



How to Sign this Document

Please complete and sign the PDF fillable forms for New Directions Counseling Services. To get started, please download this packet to your device and then double click or tap to open. Adobe Acrobat Reader, Microsoft Edge and Mac Preview are the most typically used apps to view PDF documents. As you complete the sections, please follow the instructions below to sign the document at the appropriate signature spots which are highlighted in yellow.








ADOBE READER

To sign, click the 'Tools' button, **Tools** > select 'Fill & Sign',  > select the pen tool  click 'Add Signature', setup your signature, then click Apply. Hover over the highlighted signature areas and click to place signature. For additional signatures, click pen tool, select signature and click to place.





MICROSOFT EDGE

To sign, click 'Draw'  > hover over the highlighted signature area and sign. To redo your signature, click the 'Erase' button  and start again. Do you have an older version of Edge?  Click, 'Add Notes'  **Add notes** in menu above, click signing tool.  Hover over signature area to sign.



MAC - Preview Mode

Click on the pencil icon (top right of screen to the left of the search bar)  > using top left toolbar, click on the cursive "J" icon to create signature  > click "Done" when satisfied with your signature. Drag and drop the signature you created from the toolbar to the highlighted areas in the forms which require your signature. Click on "Create Signature" to redo your signature or to create a second signature (for minor or partner), if needed.



DO NOT OPEN IN CHROME

Chrome does not give you an option to sign. Please open your New Directions Counseling fillable form in Microsoft Edge, Adobe Acrobat or MAC Preview Mode. To turn off Chrome PDF viewer, please go to 'Settings' in Chrome, type PDF into search, click 'Site Settings', select 'PDF documents' and turn off.



Credit Card Authorization

PLEASE PRINT INFORMATION CLEARLY:

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: **Month** _ _ **Year** _ _ _ _

CVV Code (back of card): _ _ _

Type of Card: **Credit** **Debit** **Health Savings/Flexible Spending Account**

Name and Address associated with Card:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

I authorize New Directions Counseling Services, LLC to apply charges to the card listed above under any of the following circumstances:

- At the time of participation in services for the expected amount of an appointment fee to be applied to a health insurance deductible.
- At the time of participation in services for the portion of each appointment fee for which I am responsible including self-pay fees, health insurance copayment amounts and health insurance coinsurance amounts.
- After violation of the practice's cancellation policy requiring payment of a fee for a late cancellation or missed appointment per the practice's Consent to Treatment and Fee Agreement.

I am aware that New Directions Counseling Services, LLC will be unable to notify me before processing this card on file and that my card may be charged at any time at the discretion of New Directions Counseling Services, LLC for the reasons listed above.

Printed Name of Client

Signature of Client/Legal Guardian

Date