**Policy Regarding Electronic Signatures**

Transformations: Hope for Today’s Families, LLC (herein after referred to as Transformations) and its employees, officers, agents, or contractors (hereby collectively referred to as Signatories) shall adhere to the following policy regarding electronic signatures. The purpose of this policy is to create procedures to create, sign, and transmit electronic records efficiently, securely, and in compliance with applicable law, including but not limited to KRS 369 (Uniform Electronic Transactions Act). Failure to adhere to this policy when electronically signing records while in the employee of Transformations may result in remedial action including but not limited to termination. Failure to adhere to this policy when electronically signing records when conducting business with Transformations, but not while in the employee of Transformations, my result in the remedial actions including but not limited to the termination of any business relationship with Transformations.

**Procedure in Utilizing Electronic Signatures**

* Each person utilizing electronic signatures in doing business with Transformations may, at the sole discretion of Transformations, be required to use an electronic signature as described herein. An electronic signature is an, “electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.”
* Signatories who utilize electronic signatures shall be given access to information systems and/or applications that identify and authenticate a specific user through the use of unique user names and passwords.
* Any Signatory with system access must sign an Acknowledgment and Consent to Use Electronic Signature to gain and maintain system access. In addition, each respective information system and/or application may have a separate user agreement that must be adhered to and/or signed by each individual user.
* It is the responsibility of each Signatory to protect the privacy of their respective user name(s) and password(s).
* Each Signatory shall notify the Privacy Officer and/or the President of Transformations immediately if they suspect that the integrity of their system access has been compromised in any way.
* The electronic signature of a Signatory who is a natural person shall be their name preceded by “/s/”. If the Signatory is any entity other than a natural person, the electronic signature shall be the name of the natural person signing the record preceded by “/s/” and followed by “for (THE NAME OF ENTITY)”. Every electronic signature shall be followed immediately by the date the record was electronically signed and the current email of the signatory.

For example, if Susie Smith is electronically signing a record on behalf of herself, she would put “/s/ Susie Smith, 1/1/2016, susiesmith@susiesmith.com” in the signatory line. If Susie Smith is electronically signing a record on behalf of ABC, Corp., she would put in the signatory line “/s/ Susie Smith for ABC, Corp., 1/1/2016, susiesmith@ABCcorp.com”

* Prior to electronically signing any record every Signatory shall provide the following information to Transformations: Name (or name of natural person acting as agent if Signatory is not a natural person), current physical address, current phone number, current email address, and copy of actual signature. The Signatory shall be solely responsible for ensuring changes to the foregoing information are provided to Transformations within forty-eight (48) hours of any change. Transformations shall electronically store, as it sees fit, all information of Signatories for purposes of electronically signing records.
* A Signatory shall not permit another person or entity to electronically sign any record on their behalf and shall, when signing on behalf of any entity or natural person, indicate so in the signatory line.
* All electronically signed records submitted to Transformations, or internally by employees, and accepted by Transformations shall be treated as if physically signed by the signatory and shall have the same force of law as if physically signed by the signatory.
* Under no circumstances shall any Signatory use any type of static electronic image format (for example, .jpg .tif .html) for the purposes of signing a record. The only way to sign a record is by printing it out and scanning in the hand-signed record or to electronically sign a record with the electronic signature as outlined herein as the authenticated user of an approved information system and/or application.

**Acknowledgment and Consent to Use Electronic Signature**

This form and its contents may be provided to any third party for purposes consistent with Transformations use of electronic signatures, including third parties with whom Transformations is required by law to provide the information to and any third party who requires the information to authenticate an electronic signature.

* I have read the foregoing Policy Regards Electronic Signatures and Procedure in Utilizing Electronic Signatures and hereby consent to its terms.
* I further consent to utilizing electronic signatures when reasonably appropriate while conducting business with and for Transformations.
* I authenticate my electronic signature, as provided herein, and wish for it to be treated equally as if I personally signed any record.
* As a Signatory, I may be given access to information systems and/or applications that identify and authenticate me as a specific user through the use of unique user names and/or passwords. It is my responsibility to protect the privacy of my user name and password. I will not knowingly allow anyone to use any of my Transformations electronic user credentials (user name and password). I will notify the Privacy Officer and/or the President of Transformations immediately if I suspect that the integrity of my system access has been compromised in any way.
* I acknowledge and undertake the responsibilities associated with utilizing electronic signatures and understand that an electronic signature is treated the same as if I actually provide by signature.
* I consent to Transformations, its employees, officers, agents, contractors, and any other third party to rely on my electronically signature the same as one may rely on my actual signature.
* I agree to, from time to time, provide to Transformations, it employees, agents, officers, or contractors the information necessary to continue my use of an electronic signature and/or to confirm my electronic signature.
* I understand my acknowledgment and consent shall continue until expressly revoked, in writing, by me. Such revocation shall not be effective until actually received by Transformations. All electronic signatures provided by me shall remain unaltered and all records electronically signed by me prior to my revocation of this consent shall continue to be treated as signed by me.

I provide the following information to be kept for purposes of electronically signing records:

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Name Address

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Phone number Email

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Electronic Signature

Having read the foregoing, I hereby agree to the terms of the Policy Regards Electronic Signatures and Procedure in Utilizing Electronic Signatures.

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Signature Date