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 _____

MarinWITS User Change Request

Rendering Provider without Access Form

Agency Name: _____ Requestor Email Address: _____

Supervisor:_____ # of Providers to Change _____

License/Certification Type:_____

New Rendering Provider: ____ Hide Provider: _____

Start or End Date of employment:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

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User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

User Name: _____ Gender:_____ NPI:_____

_____ _____

Signature of Authorized Requestor Date

*Please note that this form will not allow access to WITS in any form. Staff added here are only for billing purposes- not for clinical record keeping. Please return to the MarinWITS administrator at lsteffy@marincounty.org.

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.