



## Legacy/Fuji Mobility User Agreement

Name: \_\_\_\_\_ Practice Name / Location: \_\_\_\_\_

As consideration for Legacy Health ("Legacy"), allowing me to connect my personally-owned smartphone or tablet ("device") to the Legacy network and imaging PACS systems for my convenience, I agree as follows:

1. I acknowledge and agree that the business of Legacy involves confidential, proprietary information and protected health information (PHI) and that I will have access to such information of Legacy, its patients and suppliers during the course of performing duties for Legacy. I agree that during my employment, contract or relationship with Legacy and following the termination of my relationship for any reason, this information shall be maintained confidentially by me and that I will appropriately safeguard such information.

Examples of appropriate safeguards include, but are not limited to:

- Never leaving my device in a vehicle unattended
- Always properly storing my device when not in use
- Always properly erasing the data from my device when no longer needed
- Never saving the data on my device
- Always password protecting my device with an initial pin-lock
- Never utilizing any method of screen photo / screen capture while confidential information is displayed on my device

**Confidential Information:** includes any and all copies of information contained in electronic or computer files (EHR/Epic, PACS images and reports, email, instant messages, texts), as well as the processes and practices of Legacy.

2. I acknowledge that by participating in the Legacy/Fuji Mobility program at Legacy, I am accepting additional responsibilities for risk, security, safety and privacy of confidential information. I agree to allow Legacy to install security settings on my device(s) and audit them as necessary. These settings may include items such as encryption and password settings which could impact usability of the device. If required, I agree to download and utilize any Legacy required security application(s) and to only utilize that application while reviewing or working with Legacy data.
3. I understand that Legacy assumes no responsibility for supporting my personally-owned device and I will receive support for the Fuji Mobility application only by contacting the Legacy IS Service Desk, 503-415-5888 or 360-487-5888 during business hours, 7 am - 5 pm, Monday through Friday.

I wish to install and use Fuji Mobility on my device and access Legacy's network and PACS systems. By signing and submitting this form I understand and agree to comply with the above terms and conditions. I am providing the type of device on which I plan to install Mobility as well as my preferred email address to be used for receiving notifications regarding the Legacy/Fuji Mobility program.

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Device Type: \_\_\_\_\_

**Fax Completed Form to: 503-413-6644**