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Please list all the clinicians that will be utilising Noosa Radiology Connect from your practice. Please read the

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Clinician Name	Provider #	Email address	Signature	Hard copy of films Yes / No

## TERMS OF ACCEPTANCE

I agree to keep my username and password confidential and comply at all times with Noosa Radiology's policies
related to the security and privacy of electronic records. I understand my responsibility for respecting patient's
privacy and protecting the confidentiality of information to which I have access, and will comply with all relevant
privacy laws and codes including but not limited to, the Commonwealth Privacy Act 1988 and its amendments.
l indemnify Noosa Radiology in relation to all losses, damages, actions, claims, costs or expenses which may be
bought against, suffered, or incurred by Noosa Radiology as a result of my failing to comply with any of the terms
set out above.

Sign:	 Date:

Please Fax to 07 5440 9777. You will be issued a username & password within 7 days. To access Noosa Radiology Connect, please visit our website <a href="www.noosaradiology.com.au">www.noosaradiology.com.au</a> & click on the link under "Referrers".