

North State Radiology

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(530) 898-0504
Fax: (530) 898-9647

In order to achieve our best possible service to you, we need your input on how you would like to receive patient reports from North State Imaging and North Valley Advanced Imaging. Please select all that apply:

- Email reports to address: _____
- Fax reports to number: _____
- Printed reports mailed to address: _____

Please indicate how you would like to access or receive images (when requested) from North State Imaging and North Valley Advanced Imaging:

- CD-rom
- Internet Access**

**If you choose internet access, please read and sign the agreement below. Once we have received this form, you will be assigned a user ID and password, which will allow you to log-in and access your patient's information via the secured NSR website.

By signing this agreement, you understand that this user ID and password is intended to be used only by you and is not to be shared. You agree to utilize a secured, private computer to access information on your patients only, and to log out of the patient information after each use. In the event that your secured, private computer is no longer in your possession or breached it is your responsibility to notify this office immediately. You also agree to use appropriate safeguards to prevent unauthorized use or disclosure of any and all Protected Health Information (PHI) contained on the website in compliance with the HIPAA Privacy Rule 45 CFR 160,164, which may be viewed at <http://www.hhs.gov/ocr/hipaa/finalreg.html>

I have read and agree to abide by the above privacy guidelines:

Physician Signature

Date

Print Name

PLEASE FAX BACK TO (530) 898-9647

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