

PROVIDER AUTHORIZATION FOR USE OF WEB-BASED APPOINTMENT SCHEDULING

By signing the Provider Signature field below, you are authorizing the individual(s) designated in your Practice who have access to Munson Healthcare's web-based appointment scheduling system to transcribe an order for a diagnostic test, screening, or procedure maintained within your Practice's medical record to a new order for the same diagnostic test, screening, or procedure within Munson Healthcare's electronic medical record, which includes the individual affixing your signature to the new order. You confirm that you have delegated this order transcription task to the individual(s) designated in your Practice who has access to Munson Healthcare's web-based appointment scheduling system and that the individual(s) is qualified by to perform the task. You further confirm that you will provide the necessary supervision required by Michigan law. You also understand that you are responsible for orders signed electronically by the individual acting under your supervision.

In addition, you are authorizing Munson Healthcare to accept and treat your electronic signature with no expiration, as if you executed a written signature and date on the electronic document.

Verification of order must be available in the patient's paper chart or electronic medical record at your Practice. You agree to provide a copy of the order upon Munson Healthcare's request.

If you become aware that someone is using the web-based appointment scheduling system to transcribe orders without your permission, **you must contact the help desk at 231-935-6053 immediately.**

Your signature also authorizes Munson Healthcare to perform audits to certify adherence to this Provider Authorization.

Provider Full Name (printed): _____

Practice Name: _____

Address: _____

City: _____, MI Zip: _____

Phone: _____ Fax: _____

Provider Signature: _____ **Date:** _____

By signing above, you assert that all representations and information provided are correct and current.

If you leave your Practice for any reason (e.g., retirement, relocation from the area, etc.), you must notify Munson Healthcare immediately at LegalDepartment@mhc.net.

This authorization form will be active until such time as a written, dated, and signed notification of revocation is received from you by Munson Healthcare at LegalDepartment@mhc.net. Upon receipt of such notification, electronic signature authority will be revoked, capabilities will be deactivated and access to relevant systems will be discontinued.

Munson Healthcare will retain the original signed copy of this Provider Authorization for Use of Web-Based Appointment Scheduling in the form of a scanned document.