

AmplifyPACS Service Cancellation Request Form

Facility Name: _____

Facility Address: _____

Owner name: _____

Reason for cancellation: _____

I acknowledge that once I cancel my AmplifyPACS account, all data, medical images and reports (if applicable) associated with my AmplifyPACS account will be permanently deleted.

I agree to give AmplifyPACS temporary remote access to our medical imaging device computer to remove AmplifyPACS software and prevent new medical images from being automatically transferred to the AmplifyPACS network.

I acknowledge that I understand that I am required, by federal law, to maintain an off-site backup in place for my data to satisfy the following HIPAA requirements:

- Off-site back-up of your x-ray images is not optional; you must securely back up "retrievable exact copies of electronic protected health information" (CFR 164.308(7)(ii) (A)).
- You must be able to fully "restore any loss of data" (CFR 164.308(7)(ii) (B)).
- You must get your data offsite - as required by the HIPAA Security Final Rule (CFR 164.308(a)(1)). Storing a backup copy of your images on an external hard drive in the same location of your original images is not enough.
- You must back up your data frequently - as required by the HIPAA Security Final Rule (CFR 164.308(a)(1)). If you suffered any type of data loss, whether due to computer failure, sabotage, or disaster, it would result in a significant data loss event if one had to recover from yesterday's or last week's data backup.

I acknowledge that failing to maintain an off-site backup may result in penalties for noncompliance that are based on the level of negligence and can range from \$100 to \$50,000 per violation (or per record), with a maximum penalty of \$1.5 million per year for violations of an identical provision. Violations can also carry criminal charges that can result in jail time. (Source: federalregister.gov)

Requested cancellation date: _____

Current Date: _____

Printed Name and title: _____

Signature: _____

Please email the completed form to **support@amplifypacs.com**