



COUNTY BEHAVIORAL HEALTH DIRECTOR
ELECTRONIC SIGNATURE CERTIFICATION

I certify that the electronic signatures affixed to the electronic behavioral health records on the computer systems employed by or on behalf of **Santa Clara County** and its Certified Contract Providers (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 County Behavioral Health Director

Printed Name of County Behavioral Health
Director