



DIAGNOSTIC IMAGING
OF BILLINGS

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**ACCESS TO ELECTRONIC MEDICAL INFORMATION:
CONFIDENTIALITY AGREEMENT**

Big Sky Diagnostic Imaging of Billings (“PROVIDER”) is pleased to offer you access to confidential patient information through PROVIDER’s electronic medical information systems (“EMI System”) to facilitate and promote efficient, quality health care for your patients.

The information available through the EMI System is protected by state and federal privacy laws, including but not limited to the Health Insurance Portability and Accountability Act and its implementing regulations, 45 CFR part 164 (“the HIPAA Rules”). Among other things, HIPAA requires that PROVIDER implement appropriate safeguards to maintain the confidentiality and security of protected health information. Accordingly, as a condition to receiving a logon ID and password and accessing the protected health information, you (“User”) must agree to the following:

1. User will not access the protected health information except for purposes of User’s treatment, payment, or health care operations as permitted by the HIPAA Rules.
2. User shall maintain the confidentiality and security of User’s logon ID and password. User will not allow anyone to access the protected health information through User’s logon ID and password except those persons legally authorized by User to access the information on User’s behalf for purposes of User’s treatment, payment or healthcare operations as permitted by the HIPAA Rules.
3. User and User’s agents and business associates shall at all times maintain the confidentiality and security of the protected health information as required by applicable state and federal laws, including but not limited to the HIPAA privacy and security rules.
4. User shall immediately report to PROVIDER any unauthorized, improper, or illegal access to the EMI System or the protected health information, including the name(s), date(s) and circumstances related to the unauthorized, improper or illegal access.
5. PROVIDER reserves the right to terminate User’s access to the EMI System at any time for any reason, including but not limited to User’s violation of these conditions or violation of any applicable state or federal law or regulation.

Agreed to by:

Signature: _____

Printed Name/Title: _____

Work Email: _____

Practice Name: _____

Date: _____

Please submit this form by fax to (406)237-5530 or by email to matt.keane@3tforme.com