



## AUTHENTICATION OF WRITTEN SIGNATURE

Physician Name: \_\_\_\_\_

Subject: Authentication of Written Signature

All written signatures and initials for all physicians who document in the medical record will be readily available and maintained under adequate safeguards within the Health Information Management Department.

Please sign TWICE below, initial, and return to us promptly using the enclosed self-addressed envelope.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Initials**

Thank you in advance for your participation.

Vicki Aguilar  
Director of Health Information Management  
Pacific Hospital of Long Beach