



How to Sign this Document

Please complete and sign the PDF fillable forms for New Directions Counseling Services. To get started, please download this file 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 in this form, 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.



AUTHORIZATION TO RELEASE INFORMATION

Client Name: _____ Date of Birth: _____

I authorize New Directions Counseling Services, LLC (NDCS) to:
Release my information Obtain my information Exchange my information

The sensitive and pertinent information that will be released to, obtained from, or exchanged with another party will include:

Verbal description of treatment	Letter or email detailing treatment	Treatment notes
Psychological report	Medical records	Blood work reports
Academic records	Legal records	Other: _____

All Mental Health Records (including Medication Management Records)

I authorize NDCS to obtain information from another party that includes treatment from this date _____ to this date _____ and please fax these relevant records to New Directions Counseling Services, LLC at 724-934-3906.

I am requesting that NDCS release, obtain, or exchange my information for the following reasons:

Coordination of care	Facilitation of medical, psychological, or educational evaluation
Legal proceedings	Disability or worker's compensation claim
Other: _____	

I authorize NDCS to release, obtain, or exchange my information with the following party (please complete thoroughly):

Name of Individual or Institution: _____
Relationship to Client: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____
Fax Number: _____

This authorization shall remain in effect unless it is revoked by you, in writing, at any time by sending such written notification to our compliance officer, Dr. Michael Schneider, at mschneider@newdirectionspgh.com. Please note that we cannot revoke this authorization to the extent that we have already relied on this authorization to release, obtain, or exchange information, and if this authorization is a condition of obtaining insurance coverage, the insurer has a legal right to contest your claim to revoke this authorization.

I understand that the information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient of your information and is no longer protected under the conditions of our Privacy Practices.

_____ Printed Name of Client (or legal guardian/rep)	_____ Signature of Client (or legal guardian/rep)	_____ Date
_____ Printed Name of Minor Client (if age 14-17)	_____ Signature of Minor Client (if age 14-17)	_____ Date
_____ Printed Name of Witness	_____ Signature of Witness	_____ Date