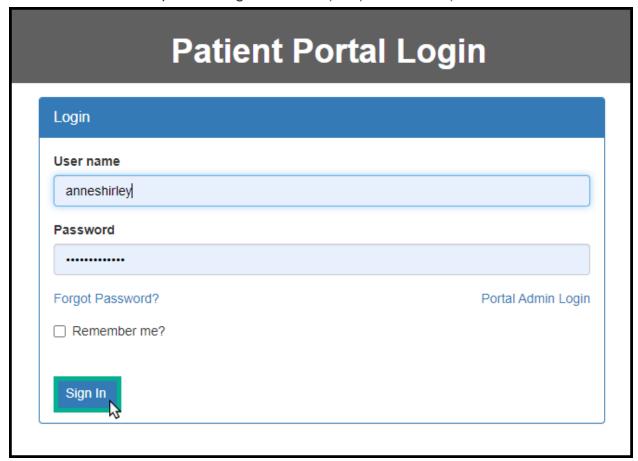
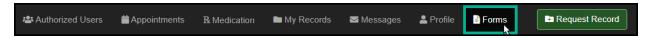
Portal-Enabled Patient Signature Instructions

This guide will take you through the steps to download, complete, upload and sign a form on the Patient Portal. If you experience difficulty with any of these steps, please contact your provider for assistance.

1. Access the Patient portal using this link: https://patientonlineportal.com/



2. On the menu bar, select Forms.



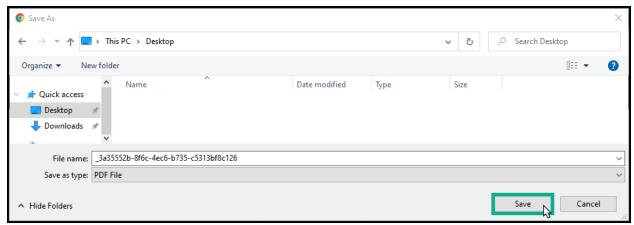
3. Click on the Uploads/Downloads option.



4. Click 'Download' to save the form to your local device to complete.



5. When the 'Save As' Window pops up, you can either use the default name or change the file name. It is suggested to save the document to your desktop so it can be easily located. Click Save.

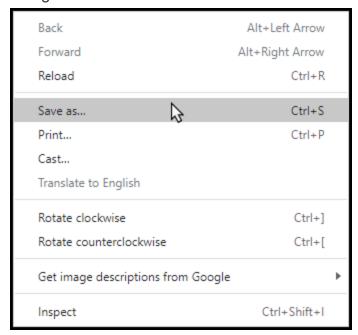


6. Open the form on your computer. If saved on your desktop, double click the icon to open.

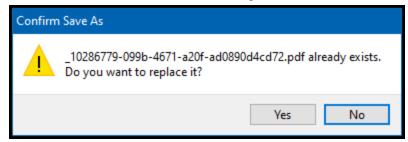


Complete the form as needed/instructed by your provider.	
INFORMED CONSENT FOR ASSI	ESSMENT AND TREATMENT Date of Birth: 01/01/2001
I understand that I am eligible to receive a range of services from my provider. The type and extent of services that I receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks.	
I understand that I have the right to ask questions throughout the course of treatment and may request an outside consultation. (I also understand that my provider may provide me with additional information about specific treatment issues and treatment methods on an as-needed basis during the course of treatment and that I have the right to consent to or refuse such treatment). I understand that I can expect regular review of treatment to determine whether treatment goals are being met. I agree to be actively involved in the treatment and in the review process. No promises have been made as to the results of this treatment or of any procedures utilized within it. I further understand that I may stop treatment at any time, but agree to discuss this decision first with my provider.	
I am aware that I must authorize my provider, in writing, to release information about my treatment but that confidentiality can be broken under certain circumstances of danger to myself or others. I understand that once information is released to insurance companies or any other third party, that my provider cannot guarantee that it will remain confidential. When consent is provided for services, all information is kept confidential, except in the following circumstances:	
 When there is risk of imminent danger to myself of take necessary steps to prevent such danger. When there is suspicion that a child or elder is being abuse, my provider is legally required to take step authorities. When a valid court order is issued for medical recoverequests. 	ng sexually or physically abused, or is at risk of such
While this summary is designed to provide an overview of confidentiality and its limits, it is important that you read the Notice of Privacy Practices which was provided to you for more detailed explanations, and discuss with your provider any questions or concerns you may have.	
By my signature below, I voluntarily request and consent to behavioral health assessment, care, treatment, or services and authorize my provider to provide such care, treatment or services as are considered necessary and advisable. I understand the practice of behavioral health treatment is not an exact science and acknowledge that no one has made guarantees or promises as to the results that I may receive. By signing this Informed Consent to Treatment Form, I acknowledge that I have both read and understood the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.	
Client Signature:	Date: 05/05/21
Parent/Guardian Signature:(for minor)	Date:

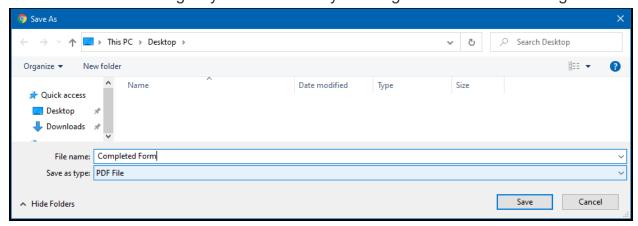
8. Right click on the form and select 'Save as'.



9. If you receive the Confirm Save As alert, you can click 'Yes' to overwrite the blank version of the form or 'No' to change the name and create a new file.



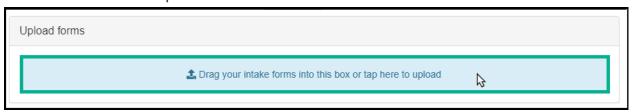
You can also choose to give your form an easy to recognize name when saving.



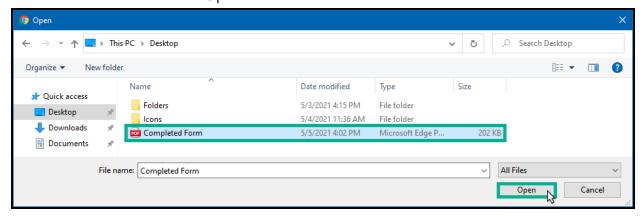
- 10. Once the form is saved, you will need to upload it to the patient portal. Go back to the Patient Portal web page (see steps 1 and 2).
- a. Drag the icon from your computer's desktop to the Uploads form box on the web page.



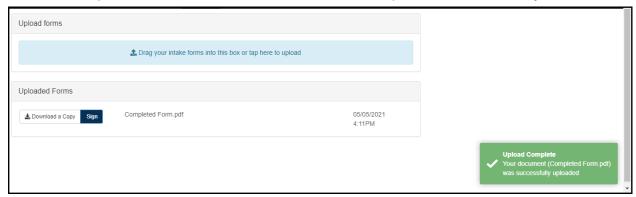
- b. The second way that the form can be uploaded:
- Click within the Upload Form bar.



- Find the file and click Open.



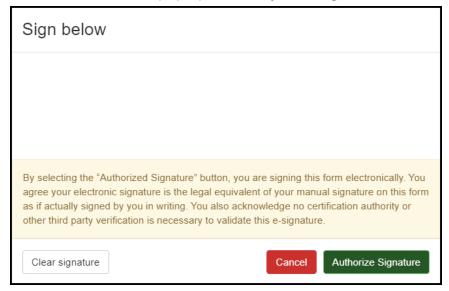
11. You will get a notification that the form has been uploaded successfully.



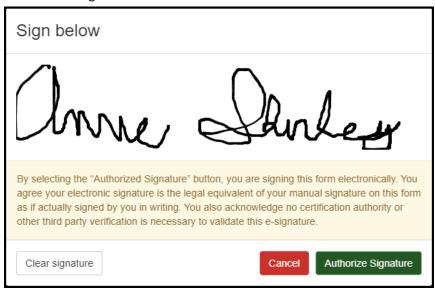
12. After the form has been uploaded, it is now ready to be signed. Click the Sign button.



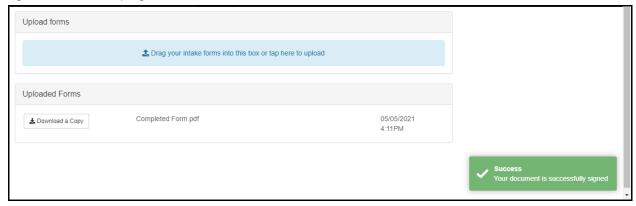
13. This window will pop up to allow you to sign.



14. Use your mouse to sign your name. Click 'Clear Signature' if you want to sign again or 'Cancel' if you wish to sign later. Once you are satisfied with your signature, click the 'Authorize Signature' button.



15. After clicking the Authorize Signature button, this popup will show in the bottom right of the web page.



The document is now signed and is available for your provider to view.