UT Health Rio Grande Valley

OpalRad PACS Access Form

By filling out this form and signing below, I am fully aware of my responsibilities and consequences of misuse and abuse of roles and permissions. I understand that UTRGV has zero tolerance and violation of the UTRGV Information Security and Privacy Agreement will result in disciplinary action up to termination.

**Please note that it may take up to 2 business days for this request to be processed.

Name: _____ Job Title: _____

UTRGV Email: _____

What type of access are you requesting for the **OpalRad PACs system**? (Select Access Type)

Provider　　　　　　　　Technologist　　　　　　　Radiologist

Which imaging devices will you need access to?

Jackson	**Weslaco**	**Harlingen**
☐ X-RAY (GE)	☐ X-RAY (Universal)	☐ X-RAY (GE)
☐ C-ARM (GE)	☐ C-ARM (Orthoscan)	☐ Ultrasound (Logiq)
☐ MiniCat IQ (Xoron)		Ultrasound (Vascular)
☐ Ultrasound (Voluson)		
☐ Mobile X-RAY Unit		

<u>If you are an existing OpalRad user, please certify the information below.</u>

List the devices you **<u>currently</u>** have access to: _____
Please list if there are more devices: _____
_____

List access that should be **<u>removed</u>**: _____
Please list if there are more devices: _____
_____

Supervisor Signature

Printed Name: _____ Signature: _____ Date: _____

Senior Director of Clinical Operations

Printed Name: _____ Signature: _____ Date: _____