



## SMARTCARE ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities of Sonoma County in the use of an electronic signature in the SmartCare Electronic Health Record. I understand that this Agreement describes the obligations to protect my 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:

I agree that my electronic signature will be valid for the duration of my assignment as a Behavioral Health Employee for the Behavioral Health Division of the Sonoma County Department of Health Services.

I will use my electronic signature to establish my identity and sign electronic documents and forms. 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 the DHS Compliance Officer and request that my electronic signature be revoked. I will then immediately cease all use of 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.

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.

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.

Staff Signature _____	Date _____
Staff Printed Name _____	
DHS Payroll Clerk Signature _____	Date _____
DHS Payroll Clerk Printed Name _____	

**Please fax the completed form to DHS Payroll at (707) 565-7887, or e-mail it back to the payroll clerk who sent you the form.**

## SmartCare Electronic Signature Agreement Procedure

**Directions:** Every SmartCare user must sign a form attesting that the electronic signature used in SmartCare is intended “by the party using it to have the same force and effect as the use of a manual signature.” In order to complete an SmartCare Electronic Signature Agreement, complete the following:

**For New SmartCare Users (Employees):**

1. Managers will ensure that new staff follows the SmartCare New User ID Procedure for access into SmartCare.
2. New Staff will complete an SmartCare Electronic Signature Agreement Form (MHS 700) when in-processing with DHS Payroll.
3. Staff and DHS Payroll Clerk will follow the following steps:
  - A. Staff will sign the SmartCare Electronic Signature Agreement (MHS 700) on line titled “Staff Signature” and print their name on the line titled “Staff Printed Name”
  - B. DHS Payroll Clerk will go over the SmartCare Electronic Signature Agreement (MHS 700) with Staff.
  - C. DHS Payroll Clerk will sign each staff person’s form on line titled “DHS Payroll Signature” and print their name on the line titled “DHS Payroll Printed Name”.
  - D. DHS Payroll will place signed original form in employee’s personnel file, then scan a copy to Claiming and Staff’s Program Manager.
4. Claiming staff will track receipt of the signed forms.