Offline Signature Form Training Module

The offline form is to be used to help clients:

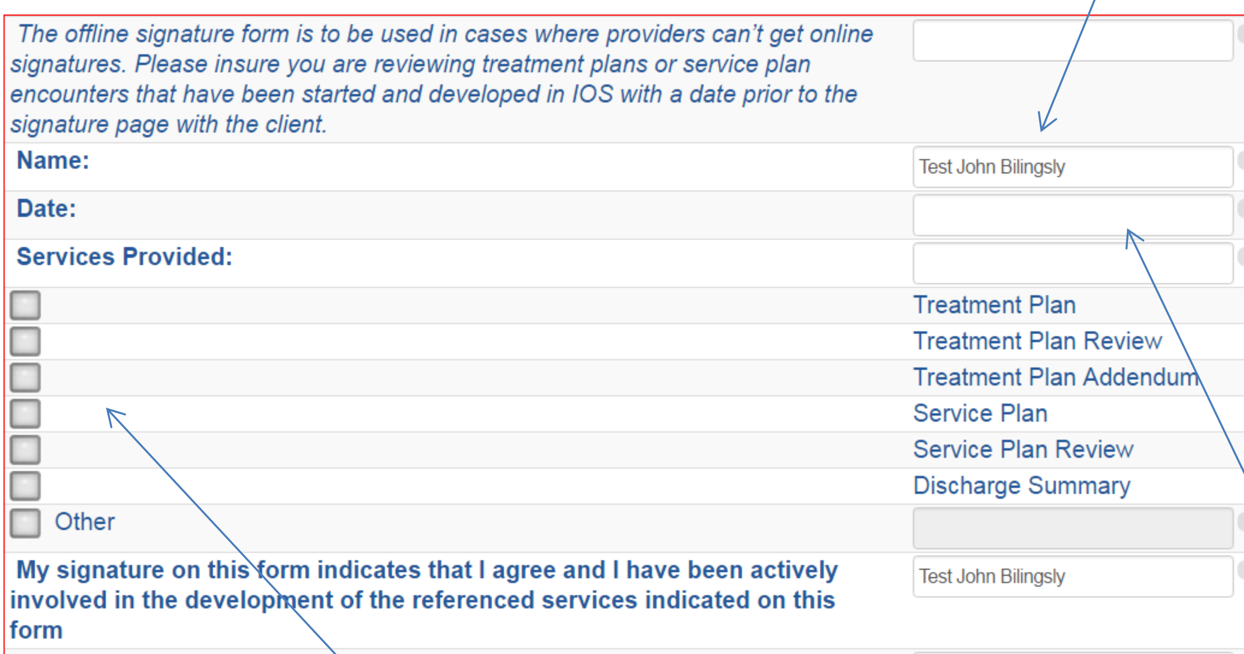
1. Who don't have access to the office to provide required electronic signatures.
2. Who do not have internet access in their homes.

The process is as follows:

1. Provider and client develop treatment or service plan in IOS.
2. Provider gets treatment plan approved by QA.
3. Provider prints a copy of approved incomplete treatment plan.
4. Provider starts offline encounter, completes, prints, and takes to client.
5. Client keeps the copy of the incomplete treatment plan and signs offline signature form.
6. The offline signature form is returned to the office where it is scanned into the client chart.
7. Provider reviews chart and confirms offline form is scanned and in the electronic chart.
8. Provider emails QA to indicate the treatment plan is complete.
9. QA closes the treatment plan encounter, staples the offline form, stamps and bills the document.
10. QA emails provider who prints final copy and provides to client.

Please closely follow this Module.

This box is already completed



The offline signature form is to be used in cases where providers can't get online signatures. Please insure you are reviewing treatment plans or service plan encounters that have been started and developed in IOS with a date prior to the signature page with the client.

Name: Test John Bilingsly

Date:

Services Provided:

- Treatment Plan
- Treatment Plan Review
- Treatment Plan Addendum
- Service Plan
- Service Plan Review
- Discharge Summary
- Other

My signature on this form indicates that I agree and I have been actively involved in the development of the referenced services indicated on this form Test John Bilingsly

Please select the service the offline form is going to represent

Please Select a date

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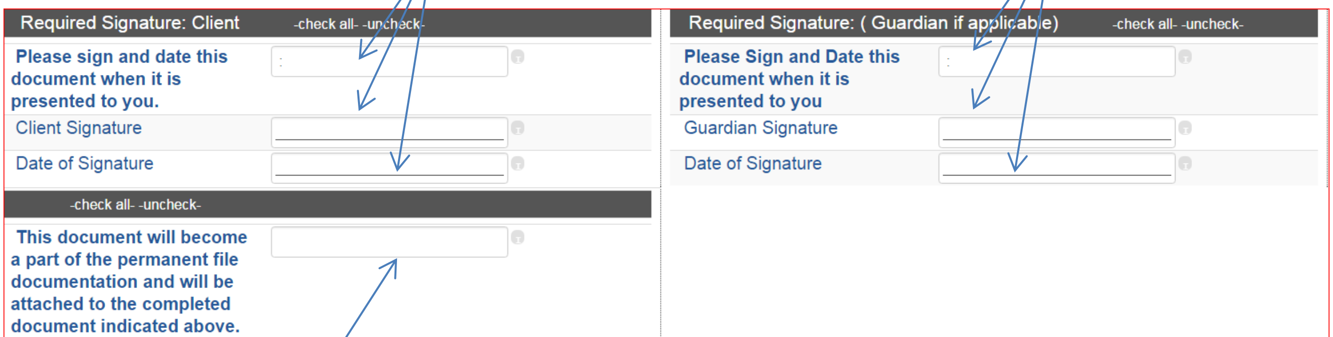
This box is already completed

This box is already completed


Required Signature: Client -check all- -uncheck-

Please sign and date this document when it is presented to you.	
Client Signature	
Date of Signature	

-check all- -uncheck-

This document will become a part of the permanent file documentation and will be attached to the completed document indicated above.	

Required Signature: (Guardian if applicable) -check all- -uncheck-

Please Sign and Date this document when it is presented to you	
Guardian Signature	
Date of Signature	

This box is already completed

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