Hemet Valley Imaging Medical Group, Inc.

"Excellence in Imaging"

1001 East Latham Ave., Suite G Hemet, CA 92543
Phone (951) 658-9243 • Fax (951) 765-5415

External Customer Confidentiality Agreement

Purpose:

To ensure that all information regarding Hemet Valley Imaging Medical Group, operational, business, patient, employee and medical staff matters are confidential. Access to computerized systems is authorized by the appropriate Hemet Valley Imaging Medical Group party.

I. The protection of patient, confidential, sensitive and proprietary information and/or systems is of critical importance. All access to computerized information and telecommunications is confidential. This information is password protected and passwords shall not be shared or displayed in any manner. Computer hacking or attempting to enter an additional system shall not be tolerated. Computerized information and telecommunications is intended solely for business use. Customer agrees to take all reasonable precautions to prevent the disclosure of patient, confidential, sensitive or proprietary information.

II. All data, programs, systems and documentation created for or used for Hemet Valley Imaging Medical Group business becomes the exclusive property of Hemet Valley Imaging Medical Group and is not to be reproduced or distributed without prior approval of the President of the group.

III. Proprietary software and associated documentation are subject to copyright laws and licensing agreements and are not to be reproduced without prior written approval from the President of Hemet Valley Imaging Medical Group.

IV. Precautions must be taken to keep all physical information and systems secure. Devices must be logged off prior to leaving them unattended. Power on passwords and other passwords that prevent system access are prohibited.

I have read the preceding statement and understand my responsibilities. *I understand that I may be subject to penalizing actions for violations of this statement.*

_____ _____ _____
Name Title Representing

_____ _____
Signature Date

Authorized system/s:_____Synapse RIS/PACS_____