Electronic Signature Request Checklist

Contract Agency Name:

Request Date:

Contract Agency/Vendor Name , hereby attests that its software, software name complies with the standards set forth by San Bernardino County Department of Behavioral Health (DBH). This letter certifies that Contract Agency Name/Vendor Name complies with the following state and federal laws, regulations or standards as required for electronic signatures (e-signature): (check all applicable)

- ☐ CA Government Code, Section 16.5
- ☐ Title 9 of the CA Code of Regulations, Division 1
- ☐ Title 2 of the CA Code of Regulations, Sections 22000-22005
- ☐ California Information Practices Act (CA Civil Code Section 1798 et seq.)
- ☐ Certification Commission for Healthcare Information Technology (CCHIT) certification criteria (version 2007 or newer) or equivalent: *Security: Access Control, Security: Audit,* and *Security: Authentication*
- ☐ The Confidentiality of Medical Information Act (CIMA) (CA Civil Code Section 56 et seq.)
- ☐ CA Government Code, Section 6254
- ☐ Welfare and Institutions Code, Section 5328
- ☐ Title 21 of the Code of Federal Regulations, Part 11 et al.
- ☐ Electronic Signatures in Global and National Commerce Act of 2000 Health Information Portability and Accountability Act (HIPAA) privacy and security
- ☐ Applicable Security requirements of Title 45 of the Code of Federal Regulations
- ☐ Privacy requirements of Title 42 of the Code of Federal Regulations, Part 2
- ☐ Compliance with all other applicable state and federal laws and regulations

Additionally, Contract Agency/Vendor Name attests it has complied and will continue to comply, if required, with the following actions pertaining to Contract Agency Name/Vendor Name implementing and maintaining the use of e-signatures for contracts with DBH:

- ☐ Maintain documentation demonstrating the development, implementation and maintenance of appropriate security measures that include, at minimum, the requirements and implementation features of those measures
- ☐ Maintain necessary documentation to demonstrate that security measures have been periodically reviewed, validated, updated and kept current
- ☐ Conform to county, state and federal laws and regulations regarding e-signature
- ☐ Complete annual submission of the Electronic Signature Certification attesting to compliance with the above stated regulations
- ☐ Complete annual submission of the Electronic Signature Agreement signed by individual providers requesting e-signature authorization and agreement of the provider to adhere to the terms of the use of an e-signature

- ☐ Utilize any of the following approaches to obtain client signatures:
    - Scan paper documents, treatment plans or other medical record documents containing client signatures;
    - Capture signature images from a signature pad;
    - Record biometric information such as a fingerprint using a fingerprint scanner; or,
    - Enter authenticating information known only to the client or authorized representative such as a password or personal identification number
    - For ADS Contractors, if client signature is unavailable, Contract Agency ADS Program Administrator or designee must provide an electronically signed explanation why signature not available
- ☐ Provide physical access to electronic health record (EHR) when DBH or State agencies conduct audits and reviews
- ☐ Provide computer access to the EHRs needed for an audit and review, including written procedures describing how to access the records
- ☐ Provide access, system or network, to EHRs, e.g. provide user IDs and passwords for DBH and State auditors
- ☐ Provide access to printers and capability to print necessary documents
- ☐ Provide access to scanned documents, if needed, which are readable and complete
- ☐ Ensure the electronic signature mechanism is:
    - Unique to the signer;
    - Under the signer's sole control;
    - Capable of being verified; and
    - Linked to the data so that, if the data is changed, the signature is invalidated.
- ☐ Provide technical assistance to DBH and State auditors as needed

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Printed Name Authorized Signature