



Community Medical Centers

ELECTRONIC SIGNATURE DECLARATION

I, _____, intend to use on-line signature for medical reports. I understand that my electronic signature authenticates all entries made by me, and will be appended to the Electronic Medical Record through the use of a unique password that I alone create and have access to. I will be the only person in possession of my unique password for the application and will be the only person to use my password.

I understand that my ability to access information systems will be modified or revoked if I allow another person access to my password or direct another person to use my password. I further understand that by allowing access to my password or directing another person to use my password, additional penalties may be imposed by California State Law and/or Federal Regulations.

I agree to respect the privacy rights of patients, and will abide by all laws concerning the confidentiality of medical information.

This declaration is made in accordance with Title 22, Section 70751(g)(1)(2). My signature below indicates I have read and understand the above statement and agree to abide by the terms and conditions set forth.

Signed: _____ Date: _____

Print Name: _____