

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ELECTRONIC SIGNATURES

POLICY NO. 634

PURPOSE:

This policy establishes the criteria for the use and validity of electronic signatures associated with internal electronic transactions within Harbor-UCLA Medical Center. They are intended to ensure that departmental implementation of this technology is consistent throughout the hospital and compatible with the practices of the State and Federal regulatory agencies and members of the regulated community.

DEFINITION:

Electronic Signature: A data element, entered into a computer by an authorized person, that is used for noting ownership, authentication, approval, acceptance, or certification of another object (e.g., a document). Electronic signatures provide the same validation and authentication capabilities as hand written signatures.

SCOPE AND APPLICABILITY:

This policy applies to any electronic transaction originated by any employee or contractor working for Harbor-UCLA Medical Center that involves providing approval, authorization, or certification, via the use of electronic signature.

This policy specifically applies to any such electronic transaction that is:

- Being implemented as a replacement for (or complement to) a paper form or document originated by an employee or contractor of the hospital.
- Involves the use of data processing, data storage and data communications.

POLICY:

Harbor-UCLA Medical Center is committed to support the implementation of the use of electronic signatures to expedite the workload and reduce duplicative activities, consistent with applicable Federal and State laws regarding electronic record keeping and security. In doing so, confidentiality of patient health information shall not be compromised.

EFFECTIVE DATE: 8/01/02

REVISED: 12/04, 2/05, 1/09, 10/14, 10/17

REVIEWED: 10/14, 10/17

REVIEWED COMMITTEE: N/A

SUPERSEDES:

APPROVED BY:


 Kim McKenzie, RN, MSN, CPHQ
 Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Patricia Soltero Sanchez, RN, BSN, MAOM
 Chief Nursing Officer

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Use of electronic signatures will be deemed as legally binding as a paper signature, provided each application is developed, implemented, and monitored in accordance with this policy.

PROCEDURE:

Entries shall be dated, timed, and authenticated by electronic signatures which include the first initial, complete last name, and professional title. Dictated reports must denote date of dictation and date of transcription.

The authorized user shall review the content of entries for accuracy and revise the data as necessary, prior to authenticating by electronic signature. The author of each entry must authenticate his/her own entries and cannot assign this responsibility to other persons.

Once an entry has been signed electronically, it cannot be deleted or altered. If the signed entry is converted to another format, the electronic signature applies only to the original format. If errors are later found in the entry or if information must be added, this shall be done by means of an addendum to the original entry. The addendum should also be signed electronically and date/timed.

Passwords or other personal identifiers will be monitored carefully to assure that only the authorized individual can apply a specific electronic signature.

Users shall sign an Electronic Signature Authorization Form (Attachment I) attesting that the authorizing user is the only individual using/possessing the signature code, and an agreement not to share with anyone. The form shall be filed in the Medical Administration Office.

Authorized users shall be required to attend scheduled educational and training sessions on the use of electronic training prior to being issued an authorized signature code.

RESPONSIBILITIES:

Department Chairs and Service Chiefs:

- Are responsible for reviewing current automated systems within respective organization at least yearly to ensure applicability to this policy and to establish procedures to ensure full compliance with the requirements of the policy.

REFERENCES:

Title 22, section 123149; JCAHO, Management of Information, American Health Information Management, American Society for Testing and Materials (ASTM)

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COUNTY OF LOS ANGELES - HARBOR/UCLA MEDICAL CENTER

SIGNATURE/ELECTRONIC APPROVAL AUTHORIZATION FORM

Use this form to request authorization to electronically sign documents. This form also authorizes individuals to view, enter, update or disseminate electronic data only as required in the course of hospital business. Individuals are authorized to certify and approve electronic transactions only when given the authority through the signature/electronic authorization form. This form formally delegates and authorizes use of electronic signatures to authorized individuals. Individuals cannot be delegated authority to certify or approve documents for another employee.

Provide all requested information and obtain all signature approvals. Send this form to: Health Information Management, Box 503

Last Name _____ First Name _____ Middle Initial _____

Title _____ SS# _____

Phone # _____ Dept. _____ Mailbox# _____

Signatures: _____

I understand the signature/electronic authority and related responsibility delegated to me. I agree that I am the only individual using/possessing the signature code, and I agree not to share the code with anyone. I agree that I will not access information other than the information that I am authorized to access and need to know in order to fulfill my responsibilities.

Authorization Time Period:

Effective date: _____

Expiration date: _____

Approvals:

Department Head Date

Signature of Person Being Authorized Date