



Houser Officer's Request for Electronic Signatures Privileges

I, the undersigned, desire to authenticate reports of my patients through the use of electronic signature applications approved by MCG Health, Inc. I hereby acknowledge that I received instructions in the proper use and consequences of any misuse of my electronic signature. I understand that all results that are finalized with my security code will be treated as a written signature with all the ethical, business and legal implications. All electronically signed documents placed in the patient' medical record (including paper-based records) are deemed legitimate chart documents.

I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may have my password changed at any time by the administrator.

If I have reason to believe that the confidentiality and security of my password have been compromised, I will report this information to the system administrator or my supervisor immediately so that the suspect code can be deleted and a new code assigned to me.

I understand that my electronic signature privileges will be withdrawn if I allow any other individual to utilize my signature code/password. I understand that any misuse of my signature code/password or breach of security or confidentiality may constitute a violation of Federal or State laws or MCG Health System policies. Such a violation may result in disciplinary action, including formal reprimand, suspension of privileges, termination of employment, civil prosecution or federal criminal prosecution.

Signature

Date

Print your name

Employee ID number