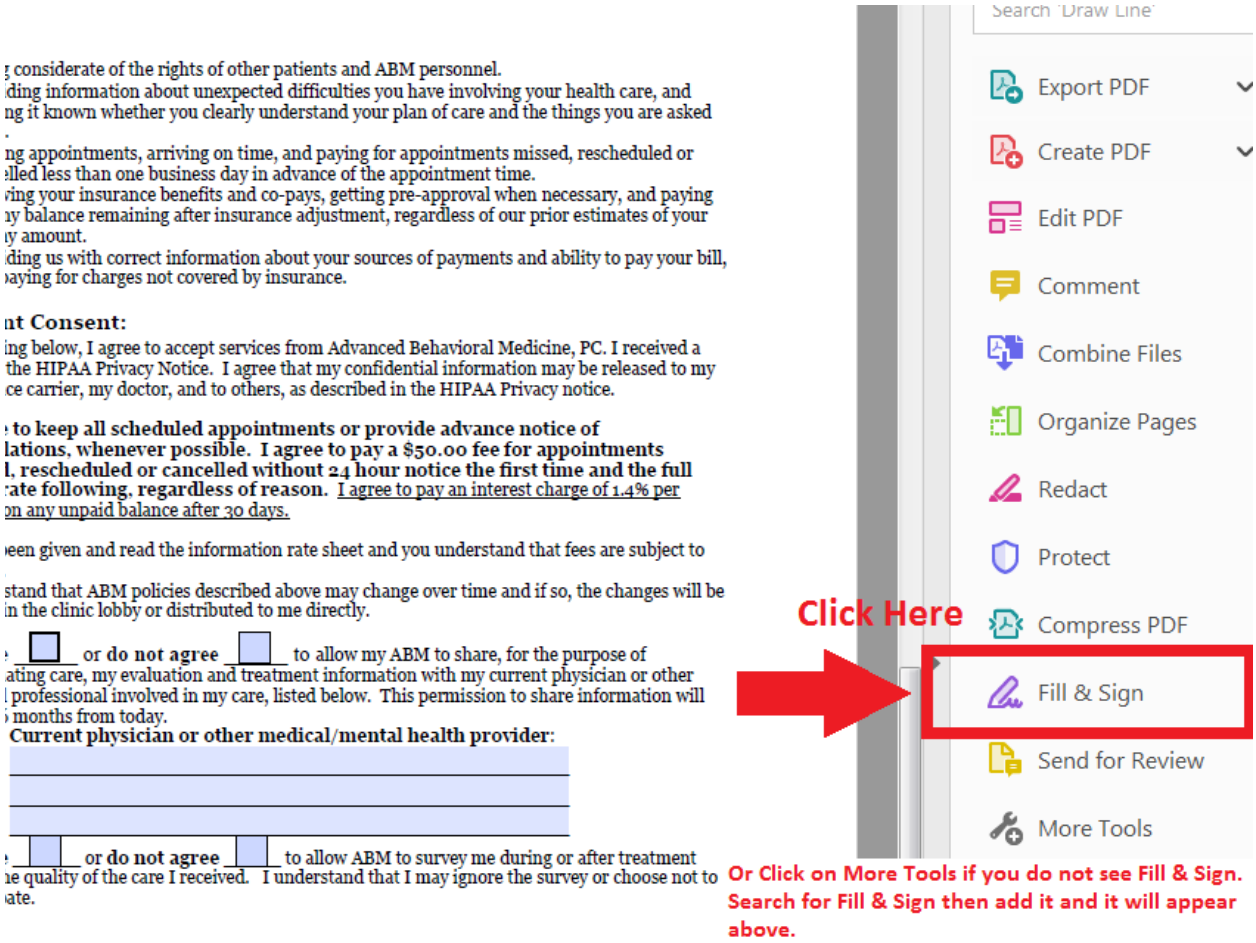
How to Sign a Document Electronically in Adobe Acrobat Reader (Desktop, Laptop)

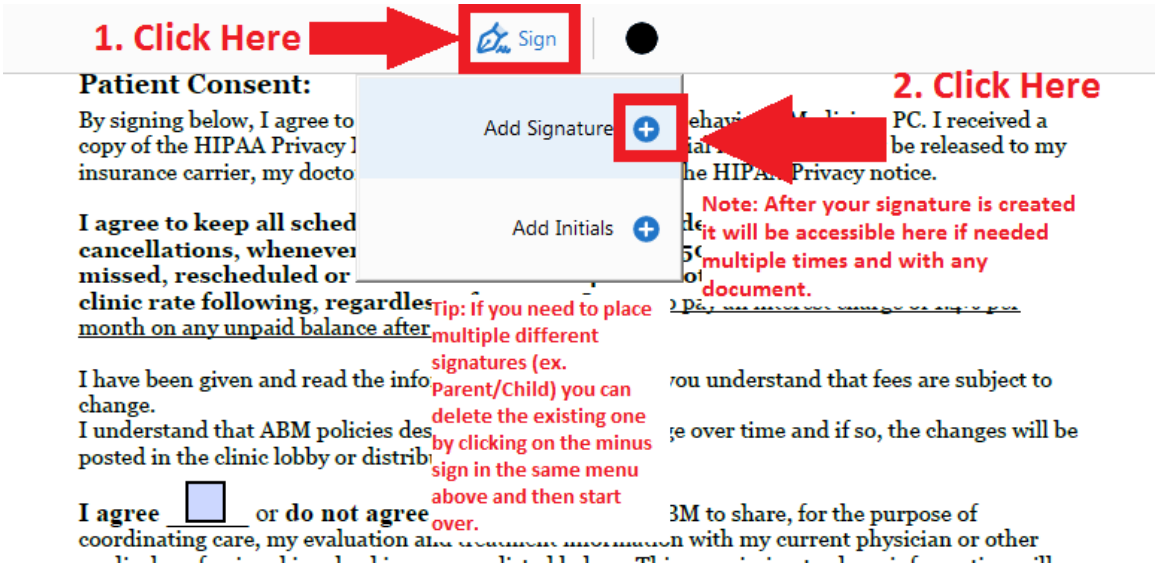
NOTE: Complete the signature last. Saving the file after adding the signature makes it so the other fields are no longer editable.

Step One:

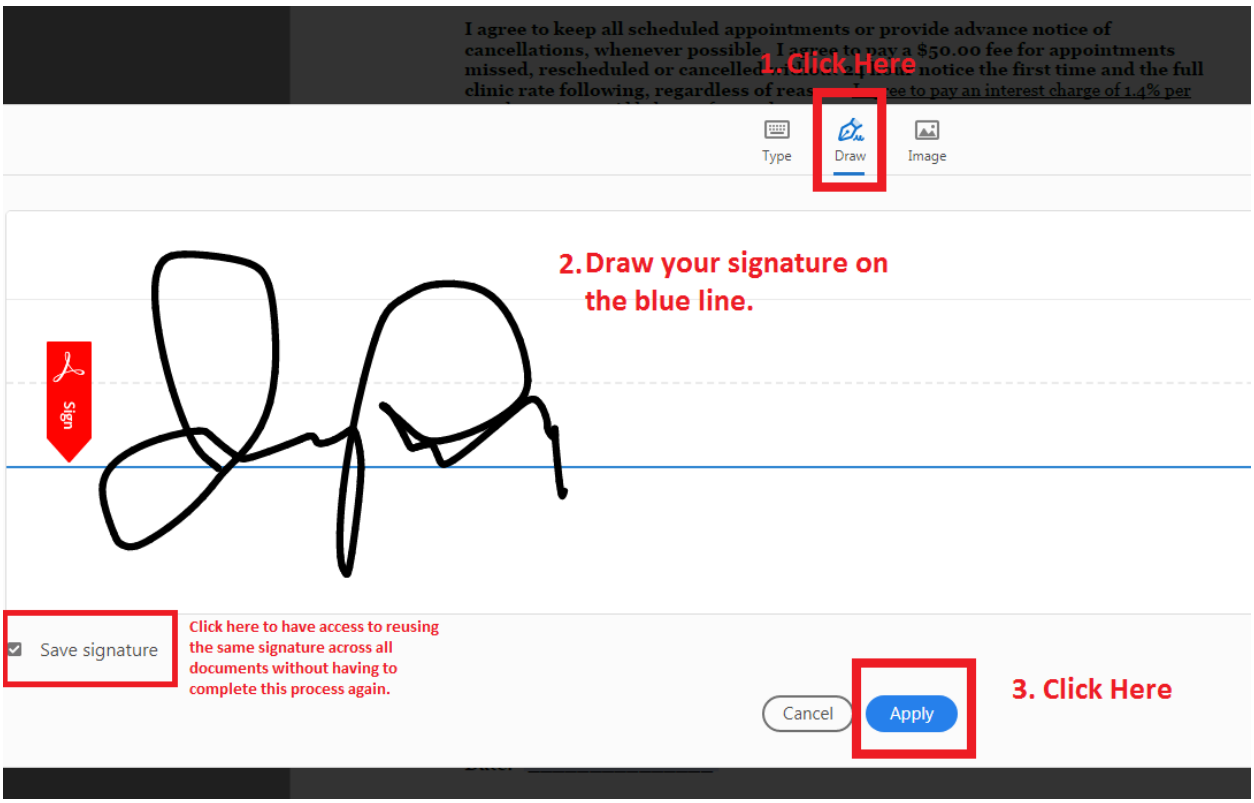


Or Click on More Tools if you do not see Fill & Sign. Search for Fill & Sign then add it and it will appear above.

Step Two:



Step Three:



Step Four:

I agree ☐ or **do not agree** ☐ to allow ABM to survey me during or after treatment about the quality of the care I received. I understand that I may ignore the survey or choose not to participate.

I have understood and agreed to all the rights and responsibilities described above. I am voluntarily seeking services, including medical assessment and treatment, at Advanced Behavioral Medicine, PC. If I am found to have a medical illness I will be offered usual and customary treatment or be advised to the contrary. I understand that this process begins with an initial assessment and may include recommendations for psychological testing, psychiatric evaluation, prescription medication, individual psychotherapy, family or group psychotherapy, and other prescribed treatments

Patient Name:

Patient Signature: _____

Date: _____

Optional

Email:

For communication use between you, the doctor, clinician staff and office staff of Advanced Behavioral Medicine.

Your cursor will turn into an image of your signature. Click mouse over Patient Signature line and you are done!