

|                                |                                                                            |
|--------------------------------|----------------------------------------------------------------------------|
| <b>Policy Title</b>            | Electronic Signature                                                       |
| <b>Policy Number:</b>          | ADM 10.05                                                                  |
| <b>Department:</b>             | SCHS                                                                       |
| <b>Functional Area:</b>        | IT                                                                         |
| <b>Contributing Department</b> |                                                                            |
| <b>Approved by:</b>            | RHEI Leadership Team                                                       |
| <b>Effective Date:</b>         | 8/1/2023                                                                   |
| <b>Version:</b>                | 1                                                                          |
| <b>Status:</b>                 | Approved                                                                   |
| <b>Manual</b>                  | To be entered by Compliance360 System administrators or N/A if not in C360 |
| <b>Section</b>                 | ADM z10                                                                    |

## **I. Mission, Vision and Values**

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

## **II. Policy**

This policy explains the College's use of electronic signature technology to collect signatures from students.

## **III. Purpose**

To establish guidelines and procedures regarding the use of electronic signatures at the College. To promote efficiency, security, and legality in electronic transactions, while ensuring compliance with applicable laws and regulations.

## **IV. Scope**

All prospective and enrolled students.

## **V. Policy Details**

### **Acceptance of Electronic Signatures**

The College recognizes Electronic Signatures (E-Signatures) as legally binding and equivalent to handwritten signatures, subject to applicable laws and regulations. The College may offer the option for E-Signature at its discretion. The College may choose to use handwritten signatures for some activities.

### **E-Signature Platform**

The College will provide an approved and secure E-Signature Platform for students to create, store, and verify their E-Signatures.

### **The E-Signature Platform will document the date of electronic signature.**

Any issues with the E-Signature Platform should be reported to the College Information Technology (IT) support team. Any student needing training around the use of the E-Signature Platform may contact the College IT support team.

### **Record Retention**

The College will maintain electronic records of E-Signatures in compliance with applicable laws, regulations, and ADM 1.04 Records Management policy.

Students are responsible for retaining copies of electronically signed documents for their personal records and reference.

### **Authenticity and Security**

Students should attempt to maintain the confidentiality and security of their E-Signature Platform login credentials by taking reasonable precautions to prevent unauthorized access. Intentionally sharing one's credentials with another person or using another student's credentials would constitute a violation of this policy and may result in disciplinary or legal consequences in accordance with applicable policies and laws.

Students should promptly report any suspected unauthorized use of their E-Signature to the College's Director of Information Technology.

## **VI. Definitions**

### **Electronic Signature (E-Signature)**

An electronic symbol (name, initials, etc.) or process attached to or logically associated with a record and executed or adopted by an individual with the intent to sign the record.

### **E-Signature Platform**

A secure and approved platform provided by the College for creating, storing, and verifying electronic signatures.

## **VII. Attachments**

N/A

## **VIII. Related Policies and Procedures**

## ADM 1.04 Records Management

**IX. Regulatory Notices**

Nothing in this policy creates a contractual relationship between Southside College of Health Sciences (SCHS), a department owned and controlled by Bon Secours Mercy Health Petersburg, LLC (d/b/a Southside Medical Center), and any party. SCHS, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

**X. Version Control**

| Version | Effective Date | Next Review Date | Description                             | Supersedes, if applicable | Prepared By    |
|---------|----------------|------------------|-----------------------------------------|---------------------------|----------------|
| 1.0     | 5/24/2023      | 5/24/2026        | Initial Draft                           | N/A                       | Director of IT |
| 1       | 5/24/2023      | 5/24/2027        | Version Changed – BSMH Template Adopted | N/A                       | Director of IT |

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.