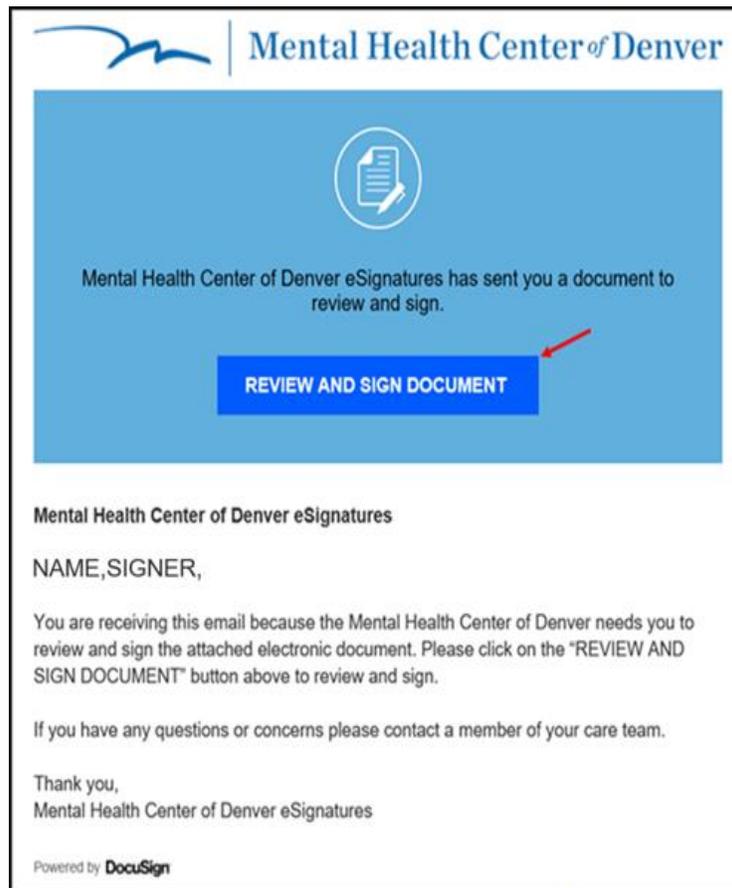


## How to Complete an eSignature Through DocuSign

This guide will walk you through how to sign a document electronically using DocuSign.

### Completing an eSignature:

1. **You and your clinician will review the form together in your telehealth or in-person appointment. Your clinician will also confirm that your email address is correct and will then send the form via email for your review and signature.**
2. **Log in to your email** and look for an email subject 'Mental Health Center of Denver eSign Electronic Document'. **Open the email and click 'REVIEW AND SIGN DOCUMENT' to open DocuSign.**





3. Once DocuSign is opened, a pop-up will appear asking if you agree to use electronic records and signatures. You can click on the link titled 'Electronic Record and Signature Disclosure' to review the disclosure. If you agree to use electronic records and signatures, check the box and click 'CONTINUE'.

Please Review and Sign Any Documents

Mental Health Center of Denver eSignatures  
Mental Health Center of Denver

Powered by DocuSign

Please read the [Electronic Record and Signature Disclosure](#).  
 I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

### Financial Information

Person's Name: TESTAUTOSAVETEST, TESTONE MRN: 999980 Date: 08/24/2020

Annual household income: 1500.00  
Number of persons supported by income: 1  
Dependents under the age of 18: 1  
Social Security (SS): No  
Social Security Disability Insurance: No

**Financial Assistance:**  
Eligible. On behalf of MHCD, I have reviewed this individual's financial situation as reported by the individual. Based on the individual's best guess of the yearly household income and number of persons supported by that income, the individual's household income is at or below 350% of the current federal poverty guidelines. Therefore, this individual qualifies for MHCD's Financial Assistance Program.

By signing below, I confirm, to the best of my knowledge and belief, my household income and the number of persons supported by that income, as shown above. I understand that MHCD is using this information to determine whether I am eligible to have my financial responsibility, except medication co-payments, waived through MHCD's Financial Assistance Program. I agree to notify MHCD if my financial situation changes or I learn something about my financial situation different than what I reported. I understand that at least once a year MHCD will ask me to verify my information.

Name: TESTAUTOSAVETEST, TESTONE  
Date: 8/24/2020  
Relationship: Self

Sign



Please Review and Sign Any Documents

Mental Health Center of Denver eSignatures  
Mental Health Center of Denver

Powered by DocuSign

Please read the [Electronic Record and Signature Disclosure](#).  
 I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾



4. The form will now appear for your review and signature. Click 'NEXT' or scroll down to find the 'Sign' button. Click 'Sign' to eSign the document.

*Note: Review the form before signing to make sure all the information is correct. If something is wrong or missing, click 'Other Actions', select 'Refuse to Sign' and notify your clinician of the error.*

The screenshot shows a web browser window displaying the Mental Health Center of Denver logo and the title "Financial Information". The form contains the following fields:

- Person's Name: NAME, SIGNER
- MRN: 999980
- Date: 08/27/2020
- Annual household income: 1500.00
- Number of persons supported by income: 1
- Dependents under the age of 18: 1
- Social Security (SS): no
- Social Security Disability Insurance: no

Below the form is a "Financial Assistance" section with a disclaimer: "Eligible, on behalf of MHCD, I have reviewed this individual's financial situation as reported by the individual. Based on the individual's best guess of the yearly household income and number of persons supported by that income, the individual's household income is at or below 330% of the current federal poverty guidelines. Therefore, this individual qualifies for MHCD's Financial Assistance Program." A red arrow points to a blue "NEXT" button in the top right corner of the form.



The signature screen displays the following information:

- Name:** NAME, SIGNER
- Date:** 8/27/2020
- Relationship:** Self

Below the information is the text: "Legal documentation of the representative's authority may be required." A yellow "Sign" button with a downward arrow is on the left, with a red arrow pointing to it.



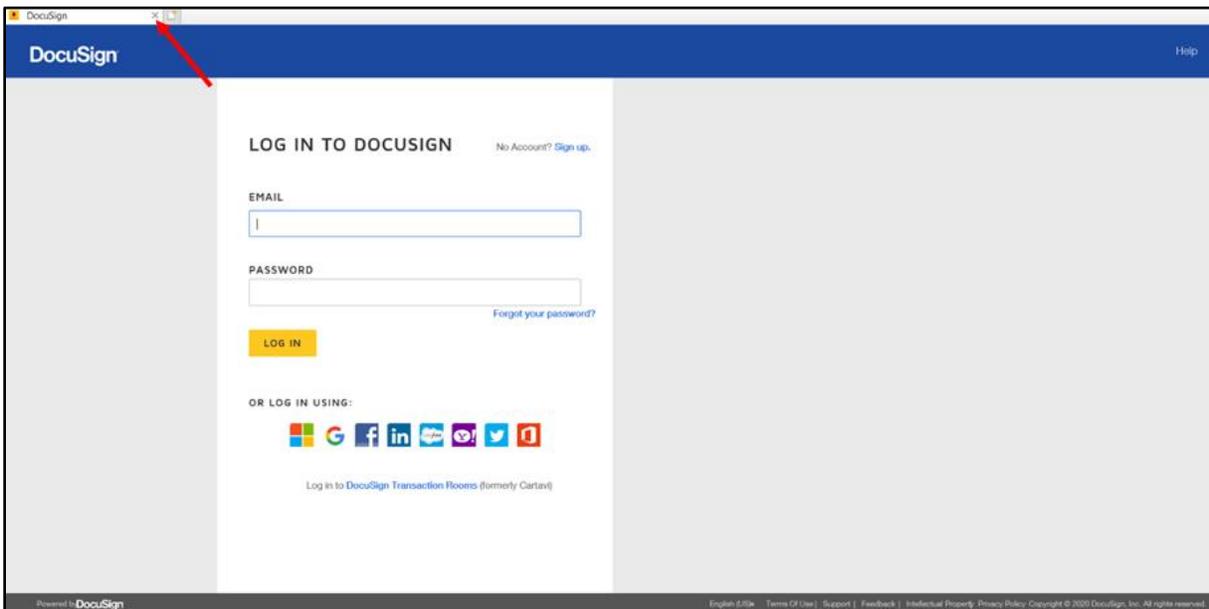
5. **DocuSign will create a computer-generated signature. This means that you will not actually physically sign the document with your finger, but rather adopt the generated signature DocuSign created that acts as your legal signature. A pop-up window will appear asking you to adopt the eSignature. Confirm your name and initials and click 'ADOPT AND SIGN'. The name and font will be pre-selected and cannot be changed. If something is incorrect (i.e. spelling of name), please contact your clinician. (screenshot on next page)**

*Note: You will only need to complete the 'Adopt Your Signature' pop-up the first time you use DocuSign. After the first time, your eSignature will appear when you click the 'Sign' button on documents.*

6. **Your eSignature will now appear on the form. Click 'FINISH' at the top of the page to submit your signed document.**

**7. After selecting 'Finish', you will be taken to a login screen.**

*Note: You do NOT need to complete a DocuSign Login. Click the 'X' on the DocuSign tab to close the window.*



**8. After the document is submitted, a new email will appear in your inbox titled 'Reviewed and Signed: Mental Health Center of Denver eSign Electronic Document'.**

From the email you can open a PDF version of the form or you can click 'VIEW COMPLETED DOCUMENT' to view your document in a webpage.

