



**Application for Access to PACS System:**

**ACCESS REQUIRES THAT YOU ARE EITHER:**

- 1) A physician with a valid medical license
- 2) A non-physician with an authorized need to access the PACS System

Your Name: \_\_\_\_\_ Title (DO, MD, PA, etc) \_\_\_\_\_

Organization: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE READ CAREFULLY**

- 1) I agree to maintain all patient information confidentiality.
- 2) I agree to be held personally responsible for the use of my username/password.
- 3) I agree not to share or disclose my username/password to another user.
- 4) I agree to close my browser (eg. Explorer or Netscape) when done to prevent unauthorized use of my access to PHI.
- 5) I understand that if I improperly use confidential patient information the PACS Administrator will disable my access.
- 6) I understand that my failure to follow each clause of this agreement will result in suspension and/or revocation of PACS access privileges.

You will receive an email when your account has been activated with your username and sign-on password which you will be required to change at sign-on.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax or email your application to the Medical Data Integration (MDI) administrator:**

**Fax (309) 764-2232**

**Phone (309)764-MDI1 (6341)**

**Email: PacsAdmin@mdipacs.com**

**YOU WILL BE NOTIFIED WHEN YOUR ACCOUNT IS ACTIVE**

