



**PACS  
User Maintenance Form**

**Practice Name:** \_\_\_\_\_  
Provide full name of practice / No abbreviation please

**Provider Name(s):** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Primary Office Contact:** \_\_\_\_\_

**Office Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Fax to IT Department at (813) 518 - 4350**

**Marketing Rep:** \_\_\_\_\_

**Marketing Rep Phone: (813) \_\_\_\_\_ - \_\_\_\_\_**

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I understand that the facility or business entity (the "Company") in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the "Company"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, "Confidential Information").



**SCHEDULE A**  
**Authorized Users**

The following individuals are designated by the Provider to Access and use the Platform on behalf of the Provider: \_\_\_\_\_ (Provider or Practice Name)

**EACH PHYSICIAN AND STAFF MEMBER MUST COMPLETE THIS FORM IN ORDER TO BE ISSUED A USERNAME & PASSWORD**

Print First Name \_\_\_\_\_ Print Last Name \_\_\_\_\_ Title: \_\_\_\_\_

NPI if applicable: \_\_\_\_\_ UPIN if applicable: \_\_\_\_\_

Email address (work): \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

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Print First Name \_\_\_\_\_ Print Last Name \_\_\_\_\_ Title: \_\_\_\_\_

NPI if applicable: \_\_\_\_\_ UPIN if applicable: \_\_\_\_\_

Email address (work): \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

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Print First Name \_\_\_\_\_ Print Last Name \_\_\_\_\_ Title: \_\_\_\_\_

NPI if applicable: \_\_\_\_\_ UPIN if applicable: \_\_\_\_\_

Email address (work): \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

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NPI if applicable: \_\_\_\_\_ UPIN if applicable: \_\_\_\_\_

Email address (work): \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

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