



DICTATING CLINICIANS – ADD/CHANGE REQUEST

Clinician Name: | _____ | _____ | _____ |
First Middle Last
 (As it will appear on the transcriptions)

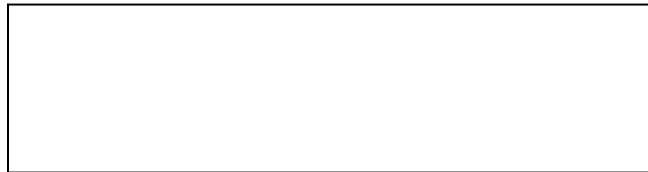
Credentials: _____ **Title:** _____
(M.D., F.A.C.S, etc.) (Will appear below signature, E.g. Professor of Cardiology)

Location: _____ **ICIS Interpreting Physician User #** _____
(Physical Location this clinician sees patients) (If applicable)

Emdat supports four versions of signatures by clinicians within the MedScript System. Please select from the following for each clinician.

	Manual Signature: <i>Clinician signs printed report</i>		Electronic “Graphical” Signature: <i>Sign Box Below. Legal Authentication with pre-printed signature</i>
	Electronic Signature: <i>Electronically signs but with no graphical representation. Words “Electronically Approved By” appears on the report.</i>		Automatic Graphical Signature: <i>Sign Box Below. Pre-printed signature but not considered a legally authenticated signature.</i>

PLEASE USE BLACK FELT TIP PEN



Please keep signature within the lines of the box

Authorized By: _____ **Date:** _____

Fax# _____ **Email** _____

-----**For MedScript Use Only**-----

Clinician Username: _____ **Clinician Password:** _____
(8-character limit) (8-character limit)

Entry for DI System: _____
(User ID First Name Middle Initial Last name)

Entered By: _____ **Date:** _____

Sent to Client By: _____ **Date:** _____



USER LOGIN AGREEMENT

I understand that I have been given a unique user name and password. I agree that I will not disclose this password to anyone for any purposes. I agree to immediately notify MEDSCRIPT of any disclosure of my password or any unauthorized use of my password. I agree that if I violate the terms of this Agreement, I will indemnify and hold harmless MEDSCRIPT and any person or entity affiliated with MEDSCRIPT from and against any claim, penalty, judgment or loss that MEDSCRIPT suffers because of my breach of this Agreement. I agree that this indemnification includes any penalties that MEDSCRIPT suffers if my breach of this Agreement is held to violate any state or federal law or regulation, including the Healthcare Insurance Portability and Accountability Act, as amended. I understand that this Agreement is terminable immediately by MEDSCRIPT in the event of my breach of this Agreement.

I understand my user name and password grants me access to "*Inquiry*" (Medscript's Document Management System) and patient information available through *Inquiry*. **Note:** Printed documentation from *Inquiry* may contain "Protected Health Information (PHI)" and should be used in compliance with the Privacy and Security Regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). MEDSCRIPT has no control over access to, use, or disclosure of any PHI contained in printed information. Therefore, it is your responsibility to ensure access to, use, or disclosure of PHI contained in printed materials complies with the HIPAA Privacy and Security Regulations.

Signature

Date

Printed Name

Printed Client Name