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## HelloNote Electronic Signature Form

I, \_\_\_\_\_ (Print), hereby authorize the use of the below signature as my legal digital signature for physical, occupational, or speech therapy documents created by me on HelloNote (E Medical Records Live Inc.)

**Name (first, middle initial, last):** \_\_\_\_\_

**State License #:** \_\_\_\_\_

**NPI #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Clinic City, State:** \_\_\_\_\_, \_\_\_\_\_

User Type (circle):    **Therapist**                      **Therapist Assistant**                      **Student**

Sign your normal signature size without touching the lines and sign as close to your real signature as possible:

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Thank you.