



SmartCare ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities of Sonoma County regarding the use of an electronic signature in the SmartCare Electronic Health Record. I understand that this Agreement describes the obligations to protect my electronic signature and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:

I agree that my electronic signature will be valid for the duration of my assignment as a Behavioral Health Employee for the Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD).

I will use my electronic signature to establish my identity and sign electronic documents and forms. If I suspect or discover that my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify the DHS Compliance Officer and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature. I agree to keep my electronic signature secret and secure by taking reasonable security measures to prevent it from being lost, modified, or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of it or of any media on which information about it is stored.

I will immediately request that my electronic signature be revoked if I discover or suspect that it has been, or is in danger of being, lost, disclosed, compromised, or subjected to unauthorized use in any way. I understand that I may also request revocation at any time for any other reason.

If I have requested that my electronic signature be revoked, or I am notified that someone has requested that my electronic signature be suspended or revoked, and I suspect or discover that it has been, or may be compromised, or subjected to unauthorized use in any way, I will immediately cease using my electronic signature. I will also immediately cease using my electronic signature upon termination of employment or termination of this Agreement.

I further agree that, for the purposes of authorizing and authenticating electronic health records, my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Staff Signature: _____ Date: _____

Staff Printed Name: _____

SmartCare Electronic Signature Agreement Procedure

Directions:

Every SmartCare user must sign a form attesting that the electronic signature used in SmartCare is intended “by the party using it to have the same force and effect as the use of a manual signature.”

In order to complete a SmartCare Electronic Signature Agreement, complete the following:

For New SmartCare Users (Employees):

1. Managers will ensure that new staff follow the SmartCare User ID Procedure for access into SmartCare.
2. New Staff will complete a SmartCare Electronic Signature Agreement Form (BHD 700).
3. Staff will follow these steps:
 - a. Staff will sign and date the SmartCare Electronic Signature Agreement (BHD 700) on the line titled "Staff Signature" and print their name on the line titled "Staff Printed Name"
 - b. DHS Human Resources (HR) will scan a copy and send to Claiming at DHS-RMU-Credentialing@sonomacounty.gov and to the staff member's Program Manager.
4. Claiming staff will track receipt of the signed forms.