

Policy

It shall be the policy of Spring Grove Hospital that rubber stamp signatures are authorized only under the following circumstances:


1. The individual whose signature the stamp represents places in the Chief Executive Office a signed statement to the effect that he/she is the only one who has the stamp and is the only one who will use it.
2. There is no delegation of the use of such a stamp to another individual.
3. The referenced form (Appendix A-SGHC021092) is completed and signed by the individual whose signature the stamp represents and is submitted to the Chief Executive Officer.

Reference

Rubber Stamp Signature Usage

 **Approved by**

Monica Chawla, M.D., FAPA, 12/28/23
Chief Medical Officer Date

 **Approved by**

Marie Rose Alam, M.D., FAPA, 12/28/23
Chief Executive Officer Date

MRA/tg

Reviewed: 6/30/95, 08/98, 4/10/01, 9/3/04, 1/15/08, 3/5/11
Reviewed: 5/30/14, 12/20/23

Revised: 2/2/17

APPENDIX A—021092

STATEMENT

RUBBER STAMP SIGNATURE USAGE

Please be advised that I have in my possession a rubber-stamp signature device which represents my personal signature. I am the only one who has the stamp, and I am the only one who will use it. I understand that there is no delegation of the use of such a stamp to another individual.

Signature

Date

Print Name

Authorized Rubber Stamp Signature

Reviewed: 4/17, 12/23

TO BE SUBMITTED TO THE OFFICE OF THE CHIEF EXECUTIVE OFFICER