

PHYSICIAN AUTHORIZATION FOR ELECTRONIC SIGNATURE PHYSICIAN WEB BASED SCHEDULING

By signing the Physician Signature field below, you are authorizing an electronic identity credential with Munson Healthcare. Pursuant to **MHC policies 012.004 and 019.052**, this electronic identity credential will allow you to create and electronically sign orders for diagnostic tests, screenings and procedures to be used with online tools such as Physician Web Scheduler or others that may be introduced.

In addition, you are authorizing Munson Healthcare to accept and treat your electronic signature with no expiration, as if you executed a written signature and date on the electronic document. You also understand that you are responsible for orders signed electronically with your PIN.

To verify your identity in the Physician Web Scheduler system, a unique Personal Identification Number (PIN) will be attached to your identity in the scheduling system. This PIN should be treated with the utmost security and confidentiality. Delegation of your PIN is authorized when shared with office employed personnel as they are acting on your instruction to process the order. Verification of order must be available in patient's paper chart or your Electronic Medical Record. If you feel that an unauthorized person has knowledge of your PIN code, **you must contact the Help Desk at 231-935-6053 immediately**, so that your PIN can be changed to protect you.

Your signature also authorizes Munson Healthcare to perform audits to certify adherence to said policies and procedures.

Physician Full Name (printed): _____

Practice Name: _____

Address: _____ City _____, MI Zip: _____

Phone: _____ Fax: _____

PIN Requested (**must be at least 5 alpha-numeric ex: abcd1**): _____

Physician Signature: _____ **Date:** _____

By signing above, you assert that all representations and information provided are correct and current for purposes of creating and maintaining an electronic identity.

This authorization form will be active until such time as a written, dated and signed notification of revocation is received from you by Munson Healthcare. Upon receipt of such notification, electronic signature authority will be revoked, capabilities will be deactivated and access to relevant systems will be discontinued.

Munson Healthcare will retain the original signed copy of this Physician Authorization for Electronic Signature in the form of a scanned document.