrator Rights Required:	<ul style="list-style-type: none"> To run the Web Software, you need to allow installation of a Java Plug-in To load and save images from and to the local client disk, you need to grant permissions to the Web Software applet Both installations are prompted from https://pacs.borgimaging.com ActiveX controls must be enabled to complete installation 	
Supported Client OS	Microsoft Windows 98/NT/2000/XP	Macintosh OS X 10.2.4 or later using SAFARI Browser with jre1.4.2
Minimum Requirements:	750 MHz Pentium III processor and higher 512 MB RAM 4MB Graphics Card 1024 x 768 Display Resolution Display resolution configured to 24-bit true color	512 MB RAM 4 MB Graphics Card 1024 x 768 Display Resolution Display Resolution configured to 32-bit true color
Recommended Requirements:	1.5 GHz Pentium IV processor 1 GB RAM 4MB Graphics Card 1600 x 1200 Display Resolution Display resolution configured to 32-bit true color	1 GB RAM 4MB Graphics Card 1600 x 1200 Display Resolution Color depth configured to millions of colors

**Please fax your completed paperwork to the attention of
Katy Bench at 585-241-6506**

**Please contact Katy at 585-697-4791
or our HELP! desk at (585) 487-2222
if you have any questions.**

Borg Imaging Group Web Server Confidentiality Agreement

Introduction

The Borg Imaging Group, LLP is pleased to introduce our Kodak CareStream picture archive web portal, otherwise known as the Borg Web Server, at pacs.borgimaging.com. As a valued referring clinician, this gives you Internet access to your patients' diagnostic imaging procedures. By simply obtaining a unique user name and password, we are confident that you will find access to your patients' records is uniquely easy and straightforward.

When using the Borg Web Server to transmit health information about individual patient's electronic media, federal and state laws require that Borg Imaging Group, LLP and the treating clinician take appropriate steps to protect against the unauthorized use and disclosure of such information. The Health Insurance Portability and Accountability Act ("HIPAA") allows health information concerning individual patients to be disclosed to another health care provider for purposes relating to the medical treatment of the patient. As you are well aware, we as Providers are required by HIPAA to safeguard this information.

To assure this protection of patients' protected health information from unauthorized use or disclosure, we ask that you agree to the following conditions:

Agreement

Regarding your use of and participation in the Borg Web Server, you hereby agree to use protected health information accessed from using this web portal for the purpose of diagnosis and / or treatment of your patient(s), and for no other purpose except those permitted or required by applicable federal and state law. In addition, you agree to the following:

- Make available to your patients protected health information as required by applicable federal and state law;
- Use appropriate safeguards to prevent the use or disclosure of patient information other than as permitted pursuant to this agreement or applicable federal and state law;
 - Make certain that your employees or other agents who you authorize to access pacs.borgimaging.com and who access protected health information comply with the provisions of this agreement and applicable federal and state law;
 - Allow access to the pacs.borgimaging.com web portal only to those personnel with an essential need for access and who request access user names and user identifications unique to each individual and who have read and signed a User and Confidentiality Agreement;
 - Use appropriate safeguards to prevent the unauthorized use or disclosure of your user name or password;
 - Notify the Borg Imaging Group HIPAA Privacy Officer when any authorized user of a pacs.borgimaging.com web portal account is no longer in your employ / practice.
- Report to the Borg Imaging Group HIPAA Privacy Officer any use or disclosure of protected health information not permitted by this agreement or applicable federal and state law.

The Borg Imaging Group, LLP reserves the right to terminate this agreement and your participation with pacs.borgimaging.com web portal upon making a determination in their sole discretion that there has been a violation or breach of any of the terms and conditions of this agreement.

Acknowledgement

Please acknowledge that you have read and understand the terms and conditions above by signing and dating below where provided.

Borg Imaging Group Web Server Confidentiality Agreement

Please fax your completed paperwork to the attention of Katy Bench at 585-241-6506.

PRACTICE NAME: _____ Phone _____
Describe your need for access: _____
Contact Person for Your Practice: _____
Email address: _____
Signature: _____ Date: _____
Witness Name: _____ Date: _____
Signature _____ Date: _____

Additional User Name and Title: _____

Signature: _____ **Date:** _____

Email Address: _____

Additional User Name and Title: _____

Signature: _____ **Date:** _____

Email Address: _____

Additional User Name and Title: _____

Signature: _____ **Date:** _____

Email Address: _____

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