

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: ELECTRONIC SIGNATURES

Policy No.: A433 Supersedes: June 28, 2010 Revision Date: Marrch 20, 2014 Page: 1 of 3

PURPOSE:

This policy establishes the criteria for the use, validity, and attestation of electronic signatures associated with internal electronic transactions within Rancho Los Amigos National Rehabilitation Center (RLANRC) This establishes a foundation for technical and human interaction to guide legal and compliant electronic signature processes. They are intended to ensure that departmental implementation of this technology is consistent throughout the hospital and compatible with the practices of the Department of Health Services and the County of Los Angeles as well as applicable State and Federal regulatory agencies.

DEFINITIONS/REGULATIONS:

Electronic Signature (eSignature): 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 as and are held to be the legally-binding equivalent of hand written signatures.

Attestation: The act of applying an eSignature to the content, showing authorship and legal responsibility for a particular unit of information

Authentication: The security process of verifying a user's identity with the system that authorizes the individual to access the system (i.e., the sign-on/log on process). Authentication shows authorship and assigns responsibility for an act, event, condition, opinion, or diagnosis.

Federal UETA: The Federal Uniform Electronic Transactions Act, Section 7 states: (c) If a law requires a record to be in writing, an electronic record satisfies the law, and (d) if a law requires a signature, an electronic signature satisfies the law

The Joint Commission: Acceptance of eSignature for the medical record requires that only authorized individuals make entries, and the author of each medical or clinical record entry is identified in the health record.

EFFECTIVE DATE: June 28,2010

APPROVED BY:

Signature(s) on File.

SCOPE AND APPLICABILITY:

This policy applies to any electronic transaction originated by any RLANRC workforce member that involves providing approval, authorization, or certification via the use of an 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 including data entered into the medical record through transcription or dictations that are authenticated by the author

POLICY:

Electronic signature is used for health records as a means of attestation of electronic health record entries, transcribed documents, and computer-generated documents RLANRC is committed to support 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.

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

Entries shall be dated, timed and authenticated by electronic signatures which include the first name, complete last name, and applicable credentials (e g., MD, PA, etc.)

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 their 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 euors 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 "Attestation and Agreement for Electronic Signature" (Attachment) attesting that the authorizing user is the only individual using/possessing the signature code, with agreement not to share with anyone

PROCEDURES:

Human Resources

Human Resources will include the policy in the New Employee Orientation (NEO) package and will ensure that all new workforce members sign the Attestation and Agreement for Electronic Signature form during the orientation. The original form will be filed in the Employee Official Personnel Folder A copy of the signed form will be retained in the workforce member's departmental Area File

Department Manager

Each department is responsible for ensuring their workforce members sign the Attestation and

Agreement for Electronic Signature form

As part of the Annual Performance Evaluation (PE) process, the PE Coordinator for each department will ensure that each employee signs a new Attestation and Agreement for Electronic Signature form The original signed form will be forwarded to Human Resources with a copy to be distributed to the user's departmental Area File.

References:

California Health and Safety Code, Section 123149 (b) (g)

The Joint Commission, Record of Care, Treatment, and Services (RC), Sections 01.01 01 and 0102.01

American Health Information Management Association (AHIMA): Best Practices for Electronic Signature and Attestation. "Electronic Signature, Attestation, and Authorship (Updated)" *Journal od AHIMA* 80, no 11 (November-December 2009). Appendices B, C, D

Federal UEIA: The Federal Uniform Electronic Transactions Act, Section 7 (c) (d)

Cross References:

DHS Policies: 3618 Minimum Necessary Requirements for Use and Disclosure of Protected Health Information (PHI)

- 935 20 Acceptable use Policy for County Information and Technology Resources
- Rancho Policies: A300 Computer and Protected Health Information (PHI) Security Guidelines, Administrative Policy, June 2006



| Attestation and Agreement for Electronic Signatures | | |
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| This form is to document that the signaler of this document is authorized to use the required system(s), and attests that their electronic signature (eSignature) is used to electronically sign database records | | |
| Definitions/Regulations: Electronic Signature: A data element entered into a computer by an authorized person, that is used to note ownership, authentication, approval, acceptance, or certification of another object (e.g., a document) Electronic signatures provide the same validation and authentication and are held to be the legally-binding equivalent of hand written signatures Attestation: The act of applying an eSignature to the content, showing authorship and legal responsibility for a particular unit of information UETA: The Federal Uniform Electronic Transactions Act, Section 7 states: (c) If a law requires a record to be in writing, an electronic record satisfies the law and (d) if a law requires a signature, an electronic signature satisfies the law The Joint Commission: Acceptance of an eSignature for the medical record requires that only authorized individuals make entries, and the author of each medical or clinical record entry is identified in the health "rncrl | | |
| I, the undersigned, hereby certify that I understand and agree to the following statements below: | | |
| wy esignature shall be | . ^{,,} e unique to me and shall n | ot be reused by, or reassigned to, anyone else |
| I am to be held responsible for all actions initiated under my eSignature | | |
| My eSignature is the legal equivalent of my traditional handwritten signature | | |
| I understand that all my actions on electronic records will be attributed to me based on my access code (username and password), and that my eSignature will be used solely to sign certain records that require a signature | | |
| I will use my eSignature only for those assigned tasks that I have the education, training, and experience to perform | | |
| Name (please print): | | |
| Title: | | |
| Employee#: | | |
| My handwritten signature is: | | |
| My initials are: | | Date: |

09/22/2010- Reference Policy A433

Distribution: Original - Employee Official Personnel Folder Duplicate - Retain in Departmental Area File for Personnel: Workforce Members