

**COUNTY CONTRACTED PROVIDER HEALTH INFORMATION SYSTEM
ELECTRONIC SIGNATURE CERTIFICATION**

I certify that the electronic signatures affixed to the electronic mental behavioral health records on the computer systems employed by or on behalf of **[CCP]** meet or exceed all of the standards, information security considerations, regulations and laws applicable to them.

Including the provisions of Department of Alcohol and Drug Programs Electronic Signatures Bulletin 10-01 and Department of Mental Health Letter no 08-10 Electronic Signatures and Electronically Signed Records.

_____ Date _____
Signature of Vendor

Printed Name of Vendor Representative