

SAN DIEGO COUNTY MENTAL HEALTH SERVICES

ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities associated with the use of an electronic signature within the San Diego County Mental Health Services Management Information System.

The undersigned (I) understands that this Agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is compromised. I agree to the following terms and conditions:

I understand that my ability to electronically sign medical records is dependent upon utilization of a unique pass phrase that is assigned solely to me. I agree to keep my pass phrase I use to access my electronic signature secret and secure by taking reasonable security measures to prevent it from being compromised, and to prevent unauthorized disclosure of, access to, or use of it or of any media on which information about it is stored. I understand I may not share it with anyone under any circumstances. I agree that access to my electronic signature may be revoked or terminated per the terms of this agreement.

I will use my electronic signature and unique pass phrase to establish my identity and sign electronic documents and forms completed in the course of carrying out my assigned job duties. I am solely responsible for protecting my electronic signature and the pass phrase that allows me access to sign documents and forms electronically. If I suspect or discover that my electronic signature has been used by an unauthorized party, or otherwise compromised, then I will immediately notify the County Mental Health MIS Unit and request that my pass phrase be de-activated. I will then immediately request the ability to create a new pass phrase to use to access my electronic signature. I will immediately request that my electronic signature be revoked if I discover or suspect that it has been or is in danger of being subjected to unauthorized use in any way. I understand that I may also request revocation at any time for any other reason.

If I have requested that my access to my electronic signature be revoked, or I am notified that someone has requested that my access be suspended or revoked, and I suspect or discover that it has been or may be compromised or subjected to unauthorized use in any way, I will immediately cease using my pass phrase and my electronic signature. I will also immediately cease using my electronic signature upon termination of employment or termination of this Agreement.

I further agree that, for the purposes of authorizing and authenticating electronic health records, my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Requestor **Signature** _____ Date _____

Requestor **Printed Name** _____ MHMIS Use: CCBH ID

Supervisor **Signature** _____ Date _____

Supervisor **Printed Name** _____