Contracted Provider or County Clinic Name:

ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities of staff of Santa Clara County's Behavioral Health Services Department (BHSD) in the use of an electronic signature in Santa Clara County.

- I (The undersigned) understand that this Agreement describes my obligations to protect my password, which controls my electronic signature. I will notify appropriate authorities if any way to obtain my electronic health record (EHR) computer system password is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:
- I agree that my EHR password will be valid for one year from date of issuance or earlier if it is revoked or terminated per the terms of this agreement. My password may expire at fixed durations in normal use, as determined by BHSD.I will be notified and given the opportunity to renew my password prior to its expiration. The terms of this Agreement shall apply to each such renewal.
- I will use my password to establish my identity as an EHR user and to sign electronic documents and forms.
- I am solely responsible for protecting my electronic signature.
- If I suspect or discover that my password has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify the County Behavioral Health Director or his/her designee and request that my password be revoked. I will then immediately cease all use of my password.
- I agree to keep my password 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 password 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 password be revoked, or I am notified that someone has requested that my password 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 password. I will also immediately cease using my password upon termination of employment or termination of this Agreement.

Administration • 828 S. Bascom Ave., Suite 200, 2nd Fl. San Jose, CA 95128 • 408-885-5770

- 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.

Print Name with License/Job Title: ___________________________________

Signature with License/Job Title: ___________________________________

Date: ___________________

ADP Bulletin 10-01
Mental Health Bulletin 08-10

Exhibit / Enclosure 1