**Scribe Agreement**

I hereby certify that I have reviewed the Office of Compliance Scribe Policy. I understand that as a scribe I am:

Required to be present during the physician’s or non-physician practitioner’s performance of a clinical service and document (on behalf of the provider) everything 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.

Documentation of my scribe service must include a personal, dated note that:

- Identifies me as the scribe of the service
- Attest that the notes are written/recorded contemporaneously in the presence of the physician or non-physician practitioner performing the service
- Identifies the physician or non-physician practitioner
- Date and Signature of the scribe
- Date and Signature of the physician

*Example of a compliant scribe statement – “I (scribe name) am acting as a scribe for Dr. (physician’s name).”*

I am aware that documenting in the EMR requires me to first have an assigned, unique password to the EMR. Documenting under some else’s log in is prohibited.

*(Please Print)*

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