

This Mammography Accreditation Survey Agreement must be signed by the facility's lead interpreting physician and an officer, owner, or other legally constituted representative of the facility. Original, electronic or faxed signatures are required and considered legally binding for this Agreement. Stamped signatures are not acceptable.



Mammography Accreditation Program
1892 Preston White Drive
Reston, VA 20191-4397

MAMMOGRAPHY ACCREDITATION SURVEY AGREEMENT

The undersigned hereby request a survey of the quality of mammography service being performed at the location listed below. The purpose of this request is to apply for mammography accreditation at the listed location.

Facility Name and Address:

The ACR will objectively review the quality of the imaging services evaluated and provide a separate report for each mammography unit requested by the Facility. All reports, documentation, correspondence, including email, between the ACR and the Facility and any information provided by the Facility to evaluate the imaging services is considered privileged and confidential peer review. Code of Virginia 8.01-581.17 (Only the Facility name, address, phone number, and listed contact personnel are not considered privileged and confidential.)

As a condition of receiving the requested survey the Lead Interpreting Physician and Facility Officer or Owner agree to:

1. Submit with the survey application the non-refundable fee for an accreditation survey, which is based upon the number of individual mammography units to be reviewed.
2. Obtain the designated mammographic detail phantom meeting the criteria specified by the ACR Committee on Mammography Accreditation and, if appropriate, remit the fee for the phantom directly to the manufacturer.
3. Provide, in a timely manner, all materials, including clinical images, phantom images and QC data or any other information necessary to evaluate the mammography services for accreditation purposes.
4. Receive the written final report and any peer review information by the supervising radiologist (lead interpreting physician).
5. Ensure that all personnel (including physicians, radiologic technologists, and medical physicists) performing mammography services at this facility meet personnel requirements described in FDA's Mammography Quality Standards; Final Rule.
6. Ensure that all mammography equipment located at this facility meet equipment requirements described in FDA's Mammography Quality Standards; Final Rules.
7. Ensure that the facility has quality control and quality assurance programs in place that comply with the FDA rules and that all other accreditation criteria are met and continue to be complied with during the accreditation period.
8. Ensure that the results of mammography examinations are communicated to patients and their health care provider in accordance with the FDA's Mammography Quality Standards; Final Rules.
9. Ensure that mammography records are maintained and made available to patients in accordance with the FDA's Mammography Quality Standards; Final Rules.
10. Perform review of mammography practice at least quarterly if the supervising radiologist (lead interpreting physician) is off-site. This requirement is consistent with the "Off-Site Radiologist" section in the ACR document entitled Mammography Accreditation Program Requirements.

This document is copyright protected by the American College of Radiology. Any attempt to reproduce, copy, modify, alter or otherwise change or use this document without the express written permission of the American College of Radiology is prohibited.

11. Upon timely notice, and if requested by the ACR, submit to a pre-accreditation and/or post-accreditation on-site visit conducted by a survey team designated by the ACR. In connection with the on-site survey, provide all documentation, including but not limited to personnel qualifications, QC logs, images, records, or any necessary information requested by the survey team and cooperate with the survey team.
12. Provide immediate written notice of a change in the supervising radiologist (lead interpreting physician), owner, or the mammography unit to the ACR.
13. Provide immediate written notice to the ACR upon the initiation of any action to change FDA-approved accrediting bodies.
14. Provide immediate written notice to the ACR upon the termination of mammography services provided by the facility.
15. Remove from public display all ACR Accreditation Certificates, Certification Marks and Decals provided to the facility as a result of this survey agreement upon termination of mammography services provided by the facility or upon request by the ACR.
16. Ensure patient notification and access to medical records if the facility ceases operations as the result of bankruptcy, dissolution, insolvency or other actions affecting the facility's ability to function.
17. The ACR retains the right to issue a written report upon written request to any of the signatories of this agreement, but only so long as the requestor is serving in the official capacity as outlined in this agreement.

The undersigned acknowledges that he/she has the legal authority to execute this Agreement on behalf of the facility seeking accreditation and does hereby release the American College of Radiology, its directors, officers, members, agents, volunteers, and employees from and against any and all claims, suits, damages, losses, expenses (including attorneys' fees), and liabilities by reason of, arising out of, or related to participation in the aforesaid survey of the practice of mammography at the listed location and the making of any report, statement, or recommendation, or failure to make a report, statement or recommendation, or the loss, damage or destruction of any image, record or other items received from the facility with respect to the aforesaid practice of mammography, including but not limited to any such claims or other matters based on alleged or actual negligence, antitrust, misconduct, defamation, personal injury or economic loss, catastrophic event (flood, fire, wind or other event), failure to attain accreditation or any actions that may be taken by others as a result of the survey when such actions performed by or on behalf of the ACR are done in good faith and without malice in connection with conducting this survey.

The undersigned also agrees that the ACR is a health care entity as defined by the Health Care Quality Improvement Act of 1986 (HCQIA), and thus is afforded all the protections due such entities under HCQIA and all documentation collected as part of the accreditation process be considered peer review, privileged and confidential communications.

The above obligations are agreed to and understood. Failure to abide by any of these conditions could result in denial, suspension or revocation of accreditation. These obligations will survive the grant or denial of accreditation by the American College of Radiology.

Executed on _____ date _____ signature of lead interpreting physician

_____ print name of lead interpreting physician™

Executed on _____ date _____ signature of facility officer or owner
(or individual with legal authority to execute this agreement on behalf of the facility)

_____ print name _____ title

For ACR Office Use Only:	
Executed on _____ Date	_____ Executive Vice President