



# OSPITAL NG PARAÑAQUE



Document Code:  
**OSPAR- ANCI- LAB-2022-21**

Issue Date:

## ANCILLARY DIVISION APPROVAL MATRIX

Section / Department

**LABORATORY SECTION**

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Policy Title:

### **POLICY GUIDELINE ON THE USE OF AUTHENTICATED ELECTRONIC/DIGITAL SIGNATURE**

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### **POLICY GUIDELINE ON THE USE OF AUTHENTICATED ELECTRONIC/ DIGITAL SIGNATURE PURPOSE:**

To facilitate the usage of electronic signatures for medical records throughout the clinical operations of the Clinical Laboratory.

### **POLICY STATEMENT:**

Electronic signature, an automated function which replaces a handwritten signature with a system generated signature statement, will be utilized for medical records as a means for authentication of transcribed documents, computer generated documents and/or electronic entries. System generated electronic signatures are considered legally binding as a means to identify the author of medical record entries and confirm that the contents are what the author intended.

### **PROCEDURE:**

1. **APPROVAL** - All electronic signature applications must be approved for use by the Department of Information and Communications Technology (DICT) with further approval by the Health Center's governing body as needed.
2. **ELECTRONIC SIGNATURES ALLOWED –**  
The following types of electronic signatures can be utilized:
  - Electronic signature statement (digital signature)
  - Digitized signature (actual signature converted to electronic image) If the application allows auto-authentication or auto-signatures this functionality is prohibited. The author of the entry will be required to review/validate the entry prior to applying electronic or digitized signature.



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### **3. . SECURITY**

**A. Confidentiality statement** – Any provider authorized to utilize electronic signature will of. be required to sign a statement attesting that he or she is the only one who has access to his/her signature codes, that the electronic signature will be legally binding and that passwords and/or PIN numbers will not be shared.

**B. Confidentiality statements** will be obtained by the following departments for users of systems that allow electronic signatures:

- Pathologist
- Medical Technologist

### **4. USAGE OF ELECTRONIC SIGNATURE**

**A. Electronic signatures** can be utilized within the clinical laboratory department, but not limited to:

- Hematology
- Clinical Chemistry
- Clinical Microscopy
- Serology
- Microbiology
- Blood Bank
- Anatomic Pathology

**B. Providers** are required to review their entries for completeness and accuracy prior to electronically signing them.

**C. Once an entry** has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of addendum to the original entry. The addendum should also be signed electronically and date/time stamped.



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- D.** The signature line of a document signed electronically will include either a digitized signature and/or a signature statement with the authenticator's name and date the document or entry was signed, time of authentication will also be provided depending on the system's capabilities. This will depend upon how each individual system is set up to handle electronic signature. 12
- E.** System specific standards and procedures for usage may vary from system to system and it will be required that any department who utilizes electronic signature must establish and maintain system specific procedures for its use.
- F.** Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Hospital Administration. Sanctions will be imposed if deemed necessary