



**Emerge and See**

Practice Management Specialists

## **Electronic Signature Consent**

By signing below, I \_\_\_\_\_ do hereby give consent to use my signature, provider below, for the purposes of provider credentialing and re-credentialing. I agree my electronic signature is the legal equivalent of my manual signature. When used for provider credentialing, I understand that my electronic signature is legally binding; just as if I had signed a paper document. By signing, I consent to be legally bound by this Agreement's terms and conditions set forth. This consent to use my signature applies only to materials related to provider credentialing. I further agree that each use of my e-signature in obtaining provider credentialing constitutes my agreement to be bound by the terms and conditions of this electronic signature consent as they exist on the date of my e-signature. I do hereby understand that I may withdraw my consent to use my electronic signature at any time.

If you wish to withdraw your consent, please notify us at the address below and provide your name, mailing address, daytime telephone number, and a description of the type of transaction from which you are withdrawing your consent.

**PLEASE SIGN IN THE CENTER OF THE BOX**

**INITIALS**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

You have the right to all documents that contain your signature. All documents that belong to you are located in your secure cloud folder to which your Practice Administrator has access at all times.

We may be contacted at any time via the below information:

*Angela Chorny*

President / CEO

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