

Offsite PACS access for Patient Imaging

Use this form to request access to PACS from outside the Murrumbidgee and Southern NSW LHD's network. Asterisks (***) indicate **mandatory** fields and must be completed. Form must be completed electronically, then printed for signatures / approvals.

Once the form is completed please submit the request to the RIS PACS Team via email:
SNSWLHD-PacsAdmin@health.nsw.gov.au

Name and Contact Details

First Name:**

Surname:**

StaffLink ID:

Mobile Number:**

Email Address:**

AHPRA Number:**

Practice Name:**

Site:**

Town:**

Provider Number:**

Patient Imaging Access Details

Offsite access to patient imaging is provided facilitate secure imaging access from outside the MLHD/SNSWLHD hospital network. Login will require two-factor authentication when outside the hospital network, which will be a unique code sent to your mobile phone.

Practitioners external to MLHD/SNSWLHD will be initially restricted to only studies which they have referred for, however they will be able to "Break Glass" to search for additional patients with a valid clinical reason.

All access to patient imaging is tracked and is auditable.

Access deemed inappropriate will result in immediate deactivation of the account, and referral to authorities if appropriate.

Practitioner Requesting Access

I accept full responsibility for the imaging access that I may be given, and I agree not to disclose any information that may assist any person to gain access to MLHD & SNSW LHD computer systems. Such information is private and confidential and is bound by the by-laws of the NSW Health Policy Directives and Legislation. If you sign this you are agreeing that you have read, understood and will abide by the following policies:

- PD2009_076 - [Use & Management of Misue of NSW Health Communications Systems](#)
- PD2020_046 - [Electronic Information Security Policy](#)
- PD2015_049 - [NSW Health Code of Conduct](#)

*Signature:

Date:

Approving MLHD/SNSWLHD Facility/Imaging Manager

To be completed by the local SNSW/MLHD Facility/Imaging Manager responsible for the Medical Imaging department

I authorise the applicant to be given access to MLHD & SNSW LHD's Medical Imaging systems as indicated on this form. I undertake to inform MLHD & SNSW LHD's if:

- The applicant no longer requires access;
- The applicant leaves the region and no longer requires access

Name:**

Position Title:**

Signature:**

Date:**