

Choices In Community Living

Electronic Signature Acknowledgement

Choices In Community Living utilizes electronic documentation in some instances that requires employees to provide an electronic signature upon document completion. This acknowledgement is to make employees aware that by submitting an electronic signature, they are providing an electronic mark that is held to the same standard as a legally binding equivalent of a handwritten signature provided by a signee. For purposes of the acknowledgement, an original signature is considered a legal First and Last name (legal name may include middle name, initial or suffix) followed by the date. Choices In Community Living obtains Medicaid funding from CMS and The Ohio Department of Developmental Disabilities. Choices in Community Living utilizes an electronic documentation system to meet the requirements of the Medicaid program. Your documentation into these system require the use of a user name and password and electronic signature. This documentation will be used for Medicaid billing purposes for services that you provide while employed by Choice In Community Living.

AGREEMENT: By signing this Electronic Signature Acknowledgment Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Employee Signature

Print Name

Date