

## Sullivan County Department of Public Health

<b><u>Title:</u></b> Patient Electronic Signature	Original Approval: 5/22
<b><u>Number:</u></b> DP-10	Reviewed/ revised: 3/24
<b><u>Page Number:</u></b> 1 of 1	

### **Statement/ Purpose:**

The patient's signature will verify agreement for admission to services, consent for treatment, acceptance for Plan of care and all required signed documentation.

### **Authority:**

### **Application:**

All Certified Home Health Agency (CHHA) clinicians

### **Terminology:**

### **Responsible Party:**

Public Health Director

### **Cross-Reference:**

Admission to CHHA

### **Procedure:**

1. Obtaining Electronic Signature: Patient or designee. This is the preferred method.
  - a. Select the patient visit in EMR.
  - b. Obtain Electronic signature at conclusion of home visit.
  - c. Clean all equipment per manufacturer's instructions.
2. Verbal Signature: When electronic signature is not possible, verbal consent will be acceptable provided the clinician documents verbal consent was provided and document the reason.
  - a. If patient is unable to sign, write "Verbal Consent" in signature box.
  - b. Anytime the patient is not able to physically sign a form and elects to utilize a verbal consent, the clinician must add a Case Communication not titled "verbal consent for\_\_\_\_" as to the reason for obtaining verbal consent and what form verbal consent was obtained on.