

Scribe Agreement

I hereby certify that I have reviewed the following CHLAMG Compliance Policies and Procedures:

CHLAMG 15-0027 - Use of Scribes Policy

CHLAMG 15-0028 Documentation and Charge Entry Guidelines for Scribes

I understand that as a scribe, CHLAMG requires me to be present during the physician's performance of a clinical service and document (on behalf of the physician) all pertinent medical information said during the course of the service. I am not seeing the patient in any clinical capacity and must not interject my own observations or impressions.

CHLAMG requires my documentation of services to include a personal, dated note from me that:

- Identifies me as the scribe of the service
- Attests that the notes are created from information obtained directly from the attending physician
- Identifies the name of the attending physician
- Contains my signature as the scribe of the service
- Contains the co-signature of the attending/billing physician

I will include the following attestation statement on every scribed note I create:

"I (my name) am personally scribing this note in the presence of the attending physician, Dr. (physician's name)."

I am aware that documenting in the EMR or transcription service requires having a unique, personal password/access identification number. CHLAMG prohibits me from documenting under some else's log-in. *(Please Print)*

Name: _____

Department: _____

Signature: _____

Date: _____

Original to CHLAMG Compliance Department, mailstop #89
cc: division, scribe