



**eUNITY™ SMIL PACS Viewer**  
**Application for Access to Images and Reports**

**\*Indicates Required Fields**

\*Your Name: \_\_\_\_\_ \*Job Title: \_\_\_\_\_  
(First) (M.I.) (Last)

\*Email Address: \_\_\_\_\_ (may be a business email address)

\*Practice Name: \_\_\_\_\_

\*Phone: \_\_\_\_\_ (business phone that can be verified)

\*Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your SMIL Provider Rep (if known): \_\_\_\_\_

**\*Security Challenge Question:** *Please supply a challenge question and response.*  
(For example: City you were born in? Favorite ice cream flavor?)

Question: \_\_\_\_\_ Response: \_\_\_\_\_

\*Your Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Authorized by (Provider or Practice Administrator): \_\_\_\_\_

**Please fax to 480.425.4087**

I understand that access to protected healthcare information within Scottsdale Medical Imaging's information systems is covered by state and federal law, including but not limited to the Health Insurance Portability and Accountability Act. Access to electronic patient records by the user requesting such on this form will be audited. Access to records for any purpose other than relevant patient care is prohibited by law.

**Please allow 2 business days for activation and to verify your information. If you do not receive your username and temporary password please call 602.521.6373.**