Signature requirements documentation

To ensure the signature on the record is acceptable and compliant, follow the documentation guidelines below, as applicable.

Purpose of the provider signature

We require the individual who ordered and/or provided services to be clearly documented in the medical record. Without an authenticating signature from the author, the encounter may be rejected in an audit. The person performing the service and authoring the documentation should sign and date the record attesting to its authenticity.

Electronic health record (EHR) signatures

Signatures in the EHR must include:

- First name or initial
- Last name
- Credential(s) (initials associated with license, certification or other education)
- The date the record was validated, or authenticated, by the physician.

Acceptable signatures

Do include provider name, credential, date, and time after each of these examples:

- Electronically signed by
- Authenticated by
- Completed by
- Finalized by
- Reviewed by
- Validated by
- Accepted by
- Released by
- Verified by
- Authorized by
- Confirmed by
- Approved by
- Electronically authored by
- Entered data sealed by
- Created by
- Performed by

Unacceptable signatures

- Administratively signed by
- Dictated, but not signed.
- Electronic signature on file with no indication of date or time
- Electronically signed to expedite delivery.
- Electronically signed but not authenticated.
- Signed but not read/reviewed/verified.
- EHR auto-authorization signature programs that add a signature after a proscribed number of days.

Handwritten signatures

Do include a discernable physician's name and credential in the medical record.

- Signatures should appear at the end of the document.
- The signature does not need to be dated.
- Signatures are acceptable if the printed page contains the physician's name and credential, as in the header, or if the name and credential are typed or handwritten under the illegible signature.
- Practices should create and maintain a signature log.

According to CMS, providers should not add late signatures to their medical record.

Reference:

1. Crc, P. S. B. C. C. C. (2020). Risk Adjustment Documentation & Coding, 2nd Edition. In Common Administrative Errors and Processes. (2nd ed., pp. 29-31). American Medical Association Press.