
REGIONAL PATHOLOGY SERVICES RPS PATHWAY USER AGREEMENT

Regional Pathology Services (RPS), 981180 Nebraska Medical Center, Omaha, NE 68198, offers RPS clients access to its Web site and RPS Pathway system (and related data) exclusively for the purpose of providing timely services to improve patient care. This agreement includes, but is not limited to, secured access to client's patient information, including test order and result data.

The period of this agreement begins upon delivery of one or more combinations of a Username and Password to the client's authorized management from RPS. So long as the service is utilized in accordance with RPS specifications and the terms of this Agreement, RPS will not charge the client a monthly fee or cancel access.

RPS AGREES TO THE FOLLOWING:

1. Provide Username- and Password-secured access to inquire on the client's own patients, test orders, status of tests, and test results. When a client has multiple client numbers, this Username and Password will access all patients within the defined group of client numbers.
2. Provide accurate and timely test results for the data retention period of a minimum of 60 days from test completion.

CLIENT AGREES TO THE FOLLOWING:

1. Provide all hardware, including phone line (if necessary), software, and Internet access. Minimum browser requirements are Version 6 (six) of Internet Explorer. There are no communication speed requirements.
2. All patient results viewed through Result Inquiry may not considered the "official" printed patient report. RPS may continue to provide, through current communication means to the client directly, all patient reports as requested by the client.
3. In the course of using RPS Pathway, client will have access to written or electronic media information concerning patients, test orders, test results, client demographics, ordering physicians, and services performed by The Nebraska Medical Center/University of Nebraska Medical Center. Client will not disclose (verbally, in written form, by electronic or any other means) individual patient health information to which it has access through RPS Pathway to any unauthorized person. Client agrees to comply with security and privacy regulations to which client is subject.
4. The general intent of this access is for use by RPS clients for "referral testing" information provided by RPS. It is the client's sole responsibility to determine, control, and be responsible for those people under their employment who are allowed access.
5. Client will use the access solely for purposes granted. Client agrees to not intentionally disclose RPS's Username or Password (security codes) to anyone other than client's authorized staff or attempt to learn another client's security code.
6. Client accepts responsibility to maintain password security, and related updates for client's staffing as needed. RPS recommends that passwords be changed on a monthly basis. The Username/Password allows management of other passwords as determined solely by the client's manager/director. This password must be kept strictly confidential by the authorized manager/director.

AUTHORIZATION & DOCUMENTATION

1. Appropriate client management must authorize all requests for RPS Pathway and the request must be in writing, signed by an authorized representative, and faxed to RPS before access is granted.
2. The original requests and signed agreements will be retained at RPS in a secure place and will be made available as needed for audits, regulatory requirements, or inspections. RPS recommends that a copy of the signed agreement be kept by the client.
3. If the client does not comply with the terms of this agreement or if the client relationship with RPS is terminated, the Internet access as defined in this agreement will be terminated. This agreement, with its detailed and intended cooperation and responsibilities, is accepted by virtue of the following signatures and remains in effect as long as the client has authorized access to RPS Pathway.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Client Name: _____

RPS Client Number(s): _____

Employee Name: _____

Employee Email Address: _____

Address: _____

City, State, Zip: _____

Authorized By (Name): _____

Job Title: _____

Signed: _____

Date: _____

Phone Number: _____

Email Address: _____



EMAIL OR FAX COMPLETED FORM TO:

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