

## Welcome to New Leaf Resources!

To begin treatment, we need your completed paperwork. You can download the form onto your computer and type directly into the form. *If you type it directly on the website you cannot save it, you can only print it from the website.* Please take some time to complete your paperwork prior to your appointment as without it, your session will be rescheduled.

There are 3 forms that request your signature in your **New Client Paperwork**: The **Client Information** (Form 1), the **Client Commitment** (Form 2), and the **Consent forms** (Adult - *Form 4*) or (Parent - *Form 4.2*) and (Minor - *Form 4.1*), if applicable. Your digital signature **must** be in place for the document to be valid.

You have 4 options to get your completed documents to us. You may:

1. Upload the documents during your initial session *if it is telehealth*;
2. Print them out and hand-deliver them to the main office **prior** to your session;
3. Fax them directly to our office at 708/895-7602; or
4. Mail the documents to the main office – *we will need to have your completed documents in office **prior** to your scheduled appointment **or** we will have to reschedule your appointment.*

**Below is a visual, step-by-step tutorial on how to sign documents in requested areas.**

### 1 – Blank sample form:

4.2 - Consent to Tr... x

Page 1 (1 of 1) 66.7%

The New Leaf Resources (NLR) Privacy Practice Notice explains in more detail your rights and how we can use and share your information. The NLR Privacy Practice Notice is available online at [www.newleafresources.org](http://www.newleafresources.org) and available at each of the NLR offices by request.

**Informed Consent**

Informed Consent is an interactive process between client and therapist involving your right to have the following information explained to you:

- Your condition or diagnosis
- The nature and purpose of treatment
- The likelihood of success
- The risks and potential consequences of treatment, including refusing treatment and the consequences of doing so
- The alternatives to treatment, including refusing treatment and the potential consequences of doing so
- The right to include or exclude your family or significant other/s in treatment, to the extent permitted by the law

**By Signing This Form, I Am Indicating**

- I have read, understand and agree to the terms of the Consent & Agreement for Treatment as outlined above, except as otherwise noted in writing.
- I have been given the opportunity to review and have access to a copy of the NLR Privacy Practice Notice. NLR reserves the right to change its notice and practices at any time, if it sends a copy of the revised notice to the address that I have provided.
- As a consenting adult, I agree to permit the staff at NLR to provide me with treatment services.
- I understand that I have the right to request restrictions on the use or disclosure of my information. I understand that NLR is not required to agree to those restrictions, but if it does, it must honor the restriction unless I revoke the request or it notifies me that it is no longer going to honor the request. NLR has a form available for me to complete if I wish to request a restriction.
- I understand that I have the right to discontinue treatment at any time.
- If I do not sign this consent form, New Leaf Resources will not be able to treat me.

Printed Name of Parent/Legal Guardian of Minor Client

Parent/Legal Guardian Date of Birth

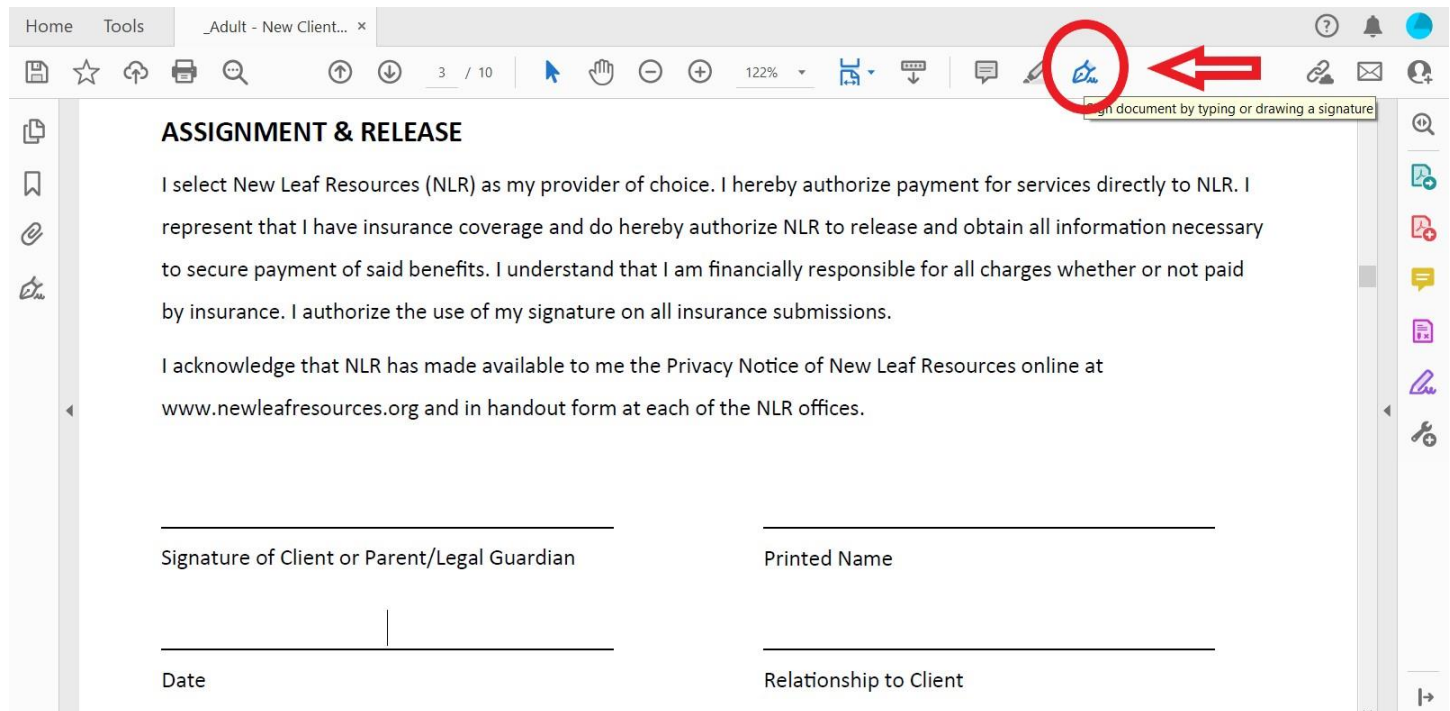
Signature of Parent/Legal Guardian of Minor Client

Date

Signature of Witness

Date

## 2 - Type in the requested info and then click the 'sign' icon in the toolbar:



Home Tools \_Adult - New Client... x

3 / 10 122%

**ASSIGNMENT & RELEASE**

I select New Leaf Resources (NLR) as my provider of choice. I hereby authorize payment for services directly to NLR. I represent that I have insurance coverage and do hereby authorize NLR to release and obtain all information necessary to secure payment of said benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I acknowledge that NLR has made available to me the Privacy Notice of New Leaf Resources online at [www.newleafresources.org](http://www.newleafresources.org) and in handout form at each of the NLR offices.

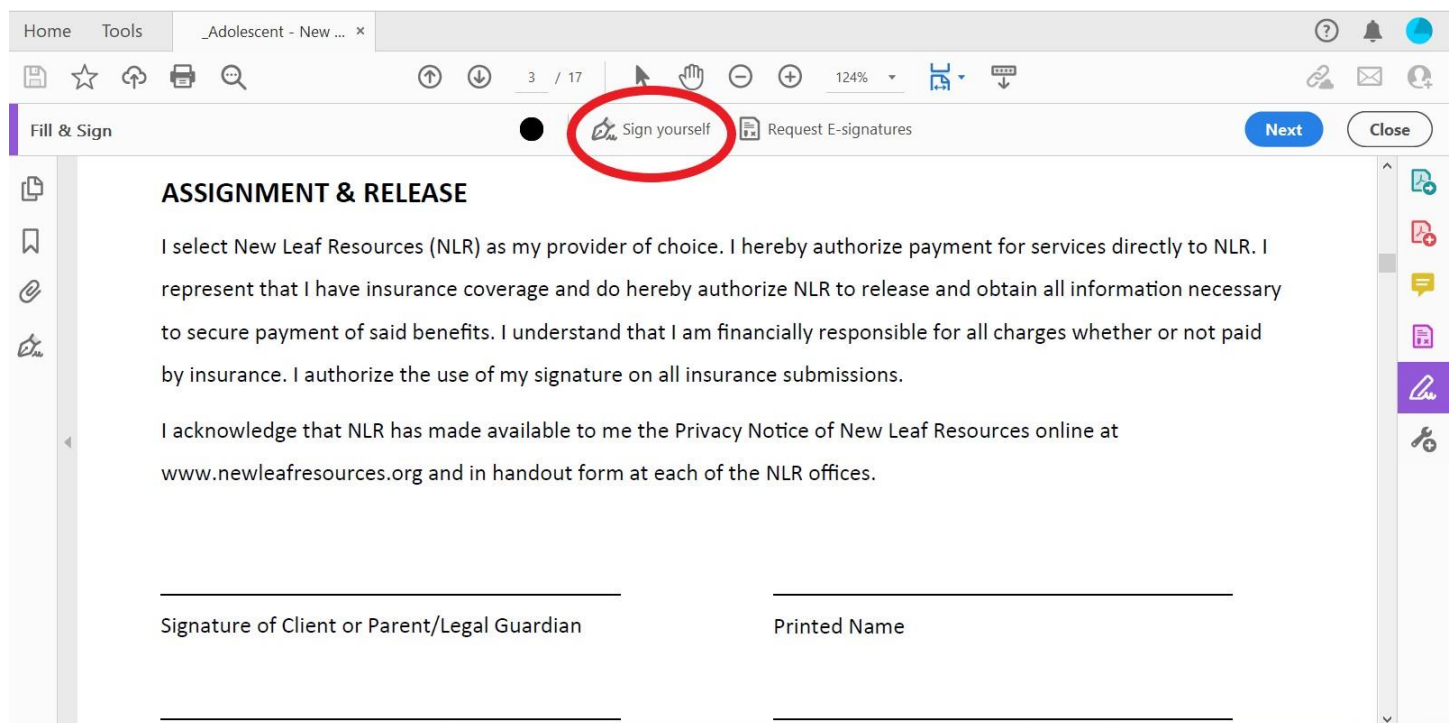
Signature of Client or Parent/Legal Guardian

Printed Name

Date

Relationship to Client

## 3 - Click 'sign yourself':



Home Tools \_Adolescent - New ... x

3 / 17 124%

**ASSIGNMENT & RELEASE**

I select New Leaf Resources (NLR) as my provider of choice. I hereby authorize payment for services directly to NLR. I represent that I have insurance coverage and do hereby authorize NLR to release and obtain all information necessary to secure payment of said benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I acknowledge that NLR has made available to me the Privacy Notice of New Leaf Resources online at [www.newleafresources.org](http://www.newleafresources.org) and in handout form at each of the NLR offices.

Signature of Client or Parent/Legal Guardian

Printed Name

4 – Click ‘add signature’ (if you have done this before, it may be saved).

File Edit View Sign Window Help

Home Tools \_Adolescent - New ... x

Fill & Sign

Sign yourself Request E-signatures

Next Close

### ASSIGNMENT & RELEASE

I select New Leaf Resources (NLR) as my provider. I represent that I have insurance coverage and I authorize the use of my signature on all insurance submissions to secure payment of said benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I acknowledge that NLR has made available to me the Privacy Notice of New Leaf Resources online at [www.newleafresources.org](http://www.newleafresources.org) and in handout form at each of the NLR offices.

Signature of Client or Parent/Legal Guardian

Printed Name

5 – Select the **draw** option (do **not** type in your signature) and use your mouse or finger and make sure the ‘save signature’ box is checked.

\_Adolescent - New Client Packet 2020.pdf - Adobe Acrobat Reader DC (32-bit)

File Edit View Sign Window Help

Home Tools \_Adolescent - New ... x

Fill & Sign

Sign yourself Request E-signatures

Next Close

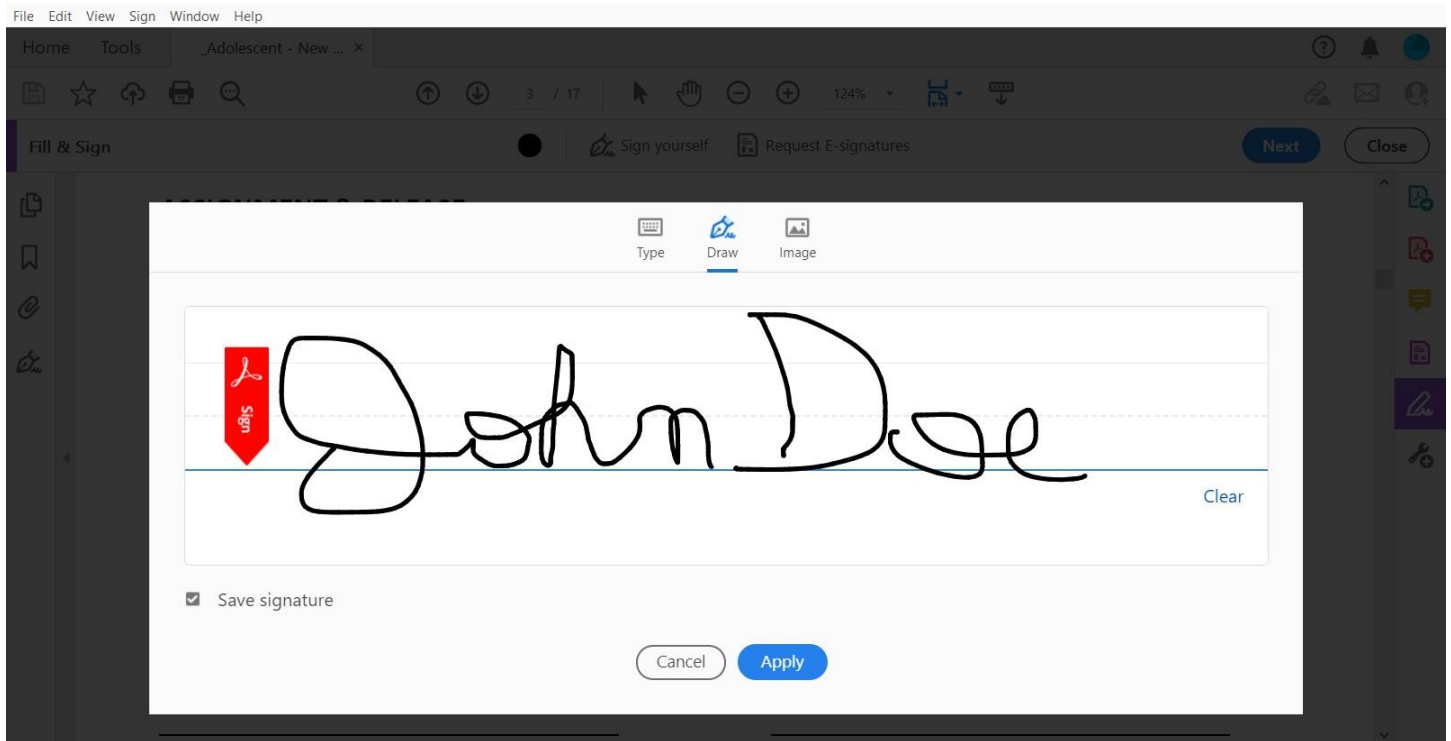
Type Draw Image

uSign

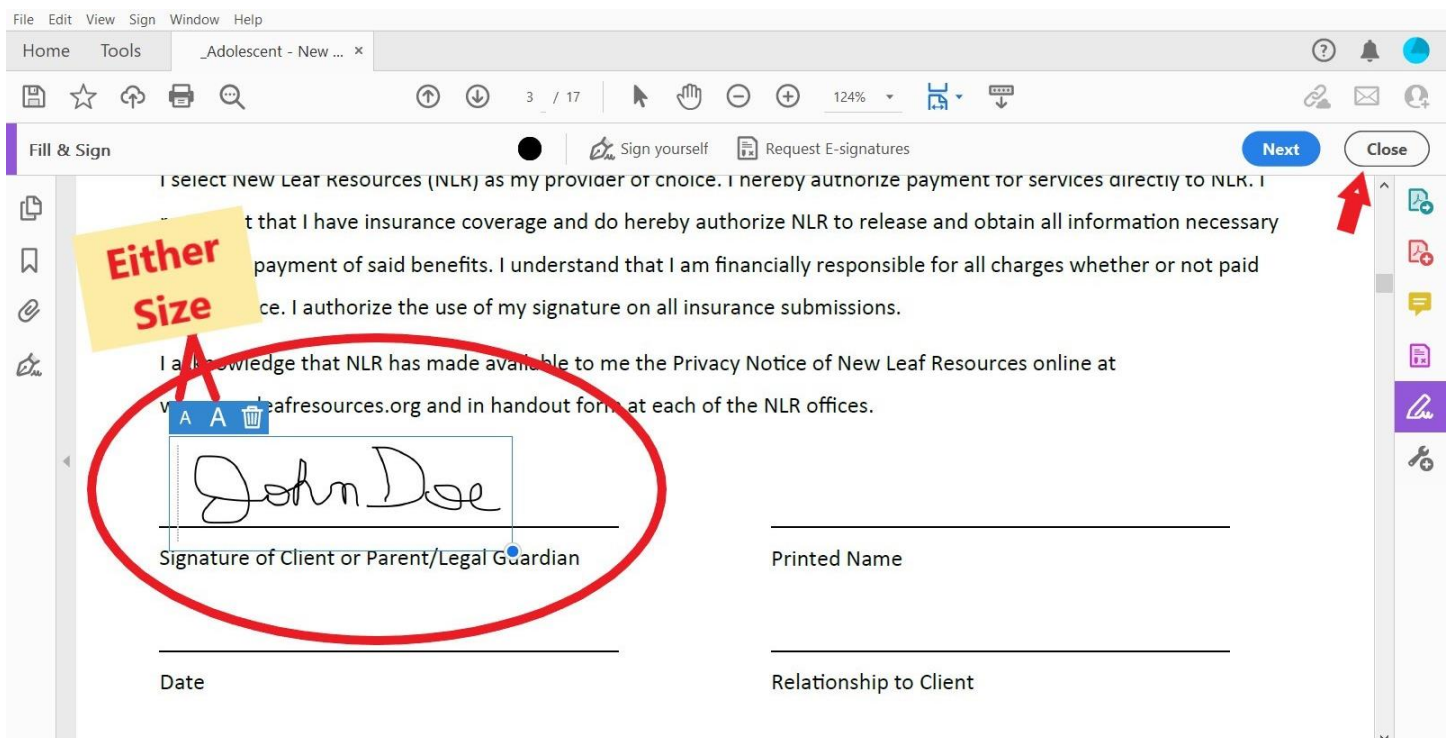
☒ Save signature

Cancel Apply

6 – After adding your signature, click ‘apply’.



7 – Place the signature on the requested line (*you can make it bigger*) and click your mouse to place it in the document, then click ‘close’.



## 8 – Continue to type in the requested information in the remaining applicable fields.

File Edit View Sign Window Help

Home Tools \_Adolescent - New ... \*

Fill & Sign

to secure payment of said benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

I acknowledge that NLR has made available to me the Privacy Notice of New Leaf Resources online at [www.newleafresources.org](http://www.newleafresources.org) and in handout form at each of the NLR offices.

John Doe

Signature of Client or Parent/Legal Guardian

John Doe

Printed Name

07/01/22

Date

Self

Relationship to Client

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## 8 – Place signature in all remaining fields that request your signature throughout the document by clicking the signature icon. Your signature is now saved and ready to be clicked.

File Edit View Sign Window Help

Home Tools \_Adult - New Client... \*

Fill & Sign

reserves the right to change its notice and address that I have provided.

- ◆ As a consenting adult, I agree to permit the NLR to send a copy of the revised notice to the client.
- ◆ I understand that I have the right to request a restriction on the use of my information. I understand that NLR is not required to agree to those requests unless I revoke the request. NLR has a form available for me to complete if I wish to request a restriction.
- ◆ I understand that I have the right to discontinue treatment at any time.
- ◆ **If I do not sign this consent form, New Leaf Resources will not be able to treat me.**

John Doe

Printed Name of Client

01/01/75

Date of Birth

07/01/22

Signature of Client

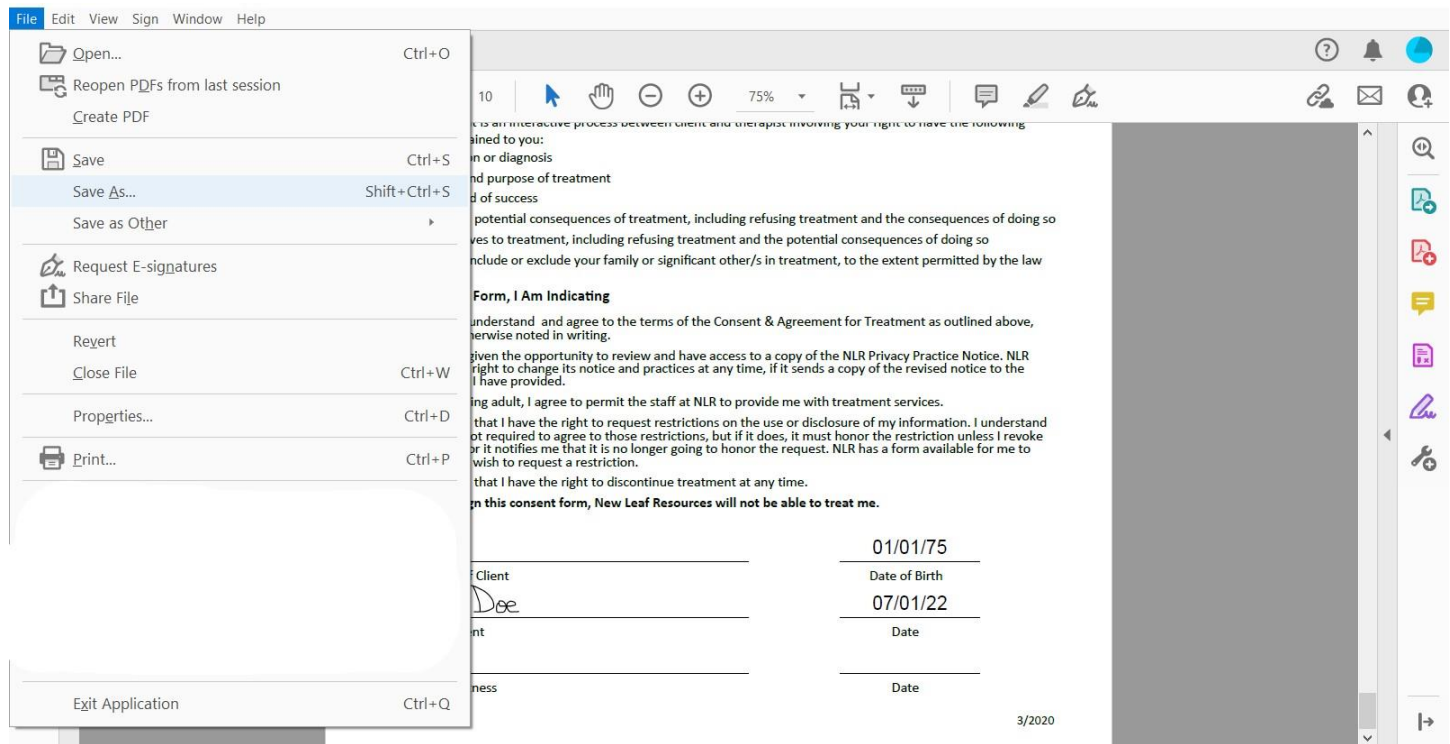
Date

Signature of Witness

Date



**9** – When the entire document is complete, save the document to a specified place on your computer or device under the filename: Lastname, Firstname. *If you are doing a telehealth session please save it on the device that you will use for your session.*



**That's it! You're done! Great job!**