



## ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities of San Bernardino County Department of Behavioral Health (DBH) in the use of an electronic signature in San Bernardino County. The undersigned understands that this Agreement describes the obligations to protect his/her 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:

- My electronic signature will be valid for one year from date of issuance or earlier if it is revoked or terminated per the terms of this agreement.
- I will be notified and given the opportunity to renew my electronic signature each year prior to its expiration. The terms of this Agreement shall apply to each such renewal.
- I will use my electronic signature to establish my identity and sign electronic documents and forms.
- I am solely responsible for protecting my electronic signature.
- 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 San Bernardino County Department of Behavioral Health as the County Mental Health Director/Alcohol & Drug Administrator and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature.
- I will 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.
- 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.

\_\_\_\_\_(Name of Agency) agrees to immediately notify San Bernardino County Department of Behavioral Health for the following reasons, including, but not limited to changes in e-signature policies/procedures; e-signature software; a provider's signature being revoked, compromised, lost or stolen; if a provider ceases use of his/her electronic signature; and if the agency wants to discontinue use of e-signature.

**SEE FOLLOWING PAGE FOR LIST OF SIGNATORS**

\_\_\_\_\_  
Contract Agency Director/Designee Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Behavioral Health Director

\_\_\_\_\_  
Date



## E-Signature and Provider Signature List

Agency: \_\_\_\_\_

By signing this form I, the undersigned, acknowledge and certify that the information below is true and accurate.  
(Please print or type name clearly.)

| Name | Signature | Discipline | Lic/Cert Number | Provider NPI | Date |
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| Name | Signature | Discipline | Lic/Cert Number | Provider NPI | Date |
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