

ELECTRONIC SIGNATURE TERMS OF AGREEMENT - STANDARD

AUTHORIZATION

Health Information Systems – Transcription Services

DATE APPROVED

VCH HAMAC – May 14, 2013
FHA HAMAC – June 12, 2013
PHC HAMAC – September 2014

DATE REVISED

December 2015

AGREEMENT FOR THE USE OF THE ELECTRONIC SIGNATURE (eSig) ON TRANSCRIBED REPORTS BY AN INDIVIDUAL AUTHOR

Electronic Signature

1. An electronic signature is "a signature that consists of one or more letters, characters, numbers or other symbols in digital form incorporated in, attached to or associated with an electronic document";
2. A secure electronic signature is as an electronic signature that
 - (a) is unique to the person making the signature;
 - (b) the technology or process used to make the signature is under the sole control of the person making the signature;
 - (c) the technology or process can be used to identify the person using the technology or process;
 - and
 - (d) the electronic signature can be linked with an electronic document in such a way that it can be used to determine whether the electronic document has been changed since the electronic signature was incorporated in, attached to or associated with the electronic document.

Your Liability

- ✓ By signing in the box below, you agree to the terms of the Electronic Signature Policy.
- ✓ You agree your electronic signature is the legal equivalent of your manual signature on the Agreement.
- ✓ You also agree to be bound by and liable for all use of your Electronic Signature, including unauthorized use by other persons with your knowledge or consent.
- ✓ You agree to use an Electronic Signature in lieu of a paper-based signature.
- ✓ You agree to review all documents for completeness and accuracy prior to electronically signing them within the designated time frame.
- ✓ You agree to notify Transcription Services when you are no longer working for the Health Authority and no longer require access to electronically sign documents.

Protection of Electronic Signature

- ✓ You agree to keep your Electronic Signature and all of its components secret and safe or prevent unauthorized use. This includes, but is not limited to:
 - memorizing and keeping safe and private the Username and Password included in your Electronic Signature;
 - avoiding selecting number combinations which may be easy for someone else to guess (such as 1, 2, 3, 4) or which are easily associated with you (such as your birth date, address, and so on);
 - avoiding selecting any part of another password, PIN, or code that you use for any other purpose;
 - taking all necessary precautions to ensure that no one learns any component of your Electronic Signature.

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This is a signed agreement for the use of Electronic Signature.

I understand that the Electronic Signature applied to a document under the Electronic Signature Policy is considered the legal equivalent to my handwritten signature or initials.

(Please sign within the box)

First Name and initial	Last Name
Health Authority and Site (i.e. VCH/VGH, PHC/SPH)	Dictation ID/Billing #
Phone #	Email address
Department Head/Witness (Signature)	Date

Please send completed forms to:

Transcription Services at 604-806-8257 or scan to Transcription at transcriptionalerts2@vch.ca

**This agreement is supported by the Electronic Signature Standards Policy for the Lower Mainland Health Information Services.
 For further information please contact 604-806-9696**

Any misuse or disregard of electronic signature policy will be reviewed and acted upon by Health Information Management.