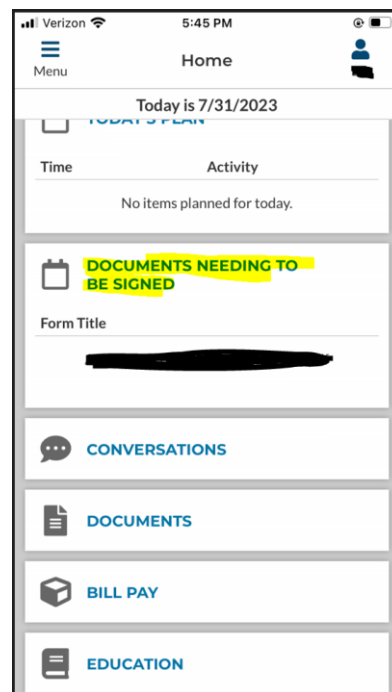# myHealthPointe – How to eSign/Electronically Sign Documents

How to eSign/electronically Sign Documents

1. After activating and logging into your myHealthPointe account, you may have documents needing to be signed. Click/tap for the tab that says, **Documents Needing to Be Signed**.

2. If using myHealthPointe on a computer, find the click **Review and Sign** next to the document you'd like to eSign.
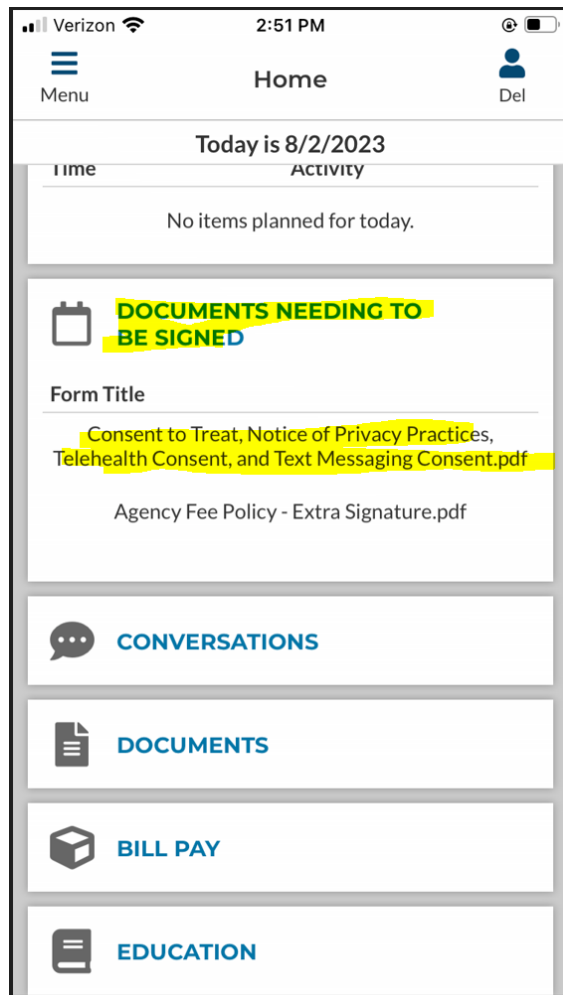
Documents Awaiting Signature

Title	Type	Last Modified By	Revision	Date Uploaded	
	application/pdf		07/31/2023 3:44 PM	07/31/2023 3:44 PM	Review and Sign

Showing 1 to 1 of 1 entries   Previous   1   Next

If using myHealthPointe from the mobile app, tap the title of the document you'd like to eSign.

3. Complete the required sections in the fillable PDF if they are not completed already. Required sections are indicated with a red * next to them.

   If using myHealthPointe on a computer, type your name into the **Enter the Signature** box on the right side of the screen and then click **Review and Sign** – this completes the eSigning process – your completed eSigned documents are located in the **Documents** tab.

   If using myHealthPointe from the mobile app, use your finger to sign your device's screen where it says **Sign then touch Done** – after signing, tap **Done** – this completes the eSigning process – your completed eSigned documents are located in the **Documents** tab.

Lastly, I have received a copy of the **Expectations for Participation in Programs and Services**. I understand and agree to do what is expected of me while receiving these services.

I understand that I can receive an additional copy of any of the above documents at any time, at my request.

Minor Exception

I am a minor between 14 and 18 years of age and the above information has been explained to me. I understand that I may receive services from the Agency without parent/guardian consent for up to 30 days or 6 sessions whichever comes first. After the sixth session or thirty days of services my provider shall terminate the services or, with my consent, notify my parent, or guardian, to obtain consent to provide further outpatient services. I understand that my parent or guardian will be notified of my services if my provider determines I pose a danger of harm to myself or others.

*Name of Signer:
Name of Signer

*Relation to Client:
Self

Clear   Sign then touch Done   Done

NOTE: You may have multiple documents to eSign in your myHealthPointe account. Start at Step 1 again if you need to eSign multiple documents.