MYK Diagnostic Imaging Electronic Access Agreement.

I, the undersigned, acknowledge receipt of my Synapse Login Code and understand that:

1) My Login Code is the equivalent to my signature;
2) I will not disclose this code to anyone;
3) I will not attempt to learn another person's Synapse Login code;
4) I will not attempt to access any unauthorized patient information via Synapse, nor will I make any unauthorized use of information in the Synapse application;
5) I will not attempt to access information using a Synapse Login code other than my own;
6) If I have reason to believe that the confidentiality of my Login code has been broken, I will contact MYK Diagnostic Imaging at 403.890.1588; and
7) I will protect the patient's right to the confidentiality of his/her medical information.

I understand that any violation of the above statements will result in immediate suspensions of my Synapse access privileges and that I may be subject to further disciplinary action.

_____

Date Name (Printed Legibly)

_____

Signature

PLEASE FAX BACK TO: 403.274.0345

FOR OFFICE USE ONLY

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Date Signature of Issuer