

## ATTACHMENT B



### SCRIBE AGREEMENT

I hereby certify that I have reviewed UBMD's Use of Scribes Policy and that I have received appropriate compliance and computer training allowing me to function as a scribe.

I understand that as a scribe I am to be present while the physician performs a clinical service and that I will accurately record everything the physician says during this encounter. I am not seeing the patient in any clinical capacity and must not interject my own observations or impressions.

My documentation must identify me as the scribe and attest that that the notes were created in the presence of the physician performing the service.

I am aware that documenting in the EMR requires having password access to the EMR and that documenting under some else's log in is strictly prohibited.

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

Practice Plan: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to \_\_\_\_\_.