I certify that the electronic signatures affixed to the electronic mental health records on the computer systems employed by or on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County and its contract providers meet or exceed all of the standards, information security considerations, regulations and laws applicable to them.

|  |  |  |  |
| --- | --- | --- | --- |
|   |  | Date |  |
|  | Signature of County Mental Health Director |  |  |
|   |  | Date |  |
|  | Printed Name of County Mental Health Director |  |  |