

AUTHENTICATION OF APPROVAL

MS 127

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	04/31/2012
<i>Policy #</i>	MS 127	<i>Date Revised</i>	03/28/2017
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	03/28/2023

PURPOSE

To ensure valid authentication of approval on all medical staff documents, including recommendation and approval forms as well as privilege delineation request forms.

POLICY

When an officer of the medical staff or a department chair requests that a stamp or electronic version of their signature be made, that authentication will only be used at the instruction of the individual whose name it bears.

Those permitted to use these methods of authentication are Medical Staff Coordinators, who support the medical staff organization and its committees, and who use them with direct instruction from the signatory on correspondence prepared as a result of committee deliberations.

PROCEDURE

- 1) The signature stamp will be stored in a locked drawer and only utilized upon the instruction of the signatory.
- 2) When a stamp is no longer used, it is destroyed by removing the signature surface.
- 3) When a signature is scanned electronically, it will only be retained as long as that physician is serving as a signatory.
- 4) A listing with a signed statement of approval and or delegation will be maintained in Medical Staff Services Administration and updated for all signatories as they change (attached).

APPROVED

Medical Staff Executive Committee 3/28/2014, reviewed with no revisions 3/28/2020

Governing Body 3/28/2014, reviewed with no revisions 3/28/2020

I. SIGNATURE STAMP AUTHORIZATION

DEPARTMENT: _____

I hereby approve the use of a signature stamp as a representation of my personal signature. I acknowledge responsibility for all documents bearing this authentication, and I attest to the fact that the authentication is at all times under my control.

Signature

Printed Name

Title

Date

SIGNATURE STAMP/ELECTRONIC AUTHORIZATION FOR OFFICERS

I hereby authorize the use of my signature stamp/electronically scanned signature by Medical Staff Administration personnel under the supervision of the Director, Medical Staff Administration. This signature will be used for actions requiring my signature as a Medical Staff Officer in accordance with the activities identified in the Medical Staff Bylaws. These may include, but not be limited to, appointment and reappointment verification request forms, membership verification documents provided to requesting healthcare facilities and organizations, and endorsement of appointment and reappointment application forms.

This authentication will be maintained in a confidential locked drawer or privacy-protected electronic file, and used on my instructions.

Chief of Staff

Printed Name

Date

Governing Body Designee
(Medical Director)

Printed Name

Date

Credentials Chair

Printed Name

Date