

**FLORIDA RADIOLOGY CONSULTANTS SECURITY AGREEMENT  
FOR PHYSICIANS & PHYSICIAN OFFICE PERSONNEL**

Computerized information systems is one of Florida Radiology Consultants' (FRC) most valuable assets. Our success and the ability to protect the confidential nature of patient information require prevention against theft, destruction and the unlawful disclosure of such information.

Physicians and their office personnel operate computer equipment and access software systems during the course of, and within the scope of, providing care for FRC patients. Physicians and office personnel must understand FRC information security policies and procedures, which govern information systems throughout FRC.

Individual access codes are intended to protect and maintain the privacy of information in the computer from untrained and unauthorized personnel. Each time you sign on, the computer will identify you, and keep track of the functions you perform.

It is essential you do not share your password with anyone. Giving your password to another person, would enable that person to use your access code improperly or without justification.

According to FRC's Legal Counsel, "a computer access code which prints the name of the code owner on a computer print out qualifies as a legal signature in the state of Florida". You are legally responsible for work done under your name, therefore, sign on to the system with your own security access code, and sign off when you are finished.

If, for any reason, you become aware that someone has discovered your access code, please notify Information Systems at 938-3500 immediately and the appropriate action will be taken. If an employee who is a user of the system resigns or is terminated, please notify our office immediately so we can deny their access to the system.

I have read and fully understand my responsibility as to the security and integrity of information obtained through Florida Radiology Consultants computer systems and software.

<hr/> <b>Physician/Office Personnel Signature</b>	<hr/> <b>ID Number</b> <b>(Assigned by FRC)</b>	<hr/> <b>Date</b>
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**Print Name:**

**Phone:**

**Office Name:**

Please fax completed form to 239.938.3513