

APPLICATION FOR ACCESS TO HEART & VASCULAR SYNAPSE PACS

PRACTICE DETAILS

Practice Name: _____

Practice Manager or Contact: _____

Business Address: _____

Postal Address: _____

Contact Phone Number: _____

Fax Number: _____

Practice Email: _____

INDIVIDUAL REFERRER DETAILS

Referrer First Name: _____

Referrer Last Name: _____

Medicare Provider Number: _____

AHPRA Registration Number: _____

Qualification: _____

Mobile Phone Number:
(Required for direct contact) _____

Email: _____

CONFIDENTIALITY AGREEMENT

I acknowledge I will be granted access to the Fuji Synapse PACS by Heart and Vascular (Flinders Cardiac Pty Ltd) in order to view, print, and download patient diagnostic images and reports (Confidential Information).

My access to and use of any Confidential Information stored on the system will be governed by the Heart & Vascular Confidentiality Policy and will be subject to the following terms and conditions:

- (a) I hereby undertake to always maintain the confidentiality of the Confidential Information.
- (b) I hereby undertake not to use the Confidential Information in any way which would be harmful to the best interests of Heart and Vascular;
- (c) I agree that I must comply with the Privacy Act 1988 (Cth) and the Australian Privacy Principles under that Act as if I were an "agency" for the purposes of that Act, in relation to all Confidential Information that I view, print or download from the system;
- (d) I agree that I must not allow or otherwise cause my username and/or password for access to be used by, or obtained by, any other person; and
- (e) I agree that I must promptly notify Heart and Vascular if I fail to comply with these terms and conditions or if I become aware of any actual or threatened disclosure of or unauthorised access to the Confidential Information.

I hereby indemnify Heart and Vascular, its officers, employees, contractors and agents at all times from and against any claim, action, suit, damage, cost, loss, expense or liability of any kind (whether in contract, tort or otherwise) including all legal costs on a full indemnity basis (howsoever suffered or incurred) directly or indirectly suffered or incurred by Heart and Vascular as a result of or in connection with any breach or failure by me to comply with the above terms and conditions.

CLINICIAN ACCESS

- ☐ I acknowledge that I have read and understood the Heart & Vascular Confidentiality Policy.
- ☐ I acknowledge that I will only access images and reports for patients whom I have referred for imaging or to whom I am providing a clinical service.
- ☐ I acknowledge that my access will be immediately revoked if I am found to be misusing my access to the Heart and Vascular Synapse PACS.

Signature: _____

Date: _____

Day/Month/Year

ALL APPLICATIONS MUST BE RETURNED VIA EMAIL TO PACS SUPPORT | HEART & VASCULAR

EMAIL: pacssupport@heartandvascular.com.au

SUBJECT HEADING: Application for Access to HV PACS

OFFICE USE

Account Created by: _____

Date & Time: _____

Permissions Added: _____

Comments: _____

