
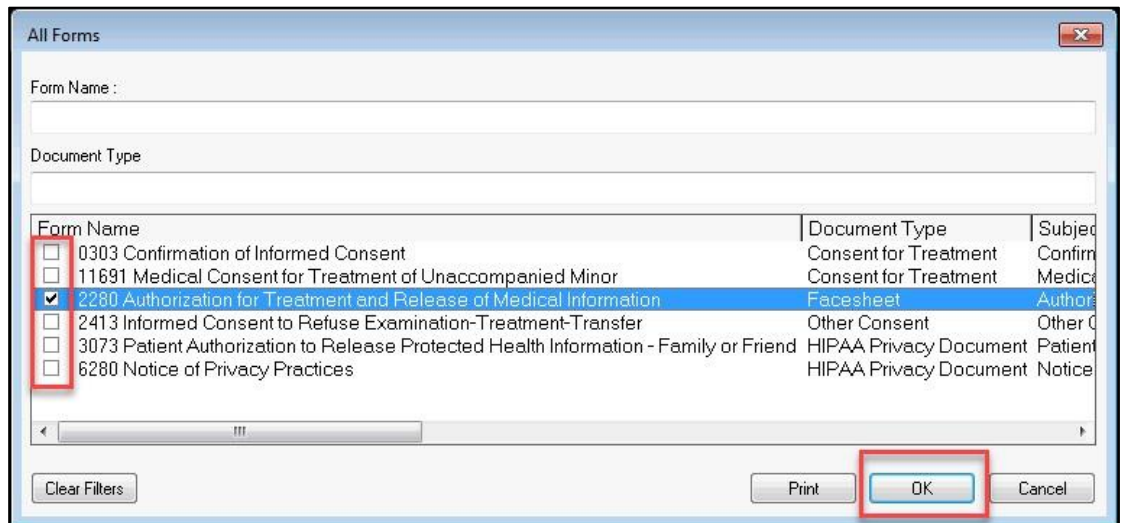
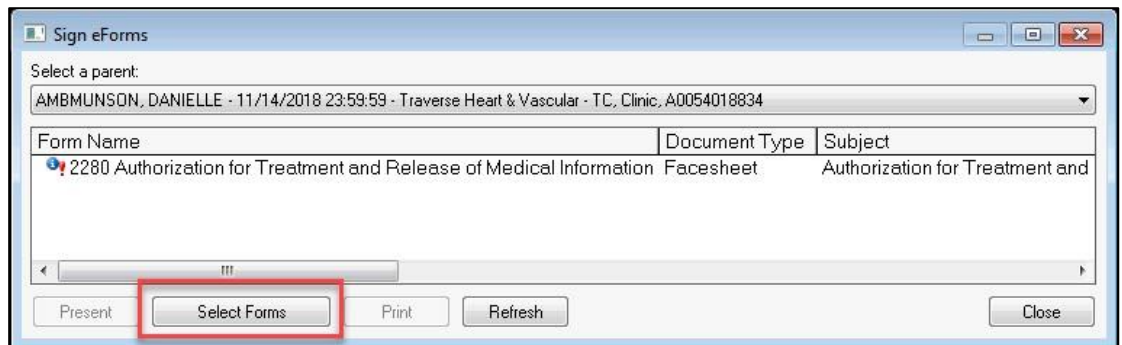
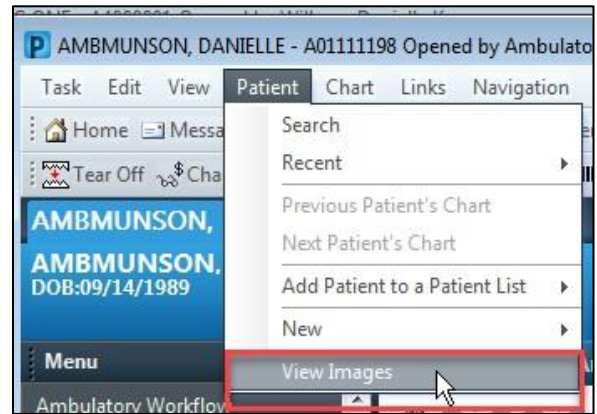


Completing eSignature Forms

1. In PowerChart, navigate to the patient's chart.
2. In the top toolbar, **click** on Patient and then View Images.
3. **Click** the sign eForm button. 
4. **Click** Select Forms.
5. Select the form(s) to be signed and **click** OK.



Note: Clinics that use Tonic e-Registration will collect the Authorization for Treatment and Release of Medical Information and the Patient Authorization to Release Protected Health Information – Family or Friend through that software application.

Follow the steps below for each of the specific form(s) to be signed:

0303 Confirmation of Informed Consent

1. Physician name is embedded.
2. Patient signs form.
3. Registration clerk selects accept.
4. Date/time stamp embedded.
5. Witness stamp is embedded.
6. Witness date/timestamp is embedded.
7. Form closes and saves.

2280 Authorization for the Treatment and Release of Medical Information

1. Type X in the appropriate Location box.
2. Select OK.
3. Form populates on Wacom.
4. Patient to use scroll sown arrows to navigate to signature portion.
5. Patient Signs using Stylist (Wacom pen).
6. After Signing- Click Accept.
7. Signee Relationship Box populates Staff Selects Patient from dropdown.
8. Date populates.
9. Patient skips the initials box by not signing and selecting Accept.
10. Box populates for staff to provide a reason if the patient is unable to sign, click OK without entering a value.
11. Patient hands Wacom back to staff.
12. Staff signs Signature of Witness Box.
13. Click Accept and Date will populate.
14. Hand Wacom back to patient.
15. Patient/Guardian will sign the NOP portion of the form.
16. Click Accept.
17. Populate Signee Relationship as Patient.
18. Select OK.
19. Reason NOP could not be obtained box populates for Staff.
20. Click OK without entering a value.
21. Select OK.
22. Form will save and close.

3073 Patient Authorization to Release Protected Health Information

1. Registration fills our free text and confirms with patient the list of individuals, relationships, and telephone numbers to release information in the space provided.
2. Patient name is embedded.
3. Date of birth is embedded.

4. Do we (MHC and business associates) have your permission to contact you by the phone number(s) you provided to us?
 - a. Select Yes or No checkbox.
5. Do we have your permission to send you unencrypted text or emails, using the contact information you provided?
 - a. Select Yes or No checkbox.
6. Patient/legal guardian signs.
7. Registration clerk selects Accept.
8. Date/time stamp embeds.
9. Patient/legal guardian prints name.
10. Registration clerk selects OK.
11. Signee relationship is defined.
12. Registration clerk selects Ok.
13. Forms closes and saves.

11691 Medical Consent of Unaccompanied Minor

1. Registration clerk enters phone number of patient/legal guardian.
2. Patient name embeds.
3. Date of birth embeds.
4. Patient/legal guardian signs form.
5. Registration clerks selects Accept.
6. Date/time stamp embeds.
7. Signee relationship is defined.
8. Registration clerk selects OK.
9. Registration clerk prints name of patient/legal guardian.
10. Registration clerk selects OK.