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## Updated Guidance on Verbal Consent in Place of Signatures

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As a reminder, in the event a signature is normally required for documentation and an electronic signature is not possible with a unique log-on and time stamp, the Department offers the following resolutions during the COVID-19 public health emergency, except where a signature is specifically required through federal regulation (e.g. for sterilization procedures):

- Providers may accept email or text message notification from the member/parent/guardian and internal clinical approval as proof of approval of the assessment or treatment/service plan. The email or text message providing consent must be kept in the member's record.
- Verbal consent will be accepted in place of signature for all services except where specifically prohibited by federal regulation. Documentation of the verbal consent should be maintained in the member's record and does not need to be followed by a wet or electronic signature.

**Update on Duration (July 14, 2020):** The Department's original guidance stated that verbal consent was acceptable during the federal Public Health Emergency (PHE) as long as a written signature was obtained within 45 days. This guidance is updated to reflect that the flexibility to utilize verbal consent will remain **throughout the duration of the [federal PHE](#)**. The Department will notify providers via e-message and by updating its website when the PHE is no longer in effect.

**Verbal Consent and Telehealth:** During the PHE, verbal consent can be given in lieu of written consent for services being delivered via telehealth. Additionally, MaineCare's standard telehealth policy allows for written consent to be given via e-mail; the policy does not require a wet signature, and this will not change after the PHE has ended.

Please visit MaineCare's [COVID-19 webpage](#) for more information.