LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

ELECTRONIC SIGNATURE AGREEMENT
Non-LACDMH User

This Agreement governs the rights, duties, and responsibilities of Department of Mental Health in the use of an electronic signature in County of Los Angeles. In addition, I, the undersigned, understand 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 agree that my electronic signature will be valid upon the date of issuance until it is revoked or terminated per the terms of this agreement. I agree that I will be required annually to renew my electronic signature and I will be notified and given the opportunity to renew my electronic signature each year and shall do so. The terms of this Agreement shall apply to each such renewal unless superseded.

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 DMH Helpdesk 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.

Additionally, I am responsible for ensuring that all employees, contractors, volunteers, interns, trainees, or persons whose conduct in the performance of work for LACDMH is under my authority, regardless of whether are paid or unpaid by the County, which are authorized to access Sensitive Information or Confidential Data through LACDMH Systems, have received and signed this Electronic Signature Agreement.

Business Associate / Contractor Workforce Member's Name	Business Associate / Contractor Workforce Member's Signature	Date

As a representative and Liaison of the Business Associate / Contractor performing in a management or supervisory capacity, I certify that the above signer, whose conduct in the performance of work for accessing LACDMH resources is under my authority, has acknowledged and signed this agreement.

Business Associate / Contractor Manager's Name	Business Associate / Contractor Manager's Signature	Date

The signed copy of this agreement must be maintained by the LACDMH Sponsor