

Authorized to sign electronically:

- ☐ I will be granted access to certain electronic records.
- ☐ I will be given a user ID/password in order to access the records,
- ☐ I will be provided with an electronic signature/unique identifier to sign electronic documents.

By signing I acknowledge and certify

- ☐ I will safeguard my user ID/password and unique identifier, as applicable, to prevent unauthorized access by others.
- ☐ I am the only person authorized to use the unique identifier/user ID/password assigned to me.
- ☐ I will not disclose /release my unique identifier/user ID/password to anyone nor allow anyone to access or alter information using my unique identifier.
- ☐ I will not use another person's user ID/password or unique identifier to access the electronic records or to sign an electronic document.
- ☐ My electronic signature and/or unique identifier is as legally binding as my traditional handwritten signature.
- ☐ If my position requires remote access to the EHR I understand that I cannot download electronic protected health information (ePHI) or print ePHI outside of the facility and that I must ensure that the information I am viewing remains private.
- ☐ I will not leave a computer station to which I am signed on unattended and I will log/sign off the system when I am finished.
- ☐ I understand that the unauthorized use of computer resources and/or electronic records is prohibited.
- ☐ I will report all security violations to my supervisor.
- ☐ I understand that violation of the electronic medical record policy and procedures will result in disciplinary action including, but not limited to, suspension or termination and/or civil proceedings, and/or criminal prosecution.
- ☐ I have read, understood, and retained a copy of the Acknowledgement, and agree to comply with the electronic medical record policy and procedures and the terms described above.

