

Enki Health Services, Inc.
Electronic Signature Agreement

This agreement governs the rights, duties and responsibilities of Enki Health Services, Inc. in the use of an electronic signature in Los Angeles County. 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 agree that my electronic signature will be valid for the duration of my employment or earlier if it is revoked or terminated per the terms of this agreement.

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. 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. If I discover or suspect that my electronic signature has been or is in danger of being lost, stolen, disclosed, compromised or subjected to unauthorized use in any way. I will notify Carl Urmer, MHS, President/Chief Operating Officer or his designee, and request that my electronic signature be revoked. I will then immediately cease all use of my electronic signature. 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, or 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.

Whenever my current electronic signature is revoked, a new electronic signature will be assigned to me and I will be required to sign a new form. I will also immediately cease using my electronic signature upon termination of employment or termination of this Agreement.

I further agree that, for the purpose 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 _____ Date _____

Requestor
Printed Name _____ Date _____

Approver
Signature _____ Date _____

Title _____