

**St. Francis Hospital and Health Centers
Electronic Signature Acknowledgement**

St. Francis Hospital and Health Centers allow physicians and other designated clinical staff to remotely sign transcribed reports via the internet through the MedAllies portal. Physicians may switch systems at any time by notifying the Medical Records Department in writing with two (2) weeks advance notice.

Physicians and other designated clinical staff will follow the same procedure for completion of medical records regardless of system used to sign transcribed reports. Physicians and designated clinical staff must sign transcribed reports within 2 weeks or the physician or designated clinical staff will be suspended following SFHHC delinquent records policy.

Physicians and other designated clinical staff must follow all federal Health Insurance Portability and Accountability Act (HIPAA) regulations.

I acknowledge receipt of my User Identification Code and understand that:

1. My user code is the equivalent of my signature and is recognized as such by SFHHC, NYS, and the JCAHO.
2. I will not disclose my code to anyone.
3. I will not learn or use another user's identification.
4. I will not attempt to access any unauthorized information.
5. If I have reason to believe that the confidentiality of my user id has been broken, I will notify SFHHC Help Desk and contact the Director of Health Information Management and Risk Management so a new code can be assigned.
6. I understand any misuse of the user code will result in termination of my ability to electronically authenticate my signature.
7. Finalization of the report will result in the statement "this document was electronically signed by" added following my name and date/time of the report.
8. I understand that my user code will be deleted from the system should I no longer require it because of my departure from SFHHC.

Printed Name of Physician: _____

I will continue to sign my medical record reports in the hard copy version in medical records.

I will sign my medical record transcribed reports electronically using the MedAllies Portal.

Physician Signature: _____ Date: _____

Trainer: _____ Activation Date: _____