

RIMI Provider Portal Non-Provider Attestation

Rhode Island Medical Imaging



The Rhode Island Medical Imaging (RIMI) Portal provides access to images and reports for studies performed at RIMI. In general, RIMI only provides access to health care professionals that are directly involved with the care of patients seen at our offices. RIMI only provides access to clinicians with a NPI, but in limited circumstances will provide access to non-clinicians to enable patient care.

RIMI considers the protection and privacy of protected health information (PHI) of paramount importance and critical to the appropriate delivery of patient care. RIMI has physical, electronic, and procedural controls to assure the security of patient information.

This attestation form serves as your acceptance when utilizing the RIMI Portal ("the portal") that you and your medical practice acknowledge the following:

1. I understand and am willing to abide by the site's security policies, including the use of multi-factor authentication (MFA).
2. I will only access information relating to patients under the care and treatment of my medical group.
3. All information stored, or obtained from, the portal remains the property of RIMI and is confidential; furthermore, the portal is HIPAA regulated and contains PHI.
4. All activity for this user's account is monitored and logged.
5. I will not divulge my password to others, nor will I allow others to log into this system under my login. I will not log into this system under another person's login.
6. I agree to immediately notify RIMI of any instances where I know, or suspect, unauthorized access to the web server using my login and password.
7. In the event of a possible breach of security associated with a user's account, RIMI may, without prior notification to the account holder, suspend privileges associated with that account.
8. The practice will promptly respond to any RIMI inquiry about the account and employment disposition of the applicant.

I UNDERSTAND I AM ACCOUNTABLE FOR ALL ACTIONS AND EVENTS RESULTING FROM THE USE OF THIS ACCOUNT. Any violations of this attestation can result in immediate termination of related accounts.

Signature

Full Name of Applicant

Date

Organizational Email

Medical Office/Practice Name

Provider Attestation

I attest and give permission to the applicant to gain access to the Portal to obtain medical records for our practice. It is my obligation to promptly notify RIMI if this employee leaves the practice.

Provider Signature

Provider Name

Date