

# **NORTHSHORE CLINIC AND CONSULTANTS**

## **ELECTRONIC SIGNATURE AUTHORIZATION FORM**

By signing this form, I agree that my electronic signature, in any font or format is the legally binding equivalent of my traditional handwritten signature. I give consent for my Clinician/Therapist to use this electronic signature in conjunction with any form of Initial Assessment and diagnosis, Treatment Plan or Progress note.

Client Signature: \_\_\_\_\_

Qualified Treatment Trainee Signature: \_\_\_\_\_

Clinician/Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_