



PACS Account Individual Request Acknowledgment

I the undersigned, agree that I will not:

- Share my user ID and/or password with anyone.
- Allow others to use my MMIC access
- Leave my password and/or user ID where others can easily access them
- Access patient records that are not directly related to my work

I understand that this agreement is for my protection, and for that of Mountain Medical’s confidential patient data. I accept full responsibility for any use of this account, and realize that all rights associated with this account, as well as the account itself, may be revoked at any time without prior notice if these conditions are violated.

I have read the above conditions, understand and agree to them:

Please Print Name Legibly: _____

User Signature: _____

Office Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

E-mail Address : _____

Authorizing (management) signature _____

Please fax request to 801-269-0073. A username and temporary password will be assigned to you and we will email instructions on how to login and change your password. Thank you!