



**Radiology Imaging Associates, LLC
East Central Florida Outpatient Imaging, LLC
Medical Imaging Center of Ocala, LLP
TimberRidge Imaging Center, LLP
St. Thomas Radiology Associates, LLC
Community Imaging Alliance, LLC**

CONFIDENTIALITY AGREEMENT FOR SYNAPSE ACCESS TO ONLINE PATIENT RECORDS

As an employee of a referring doctor and/or the hospital, you may have access to medical images and reports from Radiology Imaging Associates, LLC., and its affiliated organizations: East Central Florida Outpatient Imaging, LLC; Medical Imaging Center of Ocala, LLP; TimberRidge Imaging Center, LLP; St. Thomas Radiology Associates, LLC; and Community Imaging Alliance, LLC, which includes all associated outpatient imaging centers. As such, you will have access to what this Agreement refers to as "Confidential Information." The purpose of this Agreement is to help you understand and acknowledge your duty regarding the treatment of Confidential Information.

For purposes of this Agreement, Confidential Information includes, but is not necessarily limited to, patient information, medical images, reports and such other information which, in the context of your access, is associated with the provision of medical services and should be maintained as confidential. You may learn of or have access to some or all of this Confidential Information through a computer system.

Confidential Information is valuable and sensitive and is protected from unauthorized disclosure both by laws and Radiology Imaging Associates, LLC's (and its affiliated organization's) policies governing Confidential Information. Your principal obligations in this area are explained below. You hereby agree to read and to abide by these duties. The violation of any of these duties may result in corrective action by Radiology Imaging Associates, LLC, and/or its affiliated organization, which might include termination or limitation of you access to Confidential Information. In addition, should such disclosure violate State or Federal law, such disclosure may also result in legal liability.

Accordingly, as a condition of and in consideration of your access to Confidential Information, you understand and agree that:

1. You will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. You will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. You will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.
4. You will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
5. You agree that your obligations under this Agreement will be continuous/without termination.
6. Upon termination of access for any reason, you will immediately return any documents or media containing Confidential Information to Radiology Imaging Associates, LLC, or its affiliated organization.
7. You understand that you have no right to any ownership interest in any information accessed or created by you or those for whom you are responsible during your relationship with Radiology Imaging Associates, LLC, or its affiliated organization.

Confidentiality Agreement

Radiology Imaging Associates, LLC; East Central Florida Outpatient Imaging, LLC; Medical Imaging Center of Ocala, LLP; TimberRidge Imaging Center, LLP; St. Thomas Radiology Associates, LLC; Community Imaging Alliance, LLC

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8. You will only access or use systems or devices you are officially authorized to access, and you will not demonstrate the operation or function of systems or devices to unauthorized individuals.
9. You understand that you should have no expectation of privacy when using Radiology Imaging Associates, LLC, and its affiliated organization's information systems. Radiology Imaging Associates, LLC, may log, access, review, and otherwise utilize information stored on or passing through its systems, in order to manage systems and enforce security.
10. You will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
11. You will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
12. You will NEVER:
 - a. Share/disclose user-IDs or passwords.
 - b. Use tools or techniques to break/exploit security measures.
 - c. Connect to unauthorized networks through the systems or devices to which you are given access.
13. You will notify Radiology Imaging Associates, LLC, if your password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

The following statements apply to those using Company systems containing patient identifiable health information:

14. You will only access software systems to review patient records when you have that patient's consent to do so. By accessing a patient's record, you are affirmatively representing to Radiology Imaging Associates, LLC, and its affiliated organization, at the time of each access, that you have the requisite patient consent to do so, and Radiology Imaging Associates, LLC, may rely on that representation in granting such access to you.
15. You acknowledge that you are employed by a referring physician and/or hospital and will access Radiology Imaging Associates, LLC, software systems and Confidential Information and you will, at least annually (or as often as may be required by HIPAA and your employer), complete training on issues related to patient confidentiality and access.

Practice Name _____

Signature _____ Date _____

Printed Name _____ Business Email _____