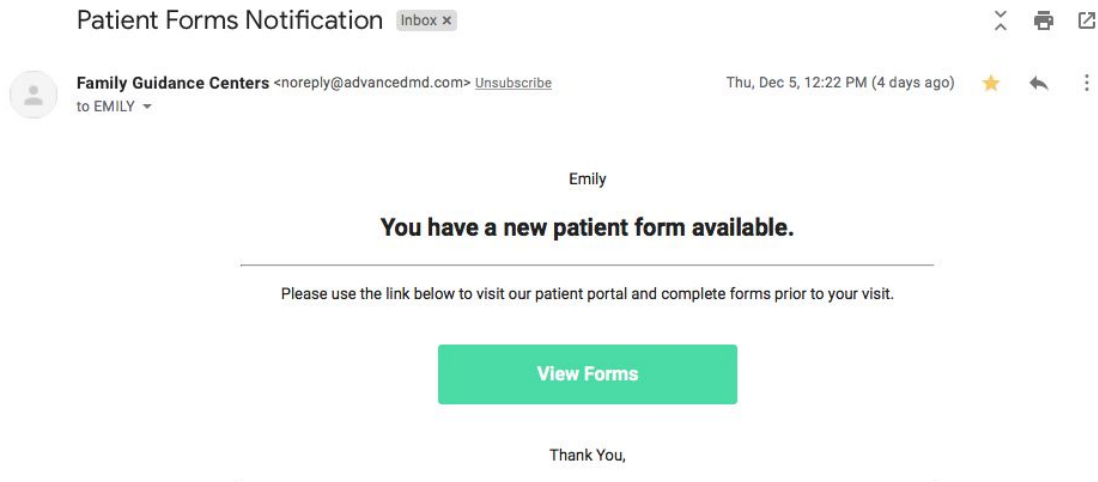


Completing Electronic Intake Forms

****Emily McGee is a sample patient for the purposes of this electronic intake forms help page.****

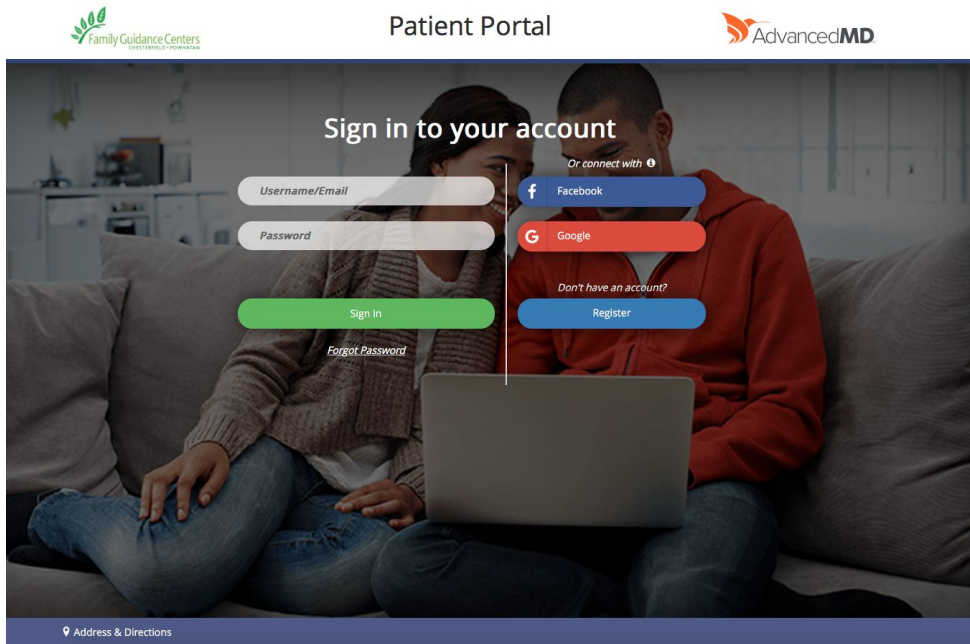
Step 1: Patient Forms. After your initial appointment is scheduled, you should receive an email stating you have forms available to complete (example below). Please click the link in the email.

Patient Forms Notification Email:



Step 2: Log In. [Log into your Patient Portal](#). If you have not registered, please do so. [Instructions are here.](#)

Patient Portal Home Page



Step 3: Locate the Forms. Navigate to the Patient Forms section. It should say how many forms are available. In the example below, there are 11 forms available.

Portal Home Page Once Logged In

The screenshot shows the patient portal home page for Family Guidance Centers. At the top left is the logo with the text "Family Guidance Centers" and "CREDITED FORMERS" below it. To the right are navigation icons for Profile, Messages, Bills, and Forms. Below these is a blue navigation bar with links: Home, Profile Settings, Messaging Preferences, Activity History, Terms of Service, and Log Out. The main content area is titled "Access Your Account Information" and features a patient profile card for MC GEE, EMILY (DOB: 7/17/1900, address: 0000 SAMPLE RD, Midlothian, VA 23113). The card displays a balance of \$0.00, no upcoming appointments, and a last appointment on 12/13/2019 at 08:00 AM. Below the profile card are two action buttons: "Pay My Bill" (with a dollar sign icon) and "Patient Forms" (with a document icon and a red notification bubble showing "11"). A dark blue footer bar at the bottom contains the link "Address & Directions".

Step 4: Start the Forms. Once you've clicked on the forms you have to complete, it will show the page below. Select "Start" on the first form.

Start the Forms Page



Log Out

Patient Forms

| Patient Name | Appointment Date | Form Name | | |
|--------------|-------------------------|---|---|-----------|
| MCGEE,EMILY | Thu 12/05/2019 06:00 PM | Telemedicine Consent Form | ✓ | Submitted |
| MCGEE,EMILY | Thu 12/05/2019 06:00 PM | Telemedicine CC Auth Form | ✓ | Submitted |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Demographics Form | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Consent to Treatment | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Email Phone Consent and Authorization | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Financial Procedures and Agreement | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | General Office Policies | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | HIPAA Privacy Authorization | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Medication History Consent | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Patient Consent for Use and Disclosure of PHI | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Patient History | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Release of Information Authorization | | Start |
| MCGEE,EMILY | Fri 12/13/2019 08:00 AM | Reminder System Preference Form | | Start |

Address & Directions

Step 5: Fill, Sign, & Complete Forms. For the first form, you will have the opportunity to change or add to your Demographics in the system. When finished, click “Finish and Submit >>”. This will lead you to the

next available form. Most of the forms will be signature pages. To sign the form, simply use your mouse to draw your signature in the Signature Box.

Signature Page Example

Family Guidance Centers
CHESTERFIELD • FOUNTAIN

Profile Messages Bills Forms 10

Log Out

Consent to Treatment

Exit Decline Save and Close Finish and Submit >

Consent to Treatment

FAMILY GUIDANCE CENTERS

I, Emily Mcgee, hereby voluntarily consent to behavioral health assessment and/or treatment for myself and/or my minor child at FAMILY GUIDANCE CENTERS (the Practice).

- I understand that like the other healing arts, behavioral health is not an exact science and no guarantees are being made as to the results of assessment and/or treatment.
- I am aware that I am an active participant in this endeavor and that I share the responsibility for the treatment process.
- I understand that assessment and/or treatment will be kept confidential with the exception of legal limitations of confidentiality. In addition, I am aware that although the above-named therapist is clinically independent, consultations with other therapists are sometimes advisable, and my signature below gives the above-named therapist permission to do that. I further understand that there are specific and limited exceptions to this confidentiality which include the following:
 - When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
 - When there is suspicion that a child or elder is being abused or is at risk of such abuse, the clinician is legally required by Virginia State to take steps to protect the child, and to inform the proper authorities.
 - When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.
- I understand that when the above named therapist is unavailable, another behavioral health provider may be providing emergency coverage. I understand that the therapist providing coverage may be given access to relevant information in order to provide the best interim care possible.
- I authorize the release of any information necessary to process any insurance claims. This would include an ongoing release of information to meet managed care review requirements.
- If you are a member of a Managed Care Organization a "Members Rights and Responsibilities" document may be available to you.
- FGC has provided me with the opportunity to read the Notice of Privacy and all of my questions have been answered.
- You have the right to revoke this consent in writing and terminate services with the above named therapist at any time. In that event, your therapist or FGC staff is willing to help you locate alternative resources in the community.

I have read and understand the information on this sheet. My signature indicates my informed consent with the above-named therapist. If you have any questions about the form, please discuss them with your therapist.

Sign here

Clear

Signature of Patient or Legal Guardian

Patient Name: Emily Mcgee

Address & Directions

Step 6: Submitted Forms. Once you've completed all the forms, they will show as "Submitted". You're all done!

Submitted Forms Page



Profile



Messages



Bills



Forms

Log Out

Patient Forms

| Patient Name | Appointment Date | Form Name | | |
|--------------|-------------------------|---|---|-----------|
| MCGEE, EMILY | Thu 12/05/2019 06:00 PM | Telemedicine Consent Form | ✓ | Submitted |
| MCGEE, EMILY | Thu 12/05/2019 06:00 PM | Telemedicine CC Auth Form | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Demographics Form | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Consent to Treatment | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Email Phone Consent and Authorization | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Financial Procedures and Agreement | ✓ | Submitted |
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| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | HIPAA Privacy Authorization | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Medication History Consent | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Patient Consent for Use and Disclosure of PHI | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Patient History | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Release of Information Authorization | ✓ | Submitted |
| MCGEE, EMILY | Fri 12/13/2019 08:00 AM | Reminder System Preference Form | ✓ | Submitted |

📍 Address & Directions