Question: How can we add a 3rd and 4th signature to our print assessments?

<u>Set Conditions</u>: The Super Admin is the only user who has the level of access to modify System Options.

Solution:

Action to be taken by Super Admin

1. After logging in the Super Admin will need to open System Option under the Setting menu found on the ribbon





2. Edit one or both the Name and Title found in the System Option module then save

AccuCare					
Setup > System Options	;				
General	Password Complexity	Narrative Headi	Report ngs	Multi-Dimensional Headings	External Systems
Data entry mode [Do you want data entry entered as 0 (N)]	y mode where Y is entere	d as 1 (Y) or I	Nis N]	Î
Number of signature line [Enter the default numb to 4]	es ber of signature lines to u	ise on reports	-1 4]	.
Name - signature line 3 [Enter name for third si	ignature line]		Albert	Smith	
Title - signature line 3 [Enter title for third sign	nature line]		Clinica	I Director	
Name - signature line 4 [Enter name for fourth	signature line]		Dr. Tor	m Smith	
Title - signature line 4 [Enter title for fourth signature]	gnature line]		Medic	al Evaluator	
Default Assessment Type [Select default question	e nnaire type]		Adult	~	
Default Treatment Plan T [Select default treatment	ype nt plan type]		Adult	~	
Default System Question	nnaire Type		GPRA	- Intake	~
Carry Over to Assessme [Enter Y to carry over fr assessment]	nt rom previous assessmen	t to new	Y]	
			\odot Ah	ways Carry Over 🛛 💿 P	rompt User
Carry Over to Follow-up [Enter Y to carry over fr new follow-up]	rom previous assessmen	t or follow-up	to Y]	
Disable SSN [Enter Y to disable SSN	input in Client Intake		Ν]	-
	Edit	Save	Cancel	Exit	

Action to be taken by Users

1. When a user prints out their assessment they will be able to print or preview up to 4 signatures.

File > Open Assessmen	nt				
Search by:	Last Name 🔹	N	lame	SSN	Client Reference #
Begins with or matches:		A	wid, Roger	593-04-9343	3
	Search Display All				
Select Questionnaire Typ	e: Adult				
Date Created	Interviewer	Questionnaire	File/S	ign Status	Select
04/28/2021	AXJ	Adult			
04/28/2021	AXJ	Adult			
01/16/2020 🗐 Repor	rt Options				
Select R	enort: Narrative Report	•			
Selection					
Number	r of Signature Lines: 4 🔹				
✓ Pres	senting Situation	nily History	Free In	me/Values	
Mec	dical Status	nily/Social Relation	nships 🔄 Relapse	e Triggers	
🗹 Emp	ployment/Support Status 🔲 Psy	chiatric Status	Intervie	wer's Assessment	
🗹 Dru	ig/Alcohol Use Me	ntal Health Status	Exam 🗷 Diagno	stic Impression	
✓ Leg.	al Status Spi	rituality	Recom	mendation For Treatm	ent
	Export (Old Ver	rsion) Preview	Print Clo	ose	ie



How to Add Signatures 3 and 4 to an Assessment

2. Your last page will look similar to this screenshot

has been not at all bothered by alcohol or drug problems during see a need for alcohol or drug treatment.	the past 30 days. He said he does not
LEGAL STATUS	
Mr. Avid reported being charged with no crimes during his life.	
INTERVIEWERS ASSESS	SMENT
The client is willing to continue with counseling. After a further re intervention be implemented.	eview, it is recommended in-house
DIAGNOSTIC IMPRES	SION
Diagnosis	
F02.81 (DSM-5) (ICD-10) Major neurocognitive disorder due to H disturbance	Huntingtons disease, With behavioral
RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further re intervention be implemented.	REATMENT eview, it is recommended in-house
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RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further re- intervention be implemented. Alice Smith Counselor	REATMENT eview, it is recommended in-house Date Date
RECOMMENDATION FOR THE The client is willing to continue with counseling. After a further re- intervention be implemented.	REATMENT eview, it is recommended in-house Date Date
RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further reintervention be implemented. Alice Smith Counselor Larry Checkson Senior Clinician Albert Smith	REATMENT eview, it is recommended in-house Date Date Date
RECOMMENDATION FOR THE The client is willing to continue with counseling. After a further reintervention be implemented. Alice Smith Counselor Larry Checkson Senior Clinician Albert Smith Clinical Director	REATMENT eview, it is recommended in-house Date Date Date
RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further reintervention be implemented. Alice Smith Counselor Larry Checkson Senior Clinician Albert Smith Clinical Director Dr. Tom Smith	REATMENT eview, it is recommended in-house Date Date Date Date Date Date Date
RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further reintervention be implemented. Alice Smith Counselor Larry Checkson Senior Clinician Albert Smith Clinical Director Dr. Tom Smith Medical Evaluator	REATMENT eview, it is recommended in-house Date Date Date Date Date Date Date
RECOMMENDATION FOR TR The client is willing to continue with counseling. After a further reintervention be implemented. Alice Smith Alice Smith Counselor Alice Smith Larry Checkson Senior Clinician Albert Smith Clinical Director Dr. Tom Smith Medical Evaluator 42 CFR Part 2 applies to any individual or entity that is federally assisted and senior clinical provide the senior clinical prov	REATMENT eview, it is recommended in-house Date Date Date Date Date Date Date Dat

For additional questions, contact AccuCare Support at 800-324-7966 or email support@orionhealthcare.com and we will be happy to assist you!