



JOHN MUIR
HEALTH

HOME HEALTH

NEW PHYSICIAN FORM

Date:

Completed By:

MD Last Name:

MD First Name:

MI:

Title (MD, DO, etc.):

Practice Name

Practice Address

Practice Phone

Specialty

Practice Fax

Practice Contact

License No.

e-Mail Address

DEA No.

Taxonomy Code

NPI #

UPN #

For Home Health use only:

- JMH Credentialed**
- JMH Non- Credentialed**



JMMDHS ANTI-VIRUS, E-MAIL and INTERNET CONSENT FORM

I _____ (print physician name) have read and agree to adhere to the JMMDHS

Anti-Virus Policy, Electronic Mail Policy, Internet Policy and Desktop Policy. I understand that

electronic mail transmissions and Internet activities may be monitored by management.

I recognize that patient identifiable data transmitted over the Internet must be done in compliance

with existing regulations. I agree to alert my Department Director whenever I suspect a security breach

on the part of someone else or when I believe the confidentiality of a patient's identifiable data

may be compromised.

I agree that failure to comply would result in disciplinary action, up to and including termination.

Physician's Signature _____ Date _____

Physician's Number _____ Ext. _____

NOTE: Send completed form to the ITS Dept.(Support Center). After entering the information into the

Elron Database, the original will be sent to the Human Resource Dept. to be place in the employee's personnel file.

Reference: JMMDHS – ITS Electronic Mail/Internet Electronic Mail Policy SA: 33.00

For ITS Use Only:

Initials_____

Date_____

JOHN MUIR HEALTH

SUBJECT: IM – SIGNATURE STAMP- ELECTRONIC SIGNATURE METHODS	MANUAL: SYSTEM POLICY MANUAL
	SECTION: POLICY/PROCEDURE

Subject: IM – Signature Stamp – Electronic Signature Methods	Source: John Muir Medical Centers – Concord & Walnut Creek
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I. Purpose

- A. To establish guidelines for a physician and hospital personnel to use electronic signature and signature stamps to authenticate documents in the Medical Record.

Definitions:

Login ID: A combination of User level ID and password that authenticates identity into a variety of computing and communication systems, applications and services.

- **User-level ID:** A uniquely assigned set of Alpha/Numeric characters that assigns a user a set of permissions to log into a variety of computing and communication systems, applications and services.
- **Password:** A unique set of Alpha/Numeric characters associated with an individual's User-level ID that is used for network, system and application level authentication, and granting access to IT information systems.

Users: Employees, volunteers, trainees, physicians, independent temporary contractors, and other persons whose conduct, in the performance of work for John Muir Health, is under the direct control of John Muir Health, whether or not they are paid by John Muir Health. A User is a person using a computing device and communications to access electronic information. Characteristics of Users are classified into groups by job responsibilities (such as doctor, nurse, technician, or manager).

II. Policy

- A. John Muir Health computerized information systems provides the capability for granting specific users Electronic Signature functionality.

ORIGINAL DATE: 9/20/06	SPM: SA-28.06
REVISION #: DATE:	PAGE: 1 OF: 5
REVIEWED BY: Admin 10/06, MEC-WC 12/06, MEC-CC 11/06, OLT 1/07, SLT 1/07, Board 1/07	SUPERSEDES: ADM 1507 GPM B-63.00

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- B. All users of electronic signature will at a minimum have a **User-level** ID, unique password, and/or PIN, and must adhere to the JMH policies “Information Access Management” and “Password Management” to maintain security of their electronic or facsimile signatures.
1. Certain systems may require another level of password known as PIN (Personal Identification number) that will be entered along with the **User-level** ID and the unique password.
 2. **Should users forget their unique password or PIN, they must contact the ITS Support Center to re-establish their unique password and/or PIN.**
- C. Physicians must have on file a signed Electronic Signature and/or Signature Stamp statement(s) (Attachment A or B) to the effect the he/she is the only person who has possession of the **User-level** Identification, password, PIN or stamp or key and will be the only one to use these items.
1. The completed Electronic Signature form is kept in the physician’s file in the Medical Staff Office.
 2. The completed Signature Stamp form is kept in the Health Information Management Department.
- D. **Electronic** entries in the medical record will be authenticated by use of a signature stamp/electronic signature code (**User-level** ID and password and/or PIN) or handwritten signature.
- E. All hospital personnel will have on file a signed Confidentiality Statement that addresses the employee’s responsibility for maintaining security of the employee’s **User-level** ID, password and/or PIN, stamp or key, which is maintained in the employee’s Human Resources file
- F. When an authorized user’s duties and responsibilities change (including when the user is no longer affiliated with John Muir Health), the Director of the Department (or other appropriate authority) must notify the Information Technology Services or have the stamp or key returned to Health Information Management for destruction.

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III. Procedure

- A. To request electronic signature functionality **for physicians:**
1. **The physician support analyst will submit a Service Request to the ITS Support Center on behalf of the physician, or the physician will contact the ITS Support Center directly.** The Service Request is processed as outlined in the ITS - Service Request Procedure.
 2. Competency must be shown when the PIN number is issued. Competency is shown by having the user sign off reports available in the system.
 3. **The physician will complete Attachment A, Electronic Signature User Password/PIN Number Acknowledgement Form.**
 4. **To request a signature stamp, physicians must contact the Health Information Management Department and complete Attachment B.**
- B. **The Department Director will submit a Service Request to the ITS Support Center for all hospital staff requesting use of electronic signature capabilities.**
- C. Electronic signature functionality will be granted in accordance with John Muir Health policy "Information Access Management."

References / Regulations: Title 22, 70751; JCAHO IM Standards, IM 2.20		Applies To: John Muir Medical Centers – Concord & Walnut Creek
Sponsor Name: Linda English Sponsor Title: Director, Health Information Management		Supersedes: ADM 1507, GPM B-63.00
Record of Additional Approval Body and Date:		
Admin <u>10/06</u> OLT <u>1/4/07</u> SLT <u>1/16/07</u>	JMWC MEC <u>12/4/06</u> JMCC MEC <u>11/7/06</u>	Board <u>1/24/07</u>

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Origination Date: 9/20/06	Review Dates:	Revision Dates:
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Attachment A

Electronic Signature User Password/Pin Number Acknowledgment Form for physicians

ELECTRONIC SIGNATURE User Password/Pin Number Acknowledgement Form

<i>Please Print</i>			
Physician Name _____			
Last Name	First	MI	

Physician's Statement of Confidentiality

1. I understand that my unique password/pin number for John Muir Health Information Systems is for my use only.
2. My unique password/pin number allows me the capability to electronically sign my patient records.
3. I agree not to divulge my unique password/pin number to anyone.
4. I understand that the penalties for disclosure of my unique password or the use of another individual's password/pin number, a breach of confidentiality, or the unauthorized use of the information systems will result in revocation of my unique password and possible disciplinary action.

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Physician Signature

Date

(My signature acknowledges that I have read and understood the above paragraphs)

Attachment B

SIGNATURE STAMP TOOL

TO: President/CAO

From:

Re: Use and possession of a Signature Tool

I request the option of using a signature stamp in lieu of signing my name on my patient records.

I am the only one who has possession of the signature tool and the only one who will be authorized to use it.

Signature of physician/employee

Distribution: Health Information Management

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HOME HEALTH PORTAL ENROLLMENT COVER SHEET

MAIL TO:



John Muir Home Health Services
2298 Pike Court, Concord, CA 94520
(925) 674-2560

Physician's Name: _____

Physician's Address: _____

Physician's E-Mail: _____

Physician's Phone No.: _____

Return the following forms with cover sheet:

- Completed & Signed New Electronic Home Health Physician Form**
- Completed & Signed ITS Consent Form**
- Completed & Signed HPF signature stamp electronic**

Notes:

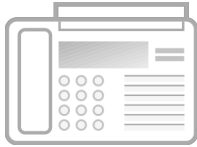
F A X



John Muir Home Health Services

2298 Pike Court, Concord, CA 94520

(925) 674-2560



To: **John Muir Home Health Services**

Fax number: **(925) 674-2975**

From:

Fax number:

Date:

Regarding:

HOME HEALTH PORTAL ENROLLMENT

Phone number for follow-up:

Physician's Name: _____

Physician's Address: _____

Physician's E-Mail: _____

Return the following forms with fax cover sheet:

- Completed & Signed New Electronic Home Health Physician Form**
- Completed & Signed ITS Consent Form**
- Completed & Signed HPF signature stamp electronic**

Notes: