

**Statement on Assignment of Benefits Signatures Under 42 CFR Sec.  
424.36 During COVID-19 Pandemic**

**Considerations for EMS Practitioners**

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- Never compromise patient care to obtain a patient's signature.
- Under normal circumstances, ambulance crew members must NEVER sign the patient's name. To do so could be considered forgery and/or Medicare fraud. However, under specific limited circumstances involving suspected or actual COVID-19 patients during the PHE, CMS has clarified that a patient who is otherwise physically and mentally capable of signing may sign by "verbal consent." **For non-COVID-19 suspected or confirmed patients, this new "verbal consent" option is not available.**

For more information on this please see [PWW FAQ # 2](#).

- If the patient is incapable of signing, patient representatives can sign on behalf of the patient, following the existing regulation as described at 42 CFR 424.36(b)(1)-(b)(5). Also, as noted in PWW FAQ, and the expanded CMS guidance related to COVID-19, if the patient is incapable of signing, and capturing the signature of a representative pose contamination risks, the "verbal consent" may be provided by the representative. Again, the crew must meet the signature guidance as described in PWW FAQ #2.
- If the patient is incapable of signing and no representatives are available or willing to sign, then the ambulance crew may sign an attestation statement verifying those two facts. The crewmember must also obtain a signature of a receiving facility representative or secondary forms of documentation to meet the requirements of 42 CFR 424.36(b)(6). NOTE: The crewmember and the receiving facility representative must sign at the time the service is rendered. This has **not** changed in light of the CMS guidance – this is the same (b)(6) signature that was always available to EMS crewmembers.
- Be cautious of using paper forms in the field. Recent CDC advice indicates that COVID-19 is capable of "living" on paper for up to 24 hours. If a patient is infected, the paper form can become contaminated and then spread to others. Protect yourself and others who may handle physical documentation, by properly documenting verbal consent, and obtaining verbal signatures on paper forms when dealing with a suspected or actual COVID-19 patient.

- Use industry-accepted cleaning and sanitizing techniques after all patient encounters (not just those suspected of being infected with COVID-19). Most hard surfaces, including the stylus and computer case can be wiped down and decontaminated. Some have suggested putting the Toughbook or tablet into a disposable zip lock baggie for each patient encounter, and then properly disposing that baggie after each call. But check with your medical director and/or infection control officer for procedures that they want you to follow.