



Absolute Home Health, Inc. Care

4740 Murphy Canyon Rd Ste 222, San Diego, CA 92123
Agency Phone: (858) 541- 2000 Agency Fax: (858) 541- 2011

ELECTRONIC SIGNATURE

Employee Name: _____ Date: _____
Print Name

I understand that my electronic signature is used for health records as a means of attestation of electronic health record entries, transcribed documents, and computer-generated documents and by locking and using my electronic signature, it is considered legally binding as a means to identify the author of health record entries, confirm content accuracy and completeness as intended by the author, and to ensure e-signature integrity is maintained for the life of the electronic health record.

It is the policy of Absolute Home Health, Inc. to accept electronic signatures as defined within this policy for author validation of documentation, content accuracy and completeness with all the associated ethical, business, and legal implications. This process operates within a secured infrastructure, ensuring integrity of process and minimizing risk of unauthorized activity in the design , use, and access of the electronic health record.

EMPLOYEE SIGNATURE

DATE

PRINT NAME