

# ELECTRONIC SIGNATURE FOR MEDICAL RECORDS POLICY

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**EFFECTIVE: December 29, 2015**

**PURPOSE:** To facilitate the usage of electronic signatures for medical records throughout the clinical operations of Paxxon Healthcare Services, along with Weston Healthcare Group and affiliate companies.

**POLICY STATEMENT:** Electronic signature, an automated function which replaces a handwritten signature with a system generated signature statement will be used as a means for authentication of transcribed medical records, computer generated documents and electronic entries made by treating therapists within the electronic medical records system. System generated electronic signatures are considered legally binding as a means to identify the author of medical record entries and confirm that the contents are what the author intended.

Paxxon Healthcare Services along with Weston Healthcare Group and affiliate companies therapists are directed to utilize the electronic signature in the electronic medical records system in accordance with this policy and State and Federal regulations regarding same.

**PROCEDURE:** Therapists have now established or upon hire will establish personalized passwords and/or PIN numbers which will permit them to access the electronic medical record system and which will identify the Therapist in each entry they make to the system.

All Therapists authorized to utilize electronic signature will be required to sign a statement attesting that he or she is the only one who has access to his/her signature codes, and that the electronic signature will be legally binding and that passwords and/or PIN numbers will not be shared.

Therapists will understand and agree that by signing this statement they acknowledge that when they log off after making an entry and affix the electronic signature to the system they are attesting that the medical record entry for that date accurately reflects the notations the Therapist made in his or her professional capacity in treating that patient and that the information is true, accurate and complete to the best of his or her knowledge.

**PASSWORDS:** Passwords are an important aspect of computer security. All users, including therapist contractors with access to the electronic medical records system, are responsible for taking the appropriate steps, as outlined below, to select and secure their passwords.

Upon hire, the Human Resources Department in collaboration with the IT Department, will assign a temporary user name and password. During the first login to the system the user **MUST** change his or her password.

All user-level passwords should be changed at least every six months.

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All user-level passwords must conform to the guidelines described below.

**GENERAL PASSWORD CONSTRUCTION GUIDELINES:** All users of the electronic medical records system are directed to establish strong passwords. Strong passwords have the following characteristics:

- Contain at least three character classes-Lower case characters, Uppercase characters, Numbers
- Contain at least six alphanumeric characters.

Therapists who use electronic signature based upon the use of user IDs and passwords as described in this policy shall use safeguards to prevent the unauthorized use or attempted use of user IDs and passwords.

**USAGE OF ELECTRONIC SIGNATURE:** Therapists are required to review their entries for completeness and accuracy prior to electronically signing them by logging out. If errors are later found in the entry or information must be added, this will be done by means of an addendum to the original entry. The addendum will also be electronically signed and date stamped. Addendums that create, modify or in any alter electronic records shall not obscure previously recorded information.

The signature line of a document signed electronically will include a signature statement with the authenticator's name, area of practice, and date the document or entry was signed.

Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Executive Committee. Sanctions up to and including immediate termination will be imposed if deemed necessary.

**I, THE UNDERSIGNED,** a qualified Therapist performing professional services on behalf of the Paxxon Healthcare Services along with Weston Healthcare Group and affiliate companies, hereby acknowledge and attest that I have read the Company Policy for Electronic Signature for Medical Records and that I have or will establish personal passwords and /or PIN numbers for my use in the system. I understand and agree that I am the only person who has or will have access to the passwords or PIN numbers I establish and that they will not be shared.

I further acknowledge that by logging off and affixing my electronic signature to an entry, I am attesting that the medical record entry for that date accurately reflects the notations I made in my professional capacity in treating the referenced patient and that the information is true, accurate and complete to the best of my knowledge as the electronic signature on my entries will be legally binding.