



PHYSICIAN APPLICATION

RIS/PACS REMOTE ACCESS

Physician Name: _____

Physician Email: _____

Office Contact Name: _____ Contact #: _____

Is your membership in good standing with the BC College of Physicians and Surgeons or the BC College of Nurse Practitioners and Midwives?

☐ YES ☐ NO

Please provide your BC College # _____ and MSP# _____

In making this application, I confirm that I am aware of and fully compliant with BC's Personal Information Protection Act. I will not access information in the system which is not required by my day to day responsibilities and I am aware that browsing through patient records is strictly prohibited. I will not use or disclose any identifiable patient information obtained through web-based access to the data held by MedRay Medical Imaging (whether received or created before or after the date of this agreement) except for the purpose of providing continuing patient care. I understand that it is my responsibility to logout of the system when my work is complete or when I leave my station for a period of time.

Physician's Signature: _____ Date: _____

Once the application has been approved, a weblink with your assigned username will appear to confirm your email. You will receive an additional email with your temporary password which will need to be changed when you first login.

Fax form to: MedRay PACS admin @ 604-942-4612

Please allow five business days for your application to be processed.