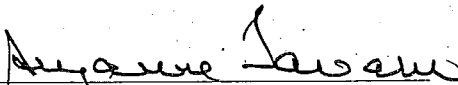


County of Marin <b>Mental Health &amp; Substance Use Services (MHSUS)</b>	POLICY NO. MHSUS-ADP-08
	Next Review Date: July, 2018
<b>POLICY:</b>	Date Reviewed/Revised: July 30, 2015
<b><u>MARIN WITS ELECTRONIC SIGNATURE POLICY</u></b>	
<b>SUPERCEDES: MHSUS PROGRAMMATIC AND ADMINISTRATIVE POLICIES, PROCEDURES, STANDARDS AND PRACTICES FOR ALCOHOL, TOBACCO AND OTHER DRUG SERVICES</b>	By:  Suzanne Tavano, PhD MHSUS Director

**POLICY: MARIN WITS ELECTRONIC SIGNATURE POLICY**

**I. PURPOSE:**

The purpose of this policy is to ensure the verity of each staff persons electronic signature in Marin WITS.

**II. REFERENCES:**

42C.F.R. § 438.242  
Cal. Code Regs., tit.9, § 1810.376  
ADP Bulletin 10-01  
WITS User Change Request Form

**III. POLICY:**

Mental Health and Substance Use Services staff and contracted providers and their employees and subcontractors must sign and abide by the terms of a Marin WITS electronic signature agreement in order to receive or maintain access to Marin WITS and the attached electronic signature.

**IV. AUTHORITY/RESPONSIBILITY:**

Contract Managers  
Marin WITS Administrator  
Alcohol and Drug Administrator  
MHSUS Director

**V. PROCEDURE:**

The County of Marin provides Marin WITS (CCMS EHR Certification ID 30000005YWLAEAS) to its MHSUS staff and contracted providers to use as an Electronic Health Record and Billing program. Marin WITS meets the state's definition of a Health Information System as outlined in the NNA/ DMC contract pursuant to 42C.F.R. § 438.242 and consistent with Cal. Code Regulations., tit.9, § 1810.376.

County of Marin Mental Health & Substance Use Services (MHSUS)	POLICY NO. MHSUS-ADP-08
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Access to MarinWITS may only be granted by designated MHSUS staff or FEI, Inc. MarinWITS tracks electronic access and Electronic Signatures of all users within the system. This information will be used in regular monitoring activities as well as in investigations into grievances and appeals.

To ensure the verity of each staff and contractors electronic signature in MarinWITS, County MHSUS will:

1. Require all staff and contractors to email a completed MarinWITS user request/change form [Attachment A] to the MarinWITS Administrator and copy their Contract Manager. When users leave or change roles this must be submitted prior to or within 48 hours of the change.
2. MHSUS staff and each contractor and its employees and subcontractors must sign and abide by the terms of a MarinWITS Electronic Signature Agreement [Attachment B] in order to receive or maintain access to MarinWITS and the attached electronic signature. This agreement requires users to not share their password and pin with anyone including other contractor staff, county staff or other contractors. Completed agreements should be emailed to the MarinWITS Administrator and copy their Contract Manager.
3. Upon receipt and approval of all completed documents the MarinWITS Administrator or Contract Manager will make the requested changes within 7 - 10 business days.
4. The MarinWITS system creates and emails a new password and pin to the signatory's email account. To ensure that the signature remains protected the receiving email account must be approved by the requester's management and accessible only to the owner of the electronic signature.
5. Users of the MarinWITS system must inform the MHSUS MarinWITS Administrator by phone or in writing within 24 hours if they know or suspect that their signature has been compromised. MHSUS MarinWITS Administrator will inform the appropriate MHSUS and/or Agency privacy specialists of the suspected issue for review.
6. If the signature has been or is suspected of being compromised Marin County MHSUS will terminate access to MarinWITS.
7. A new signature and access may be granted if a review finds that the compromised signature was not the fault of the signer, did not result in a breach of PHI or PII, or was not a violation of the electronic signature agreement.
8. To protect the integrity of Electronic Signatures the MarinWITS Administrator will review user access a minimum of four times per year and deactivate any accounts that have not been used within 90 days.

### MarinWITS User Change Request Form

User Information (For new users fill out all fields. To request a change to an existing user, please fill out only pertinent information)

Agency Name: \_\_\_\_\_ User Name: \_\_\_\_\_

User Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

NPI: \_\_\_\_\_ Supervisor: \_\_\_\_\_

License/Certification Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New User: \_\_\_\_\_ Change permissions: \_\_\_\_\_ Close User Account: \_\_\_\_\_

Start or End Date of employment: \_\_\_\_\_

Permissions:

\_\_\_\_\_: Data Entry

\_\_\_\_\_: Clinical

\_\_\_\_\_: Billing

\_\_\_\_\_: Clinical Supervisor

\_\_\_\_\_: Reports

\_\_\_\_\_: Release to Billing

\_\_\_\_\_: rendering staff only- no access to MarinWITS

\_\_\_\_\_: Other \_\_\_\_\_

Please list the facilities that you would like this person to be able to access. \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Requestor

\_\_\_\_\_  
Date

\*Please note that new Accounts will not be granted until this form and a signed Electronic Signature Form has been returned to the MarinWITS administrator at [lsteffy@marincounty.org](mailto:lsteffy@marincounty.org).

MARIN WITS ELECTRONIC SIGNATURE AGREEMENT

This Agreement governs the rights, duties, and responsibilities of County of Marin- Health & Human Services staff and contract providers in the use of an electronic signature in Marin WITS. A Marin Wits is comprised of user's unique user name, password and pin. The undersigned (I) understands that this Agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:

I will use my electronic signature to establish my identity and sign electronic documents and forms. I am solely responsible for protecting my electronic signature. If I suspect or discover that my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify the County Mental Health and Substance Use Services Director or his/her designee and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature. I agree to keep my electronic signature secret and secure by taking reasonable security measures to prevent it from being lost, modified or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of it or of any media on which information about it is stored.

I will immediately request that my electronic signature be revoked if I discover or suspect that it has been or is in danger of being lost, disclosed, compromised or subjected to unauthorized use in any way. I understand that I may also request revocation at any time for any other reason.

If I have requested that my electronic signature be revoked, or I am notified that someone has requested that my electronic signature be suspended or revoked, and I suspect or discover that it has been or may be compromised or subjected to unauthorized use in any way, I will immediately cease using my electronic signature. I will also immediately cease using my electronic signature upon termination of employment or termination of this Agreement.

I further agree that, for the purposes of authorizing and authenticating electronic health records, my electronic signature has the full force and effect of a signature affixed by hand to a paper document.

Requestor  
Signature \_\_\_\_\_ NPI \_\_\_\_\_  
Requestor  
Printed Name \_\_\_\_\_

Approver  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_  
County  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_