

**East Jefferson General Hospital**  
**ATTACHMENT A: Medical Scribe Policy**

**Scribe Acknowledgement Statement for Individual Physician**

Physicians may utilize the service of medical Scribes to assist with documentation during a clinical encounter between the physician and patient. The Scribe must be present during the Physician's performance of a clinical service and documents accurately what the Physician directs the Scribe to enter into the medical record about the patient encounter, on the Physician's behalf. Scribes may not interject their own observations or impressions into the electronic health record but may only document as directed by the physician.

The physician is ultimately responsible for all documentation and must verify that the scribe's note accurately reflects the service provided. Both the physician and the scribe shall sign the note in accordance with requirements outlined below:

- A) The scribe's note must include:
  - The name of the scribe or a legible signature when indicated
  - The name of the physician providing the service
  - The date and time the service was provided
  
- B) The physician's signature to the scribed note affirms:
  - that physician was present at the time encounter was recorded
  - that the physician reviewed the information
  - the accuracy of the information documented,
  - And adds any additional information needed

The individual sponsored by the physician to act as a Scribe for the physician writing the note (or history or discharge summary, or any entry in the record) shall note: "written by xxxx, acting as scribe for Dr. yyyy, Dr. yyyy must co-sign, indicating that the note accurately reflects the work and decisions made by the physician.

**SCRIBE:**

I confirm that I am acting as a Scribe for Dr. \_\_\_\_\_ . I affirm that my actions will meet all of the compliance standards noted above.

Print Name (Scribe)

Signature

Date

**SPONSORING PHYSICIAN:**

I confirm that the above named Scribe shall work under my direction at all times. The Scribe's documentation shall only reflect findings and decisions made by myself in the course of the patient's treatment. I further attest that my Scribe is a qualified individual and has cleared his/her criminal background check (clearance provided to the Medical Staff Office).

Print Name (Physician)

Signature

Date

NOTE: \*\*\*For Multiple Sponsoring  
Physicians –See page (2)

**East Jefferson General Hospital**  
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## Scribe Acknowledgement Statement for Multiple Physicians

### Acknowledgement of Sponsoring Physician(s):

I confirm that the Scribe identified on page 1 shall work under my direction at all times. The Scribe's documentation shall only reflect findings and decisions made by myself in the course of the patient's treatment.

Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
Physician Signature: _____	Date: __
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