

Tip Sheet – Sign & Submit Forms

Step 1 – Select the document –

Click the name of the document you would like to sign on the Compass Health website



- Consent for Telehealth
- Consent for Treatment
- Financial Agreement
- Release of Information (ROI)

Step 2 – Download the form – click the download icon on the right side of the menu at the center towards the bottom of the screen.

COMPASS Health

CONSENT FOR TREATMENT

I am consenting to behavioral health treatment at Compass Health and will participate in treatment planning. I understand that my individual needs will be matched with the appropriate type of care and services.

I understand that I can access crisis response services 24 hours a day, 7 days a week by calling 1-800-584-3578.

I understand that Compass Health uses medication monitoring through Aegis and that I will be asked to provide a urine specimen to monitor the presence of the medications I take at the first visit with a doctor or nurse practitioner and at scheduled intervals during the year or when medications change. These results will become part of my medical record and are subject to the same privacy practices as any other part of my medical record.

I understand that Compass Health has the ability to provide telehealth services. The portal that is used may send communications, including text messages, to the cell phone or email address I provide. These communications may include a HIPAA consent, and appointment reminders. Face to face remote appointments will take place through the same, HIPAA compliant portal. It is my responsibility to protect my privacy and confidentiality by choosing a private location for remote appointments.

I understand that Compass Health staff work collaboratively, and that information about me and my treatment needs may be shared between staff members. This information will only be shared when necessary and appropriate based on each staff person's job. Compass Health staff share information for purposes of coordinating care, receiving consultation, or other reasons related to treatment, payment, and operations.

Applicable Notices of Privacy Practices are posted and copies are available upon request. The Notice of Privacy Practices explains your rights in accordance with RCW 70.02.050, 71.05.390, 71.05.430, 42 CFR 42.002, and the Health Insurance Portability and Accountability Act (HIPAA).

I have received and understand the orientation packet material:

☐ Welcome Packet

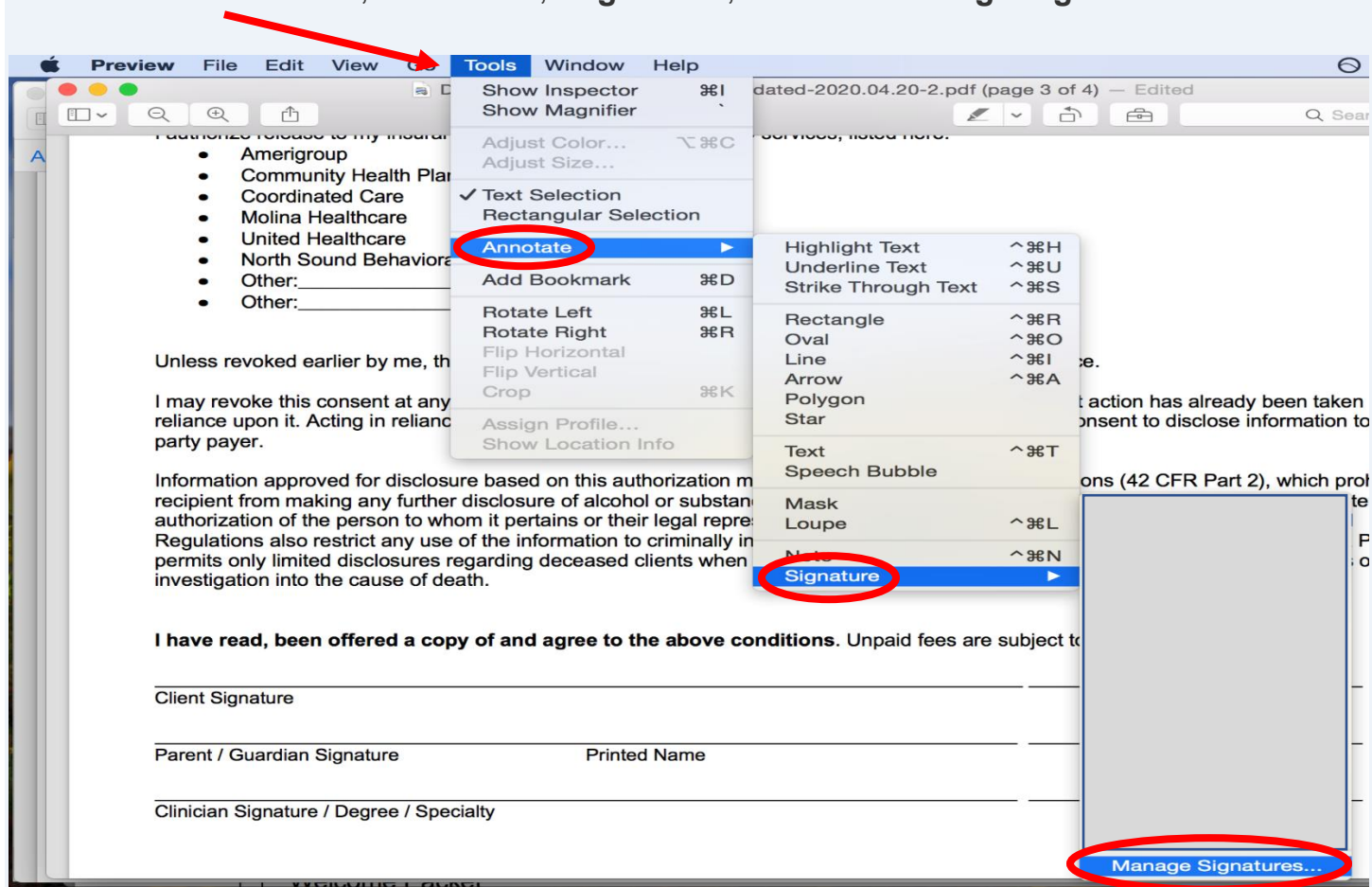
Fill in the Form – Open the downloaded form and then complete the form by checking boxes and clicking the desired text boxes.

This Authorization is effective (date):

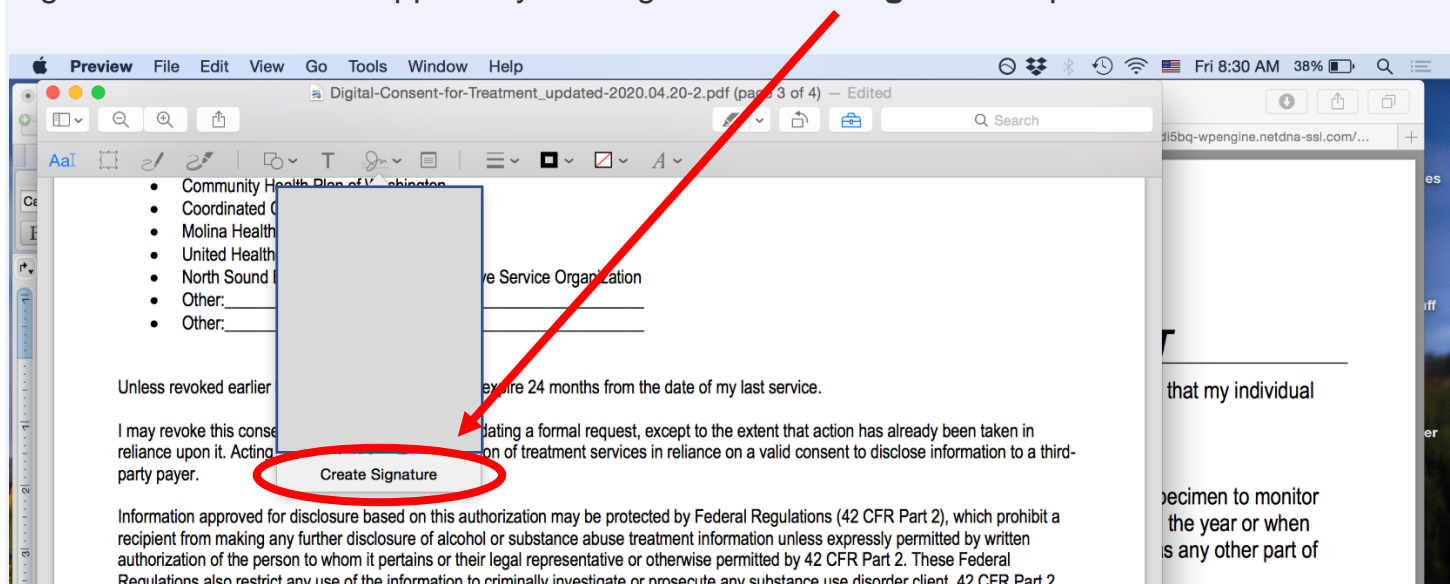
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Step 3 – Apply your signature –

Select the 'Tools' menu, 'Annotate', 'Signature', and then 'Manage Signatures'.

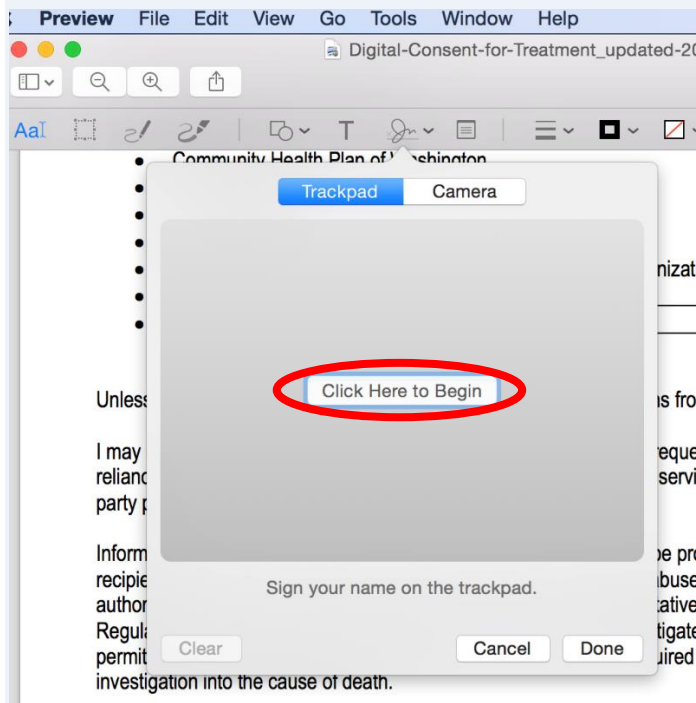


Signatures can then be applied by clicking the 'Create Signature' option.

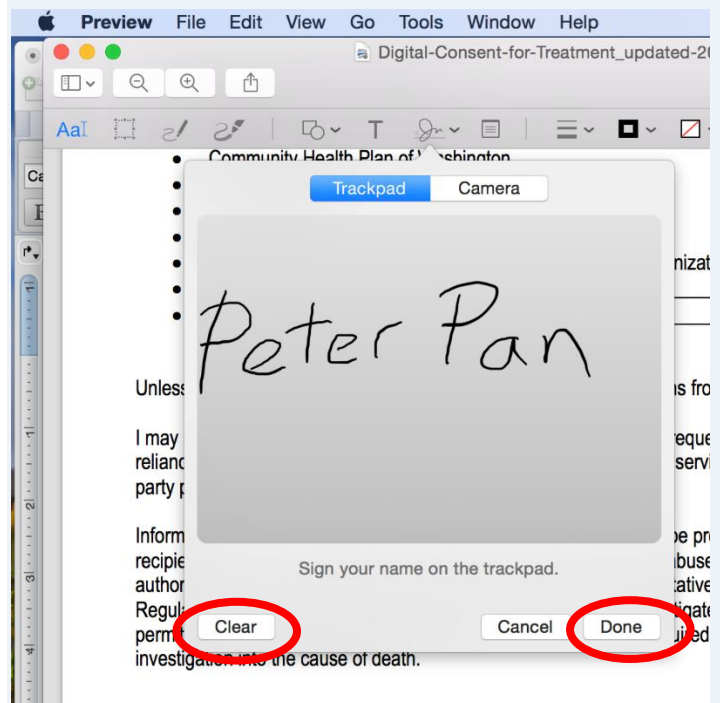


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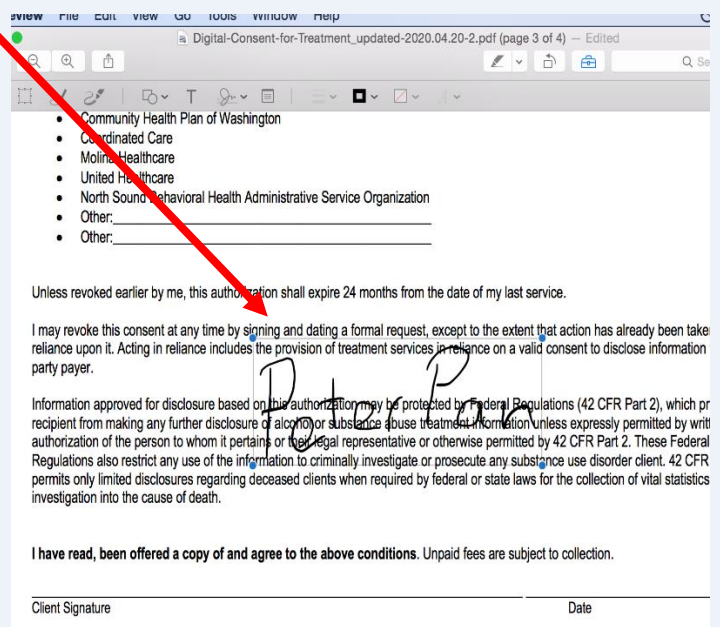
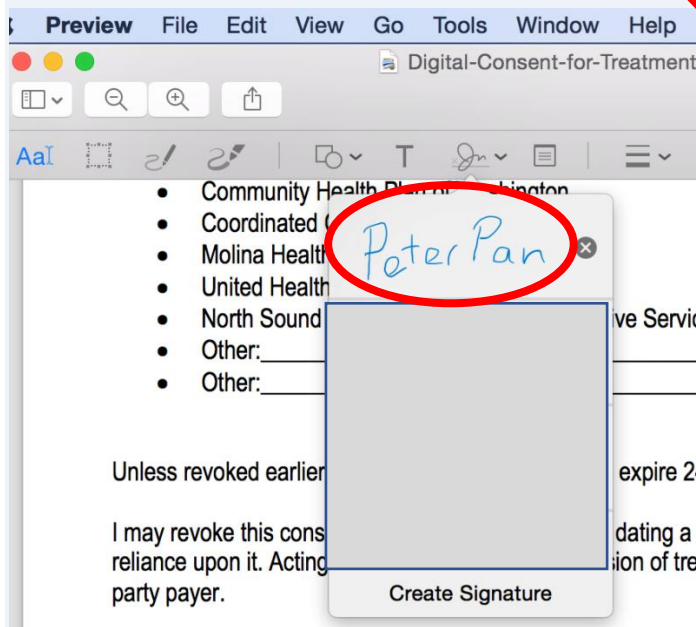
Draw your signature using the touchpad by tapping **'click here to begin'**.



Tap **'Clear'** on the bottom left-hand corner to erase any mistakes. When satisfied with the result select **'Done'**.



Your signature will now appear at the top of the signature menu. Click on your signature and it will appear in the center of your screen.



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To reposition the signature, click and drag the edge of the blue bounding box.

by signing and dating a formal request, except to the extent that a
des the provision of treatment services in reliance on a valid con

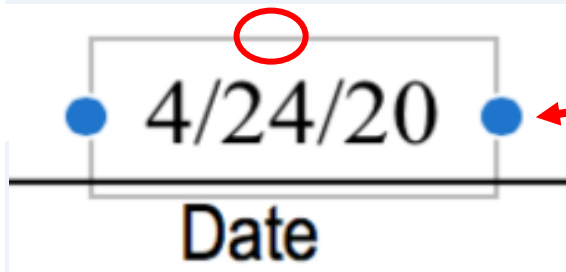
sed on this authorization may be protected by Federal Regulation
asure of alcohol or substance abuse treatment information unless
ertainains or their legal representative or otherwise permitted by 4:
information to criminally investigate or prosecute any substance
ng deceased clients when required by federal or state laws for tl

To change the size of the signature,
click and drag one of the blue dots at
the corner of the bounding box.

Note: When you save a form with a signature
or initials, you will no longer be able to edit the
form.

To add the date to your signature, click on the
Text icon.

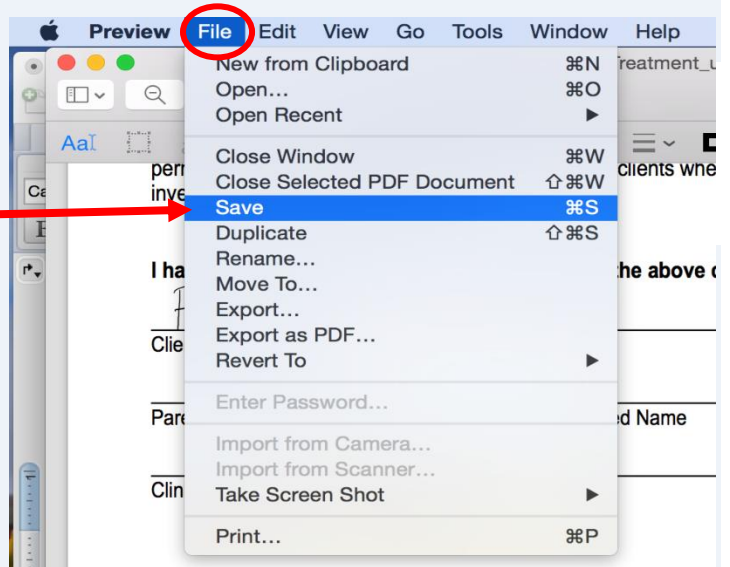
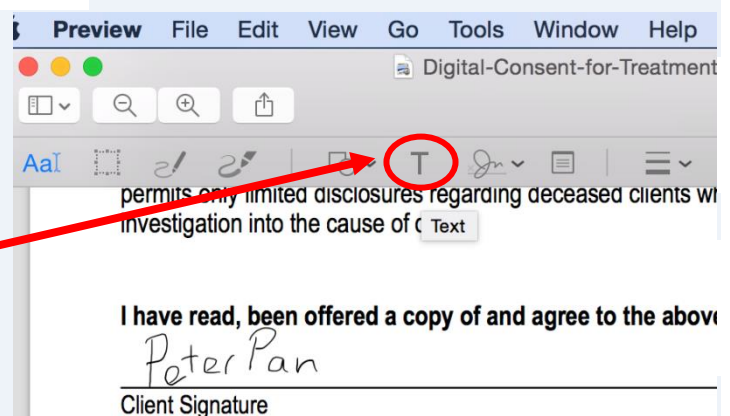
Type in the date and place the date in the same way that you placed the signature by clicking
and dragging the edge of the blue bounding box.



Just like the signature, to change the size of the
date, click and drag a blue dot.

When finished, select '**File**' from the top menu
and click the '**Save**' option.

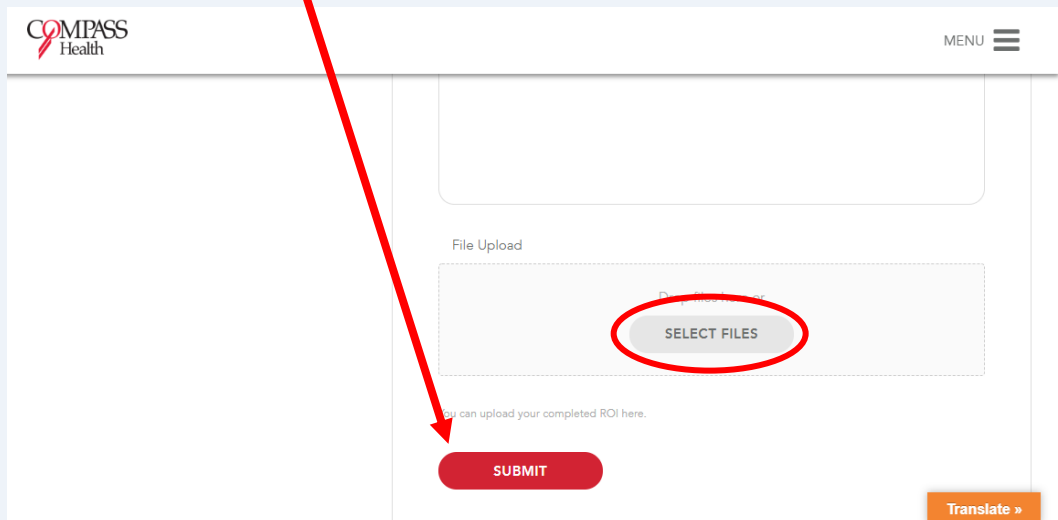
- Please save the file as a PDF



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Step 4 – Submitting the Forms

Go back to the Compass Health Client Forms website. To submit a form either click the **'Select Files'** button to select the file you'd like to upload or drag and drop the file into the screen and then click the **'Submit'** button to finish.



The screenshot displays the Compass Health Client Forms website interface. At the top left is the Compass Health logo, and at the top right is a 'MENU' button with a hamburger icon. The main content area features a 'File Upload' section with a dashed border. Inside this section, there is a button labeled 'SELECT FILES' which is circled in red. Below the 'File Upload' section, there is a red button labeled 'SUBMIT'. A red arrow points from the 'SELECT FILES' button down to the 'SUBMIT' button. In the bottom right corner, there is an orange button labeled 'Translate »'. The text 'You can upload your completed ROI here.' is visible below the 'File Upload' section.