



ELITE CARE

ELECTRONIC DOCUMENTATION & SIGNATURE AUTHENTICITY AGREEMENT

I understand that *Elite Care* staff may use electronic signatures on all computer-generated documentation. An electronic signature will serve as authentication on patient record documents and other agency documents generated in the electronic system.

For the purpose of the computerized medical record and other documentation for agency purposes, I acknowledge the combined use of my Electronic Signature Passcode and Log In authentication password will serve as my legal signature.

I understand that I will be required to update my password regularly for security purposes. I understand that prior to exporting documentation to the agency server, I am required to review and authenticate, by use of electronic signature, my documentation on the field-based or office computer. I understand that I am responsible for the security and accuracy of information entered into Axxess, and as such, I will:

- Not share or otherwise compromise my electronic signature credentials (Log In authentication password or Electronic Signature Passcode)
- Exit the online application at the end of each working day or whenever the computer is not in my immediate possession
- Not save my Log In password and Electronic Signature Passcode on the computer, but will enter them upon each access of the application
- Review all of my documentation online prior to submitting to the agency server

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____