

METHODIST HEALTHCARE SYSTEM

"Serving Humanity to Honor God"

8109 Fredericksburg Rd San Antonio, Texas 78229
(210) 575-0200

NOTICE OF PARTICIPATION FOR ELECTRONIC SIGNATURE

TO: Administration, Health Information Management, and Medical Staff Office

RE: Electronic Signature (Alternate Signature Option) and Electronic Editing

This is to notify you that I will participate in the use of electronic signature to authenticate documents on the hospital information system. The documents will be signed via the Meditech System used at the following facilities in which I have clinical privileges (check those that apply).

☐ Methodist Hospital/Children's Hospital
☐ Metropolitan Methodist Hospital
☐ Northeast Methodist Hospital
☐ Methodist Specialty & Transplant Hospital

☐ Methodist Ambulatory Surgical Hospital
☐ Northeast Methodist ASC
☐ North Central Methodist ASC
☐ Methodist ASC, Medical Center

AUTHORIZATION TO USE EDITING FEATURE ON ELECTRONICALLY SIGNED REPORTS

☐ I have chosen to edit my transcribed reports via the electronic signature functionality of Meditech.

☐ I have chosen **NOT** to edit my transcribed reports via the electronic signature functionality of Meditech.

A unique identifier (personal identification number or PIN) will be used to electronically sign documents, and I understand that it is confidential. I certify that I will not disclose the identifier assigned to me to any other person or permit another person to utilize it.

I understand that all edits must be made in accordance with facility record completion policies. I accept full responsibility for any and all edits I make to my transcribed reports. I understand that the use of the editing feature is restricted to those reports that are available for electronic signature through Meditech and that I am required to electronically sign any documents that I have edited.

In the event that I misuse the electronic signature and/ or editing option, I understand that my use of it will be terminated. Misuse as defined by HCFA is "that the physician has allowed another person or persons to use his PIN". The Texas Computer Crime Statute states that this is a misdemeanor to intentionally or knowingly give your PIN or password to another individual. Misuse will be reported to the appropriate hospital committees and/or Administrative personnel.

I agree to review each entry or document on-line prior to affixing my electronic signature. I understand that I am responsible for the content of all medical record entries that I authenticate electronically.

Physician Signature

Print Physician Name

Date

Important: How would you like to be contacted?

Phone/Cell/Pager

Email [include to receive printed instructions]

Fax [include to receive printed instructions]

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ELECTRONIC SIGNATURE PIN SELECTION FORM

Physician Name: _____
(Please Print)

NOTE: You **must** already have a Meditech user ID and password assigned to you or have requested a user ID to request use of Electronic Signature. Please contact the group listed below to request a Meditech ID if you do not already have one assigned.

Your personal identification number (PIN) can be all letters, all numbers, or a combination of letters and numbers. It must be different from your Meditech System password.

Requested PIN : _____ (4 – 7 characters **Maximum**)

Should there be any conflict or issue with the PIN you have selected, you will be contacted to choose another one.

You will be contacted once your ESig is activated. If you supply a fax number or email address, we will be glad to send you an instruction sheet detailing usage of your ESig capabilities.

For more personal training, please contact the Physician Support Group or your Methodist Physician Representative. You may also visit the Health Information Management Department (Medical Records) at any of the Methodist Healthcare facilities to learn how to use the electronic signature feature.

Forward this form and the Notice of Participation to:

**Methodist Healthcare System
Information Services
Physician Support Group**
7922 Ewing Halsell Suite 250
San Antonio, Texas 78229
Phone: (210)575-0142
Fax: (888)771-9668