



**MARICOPA COUNTY CORRECTIONAL HEALTH SERVICES
ACKNOWLEDGEMENT OF ELECTRONIC HEALTH RECORD USE**

I, _____, am an employee or affiliate of Maricopa County Correctional Health Services (CHS). I acknowledge that I have received training on the use of the Electronic Health Record (eHR) and I have received instructions on how to access “Approved Processes” via the CHS Training Portal in the eHR Tab. **I also understand that it is my responsibility to use only “Approved Processes” when working in the eHR.** I am responsible for the review and application of all eHR updates. I also understand how to seek assistance for “access to” and concerns related to eHR.

I agree to protect my electronic signature and agree not to share or release my password to another person or allow another person to sign in to the eHR using my username. I also agree to immediately notify the appropriate administrator if I become aware that another person has access to my password or otherwise has unauthorized access to the eHR.

I agree to conduct CHS Business within my scope of practice when utilizing the eHR. I also understand that the eHR captures/logs my interactions within the system.

I have read and understand this agreement and will comply with all its requirements. I understand that my failure to comply may result in disciplinary actions, up to and including dismissal or termination.

EMPLOYEE/AFFILIATE:

Signature

Print Name

Date