Annual Electronic Signature Agreement
Compliance Module DENT_BD101

University of Michigan School of Dentistry

Content Area Expert:
Compliance Officer (dts-compliance@umich.edu)

Usage of Electronic Signatures

Electronic signatures are used in a variety of circumstances, including:
• Faculty electronically approving students' work in patient records
• Students electronically signing their work in patient records
• Students electronically signing out instruments and supplies

To enable electronic signature capability, you are required to attest that you are aware of the requirements, restrictions, responsibilities inherent in usage of this technology.

One of those requirements is that you not share or delegate your electronic signature to anyone else.
The Importance of Protecting Your Electronic Signature

Scenario: Approval of Clinical Services

A Faculty member working in the clinic is asked by one of their students to approve the work done on a patient. The Faculty member is very busy and can’t immediately observe the student’s work. After some discussion, the Faculty member gives the student their MCard to swipe approval of the student’s work.

So what could go wrong?
The following table details potential negative outcomes of the non-compliant behavior in this scenario.

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty Member</th>
<th>Organization</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using someone else’s MCard (impersonating someone) is a policy violation and an Honor Code violation and puts the student’s status at risk.</td>
<td>Faculty members are responsible for all work conducted under their signature and may be subject to other professional sanctions.</td>
<td>If appropriate oversight and instruction is not provided, our reputation is at risk.</td>
<td>In order to seek payment from patients or insurance carriers patient services must be appropriately documented.</td>
</tr>
<tr>
<td>Depending on the circumstances, the student may face sanctions up to and including discharge from their program.</td>
<td>Failure to provide adequate oversight is unacceptable and contrary to the standards set for Faculty in University and UM School of Dentistry policies; Faculty are subject to appropriate sanctions, up to and including termination.</td>
<td>As a premier school of dentistry, we pride ourselves on the quality of education we provide and professionals we produce.</td>
<td>Failure to appropriately document services may result in loss of reimbursement for the clinic. In addition, personal or organizational penalties may be assessed.</td>
</tr>
<tr>
<td>Intentionally falsifying patient records is an act of fraud. Possible consequences include financial penalties and criminal prosecution.</td>
<td>Intentionally falsifying patient records is an act of fraud. Possible consequences include financial penalties and criminal prosecution.</td>
<td>The actions taken by faculty and students place the school’s accreditation status at risk.</td>
<td>Part of the documentation includes appropriate oversight of services.</td>
</tr>
</tbody>
</table>
Electronic Signature Agreement

Please read the following statements and confirm your agreement with them by signing below Agreement. Give only this signature page to your supervisor.

I agree to uphold UMMS Policy 100.105.

I agree that swiping my MCard, signing on an electronic signature pad, or other electronic method for signing, is equivalent to my handwritten signature.

I agree that I will never share or loan my MCard to any person for any reasons (other than to Dental Informatics staff if required to find and resolve a system problem).

I agree that I will never delegate my electronic signature to any other party.

I understand that noncompliance with UMMS Policy 100.105 may result in dismissal, termination of contract and/or loss of access to UMMS property or resources.

Name (print) __________________________________________ Signature: __________________________________________ Date: __________________________