

# Prescriber Alerts Activation Form for Referring Physicians

Prescriber alerts are alerts that can be automatically generated by the VMA online system to alert you to specific types of VMA results. The Medical Director, Chief Surgeon or Chief Radiologist of the VMA test location has chosen these VMA Alerts Thresholds as appropriate for all patients of that institution and will be applied to all VMA analyses that are generated from those facilities. These alerts are defaulted to be INACTIVE, and this form must be reviewed, edited, and signed to activate this feature for your online account. Please provide the completed form to your Primero Med client development manager, or call (888) 360-8538 to get information on how to submit the form.

## Prescriber alerts work in two ways.

General Status Alerts: are generated based on a patient's VMA results as compared to threshold values provided by the Medical Director, Chief Surgeon or Chief Radiologist of the test location. Simply by completing, signing, and submitting this form, General Status Alerts will become active via your VMA online account. General status alerts can be activated for the following anomalies:

- Excessive angulation
- Excessive translation between views (instability)
- Mal-alignment: listhesis (lumbar) / subluxation (cervical)
- Reduced Disc Height
- Sagittal Alignment (lumbar only)
- Reduced range of motion for entire lumbar or cervical region
- Residual motion at a fused level
- False Negative Notification
- Change in pain (VAS) alert

There are some types of anomalous situations when alerts will not be generated, such as when data is missing from a report or if a patient has anomalous anatomy, such as a L5/L6 or S1/S2 vertebral joint. When there is non-standard anatomy, alerts can be generated for the standard anatomical levels, but will not be generated for the non-standard levels. Also, results may not be generated for portions of the report if instrumentation obscures anatomy required for processing.

I understand that Ortho Kinematics will be storing my preferences regarding alerts and will treat this information as confidential and secure it to the same extent it secures protected patient health information.

## Instructions:

- **You MUST sign the last page of this form for the Physician Alerts features to be activated on your account.**

## Prescriber Certification for VMA Alerts Activation – Referring Physicians

I acknowledge that the Medical Director or contracted Radiologist of Primero Med has chosen appropriate VMA Alerts Thresholds for all patients of that institution and will be applied to all VMA analyses that are generated from Primero Med. I acknowledge that Primero Med maintains a contractual relationship with independent third party radiologists who serves as independent contractors to evaluate my exam based upon their independent knowledge and judgment. Primero Med does not review, approve or endorse the results reached by the independent third party radiologist and is not responsible for these results. Primero Med expressly disclaims any and all liability for these results, which will represent the professional judgment of the radiologist.

Physician alerts do not represent a specific medical diagnosis and it is my responsibility to determine their clinical significance, if any, based upon my training, experience and relevant clinical circumstances. I further understand and acknowledge that the VMA analysis is based on an automatically generated template, and that I must manually review and accept this template before relying upon any VMA results, including physician flags.

I acknowledge that any changes I make to my VMA Alerts Thresholds will result in a discrepancy with those chosen by the Medical Director or contracted Radiologist of the test location.

Prescriber acknowledges that he/she is granted access to the Portal ("Portal Access") for sole purpose of treatment of Physician's patients. Prescriber will under no circumstance access information regarding any other patient or for any other purpose. Prescriber acknowledges that he/she is solely and fully responsible for the security and privacy of the issued username and password and will not allow any other individual to utilize the username and password.

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email