



Authentication Form For Paper Medical Record Entries

MEMORANDUM

TO: Attending Physicians, House Staff, and Other Providers
FROM: Lisa Odom, Director Health Information Management Department
SUBJECT: **Authentication of Paper Medical Records**

To meet regulatory standards on authentication of medical records entries:

Please sign on the line below as you will authenticate *in the event you have paper medical record entries*. If there are several ways you may authenticate (such as full name, initials only, first and last name only, etc), please include all of them on the signature lines..

Most medical record entries may be authenticated with electronic signature. Please enter the current date below and include your department in the space provided.

Please return this form to Stephanie Myers in the Health Information Management Department – 4 South Building.

Print Name: _____

Signature

Signature

Department

Date

Time