



Confidentiality Agreement

- I agree to comply at all times with City Imaging Ultrasound for Women's policies related to the security and privacy of its electronic records.
- I will keep my user name and password confidential.
- I will act responsibly to maintain the security and integrity of the information systems that I use.
- I will only look at patients' medical imaging records if the patient's consent was given.
- I will only look at patients' medical imaging records for the purposes of providing diagnostic or treatment services to them and not for any other reason. Browsing through patient records or accessing records that are not required is strictly prohibited.
- I will ensure that unauthorised people cannot gain access to confidential information.
- If I need to copy or print images or other information from City Imaging Ultrasound for Women systems, I will treat them as confidential medical records.
- I agree to comply with any audit by City Imaging Ultrasound for Women or its agents, of access to its digital systems.
- I understand my responsibility for respecting patients' 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 including amendments.
- I indemnify City Imaging Ultrasound for Women in relation to all losses, damages, actions, claims, costs or expenses which may be brought against, suffered, or incurred by City Imaging Ultrasound for Women as a direct or indirect result of my failing to comply with any of the terms set out above.
- I agree to City Imaging Ultrasound for Women revoking my access to this application in the event of any breach of the terms and conditions of this agreement.

Name:

Signature:

Email:

Date:

Please email this form to marnie.billinghurst@cityimaging.com.au

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