

Service Centre Change Order #:

Diagnostic Imaging Information System Access Form

Background

A Diagnostic Imaging Information System (DIIS) Access Form must be signed by each person in order to receive access to the Radiology Information System (RIS) and/or Picture Archiving Communication System (PACS). The signed form will signify that the person has read, understood and will abide by the policies relating to the use of any part of the DIIS.

Any violation of the spirit or intent of these policies/procedures/protocols may lead to loss of privileges, disciplinary action up to and including termination and/or legal action.

Acknowledgement

I acknowledge that I have read and understand the DIIS policies governing access to the RIS and/or PACS systems.

I understand that I must never share my RIS/PACS passwords with anyone. If I suspect that my password is known to others, I will change it immediately.

I understand that regular audits of the RIS/PACS systems shall be conducted to ensure patient/client confidentiality is maintained.

I understand that I am responsible and accountable if my name is associated with a patient when an audit is done.

Employee Signature: _____ **Date:** _____

Authorization

Manager/Supervisor _____

Signature: _____ **Date:** _____

Manager/Supervisor Phone Number: _____

Once completed please submit by interoffice or fax to the ITSS Service Centre to process.