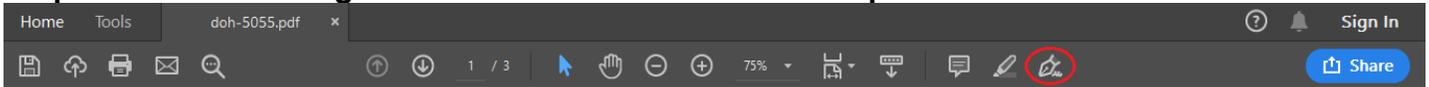


Using the Electronic Signature Feature on Health Home Consent Forms

Please note: The following instructions demonstrate how to affix an electronic signature and initials on the DOH-5055. The process would apply to other Health Home consent forms as well, but the number of electronic signatures and initials required will vary depending on the form.

Step 1: Open a consent form with all applicable texts fields filled out with Health Home, RHIO, provider, and Care Management information filled in already

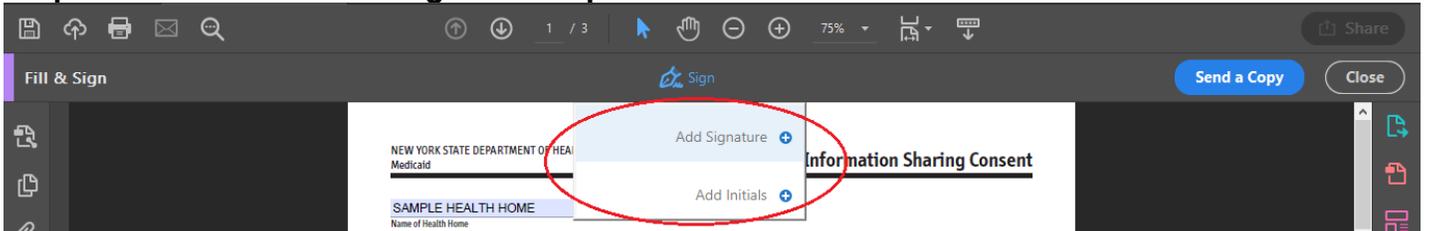
Step 2: Click on the signature icon in the toolbar at the top of the screen



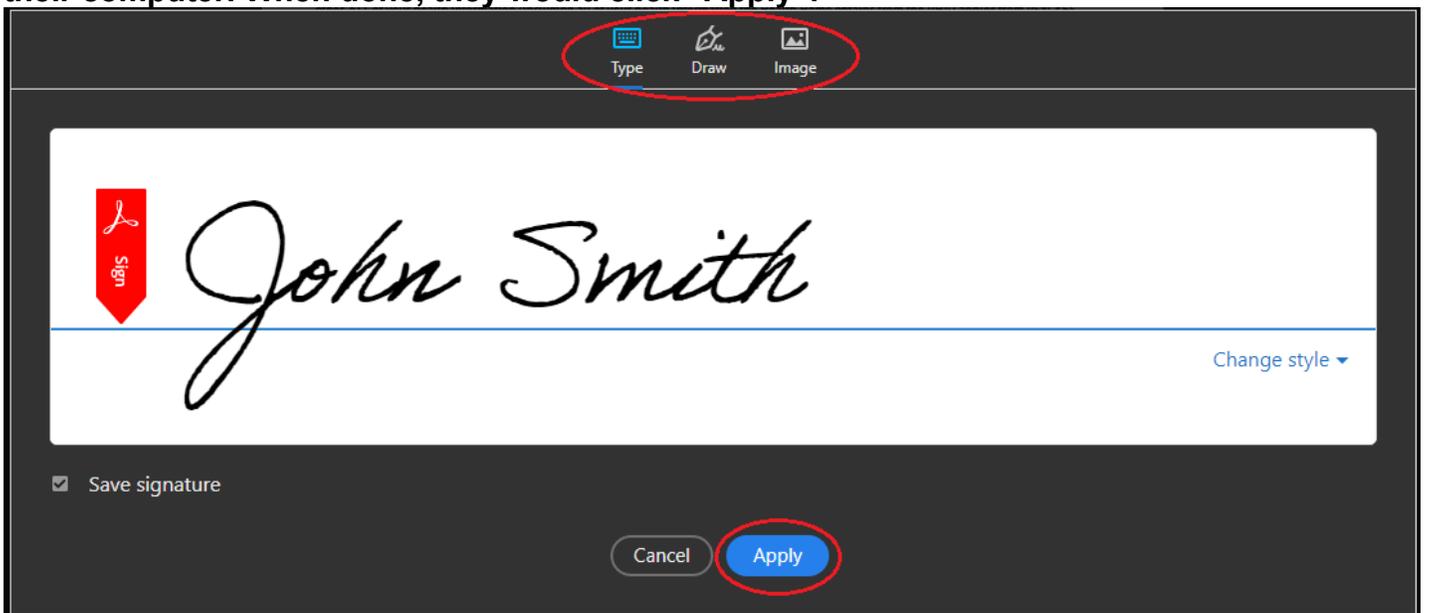
Step 3: Click on the “Sign” button that will appear



Step 4: Click on the “Add Signature” option

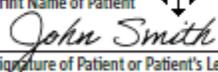


Step 5: The member can choose how they would like to sign the document by selecting to type, draw (either with their computer mouse or touchscreen), or with a signature image on their computer. When done, they would click “Apply”:



Step 6: Click and drag the completed signature onto the appropriate signature line

I AGREE to be in the SAMPLE HEALTH HOME Health Home and agree that the Health Home can get ALL of my health information from the partners listed at the end of this form and from others through SAMPLE RHIO RHIO and/or through PSYCKES and/or through TABS/CHOICES to give me care or manage my care, to check if I am in a health plan and what it covers, and to study and make the care of all patients better. I also AGREE that the Health Home and the partners listed at the end of this form may share my health information with each other. I understand this Consent Form takes the place of other Health Home Patient Information Sharing Consent Forms I may have signed before to share my health information. I can change my mind and take back my consent at any time by signing a Withdrawal of Consent Form (DOH-5058) and giving it to home partners.

John Smith	1/1/2000
Print Name of Patient	Patient Date of Birth
	3/20/2020
Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (If Applicable)	Relationship of Legal Representative to Patient (If Applicable)

Step 7: Repeat Steps 4 through 6 to "Add Initials" to page 3 (other consent forms may not need initials)

Step 8: Once both the signature and initials are entered by the member, a copy of the form would need to be saved before it is sent back to the Care Manager:

