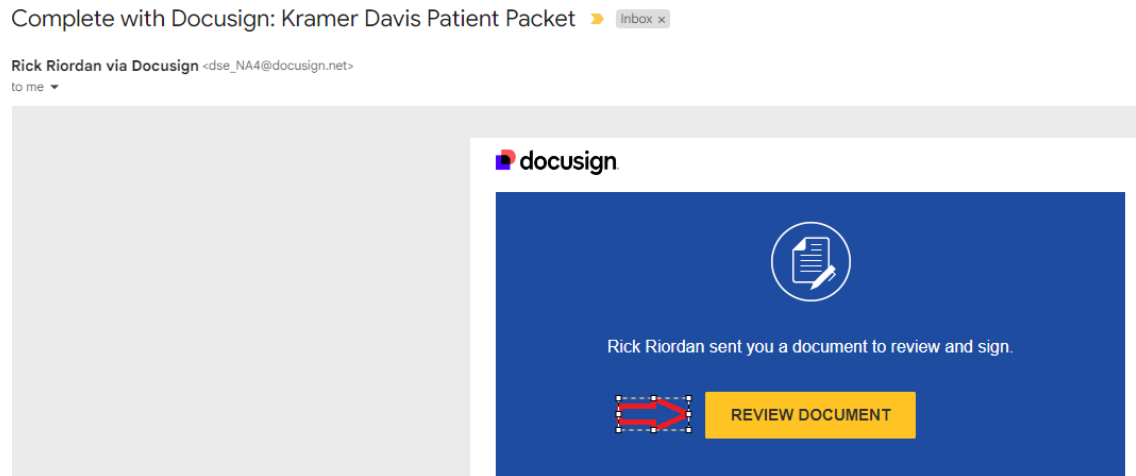# DocuSign Intake Packet Instructions

Kramer Davis Clinic – Nashville | 3901 Central Pike, Suite 500 | Hermitage, TN 37076 | (615) 933-7300

1. Check your email

- You will receive an email that should look like the picture below

- It is recommended that you use a computer to complete the DocuSign. The packet will be difficult to complete on a phone or tablet.
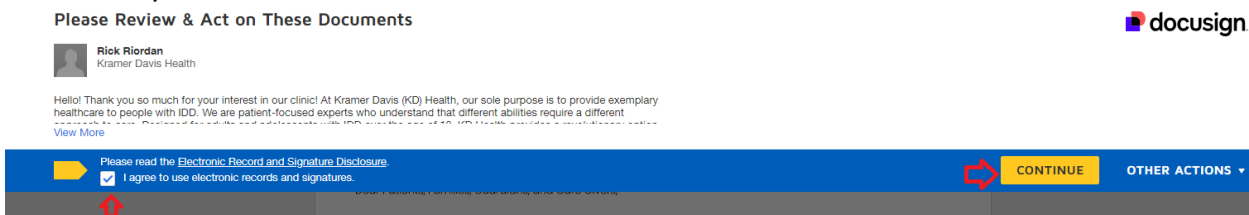

2. Click on "Review Document"

- Click on the yellow button "Review Document"

- This will open the form from the DocuSign website.

3. Agree to "Electronic Record and Signature Disclosure"

- You will need to click on the "Electronic Record and Signature Disclosure" box. Then you can click the continue box.

4. Complete all sections of the document

- On the left side of the document, clicking on the Next button **NEXT** will take to you to the next field to be entered.

- Some fields you must choose between options.

 **CHOOSE** ⬦ ○ NONE/SELF-PAY ○ |BlueCare|

- Depending on your choice, you will move onto the next field, or be asked for more information.

- As you go through this document there are Mandatory fields that must have data entered in them, they are highlighted with a red box.

  Relationship: [_____]
  Address: [_____]

- There are numerous checkboxes that are not mandatory, but if checked will provide staff with helpful information going forward. Please complete as many fields as possible.

- Other boxes will require an attachment, that could include medical records, prescriptions, photo ID, etc. These are indicated by a box with a paperclip.
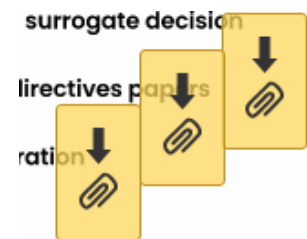
5. Signing the document

- At the end of each section there is a signature page. You must choose "I agree to sign" or "I decline to sign". If you check "I decline to sign" you will move to the next section. If you check "I agree to sign" you will be prompted to fill out the highlighted sections.

  ○ I agree to sign.
  ○ I decline to sign.

- will need to fill out "Relationship to Patient" field and click the Sign button.

with) other people; and (III) I have received a signed copy of this Authorization.

John Doe

Signme of Patient/Authorized Healthcare Decision Maker   Relationship to Patient

⬇   7/24/2024

Signature of Patient/Authorized Healthcare Decision Maker   Date

● I agree to sign.
○ I decline to sign.

6. Adopting a signature

- If this is your first time signing a document in DocuSign, clicking on the "Sign" tag will open a box that will allow you to adopt your signature.
- Adopt a Signature
    - First, verify your name is correct.
    - Next select a style for your signature by doing one of the following:
    - Accept the default signature and initial style and go to the next step.
    - Click Change Style and select a different signature option.
    - Click Draw. Draw your signature/initials using a mouse, or your finger or a stylus on a touchscreen.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*	Initials*
John Doe	JD

SELECT STYLE   DRAW   UPLOAD

PREVIEW   Change Style

Signed by: Initial

John Doe   JD

B0F0F6A5C943408...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts.

ADOPT AND SIGN   CANCEL

7. Finishing the document

- Once you have clicked on all on the "Next" **NEXT** buttons, the "Finish" button will turn yellow, for you to complete the document.

FINISH   **OTHER ACTIONS ▾**