



**Health Care Agency Behavioral Health Services
ELECTRONIC SIGNATURE AGREEMENT**

This Agreement governs the rights, duties, and responsibilities of County of Orange Health Care Agency (HCA) Behavioral Health Services (BHS) Staff and/or Contractor Staff in the use of an electronic signature in the County of Orange, California. The undersigned (I) understands that this Agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. For purposes of this Agreement electronic signature constitutes my Integrated Records Information System (IRIS) User Name and Password.

I agree to the following terms and conditions:

- I agree that my electronic signature will be valid for the duration of my employment or earlier if it is revoked or terminated per the terms of this agreement.
- 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. I agree to 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.
- If I suspect or discover that access to my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify the County Mental Health Director or his/her designee (my Supervisor).
- I will immediately notify the HCA Service Desk request that my electronic signature be revoked and re-issued 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.
- If I am notified that someone has requested that my electronic signature be revoked, or I suspect or discover that is has been or may be compromised or subjected to unauthorized use in any way, I will immediately cease using my electronic signature until my electronic signature has been revoked and re-issued.
- I will immediately cease using my electronic signature upon termination of employment or termination of this Agreement.
- 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.

BHS or Contractor Employee Signature: _____ Date: _____

BHS or Contractor Employee Printed Name: _____

Employer: _____ Primary Work Location: _____

Approver Signature: _____ Date: _____

Approver Printed Name: _____

Approver Title: _____