

# ELECTRONIC SIGNATURE AGREEMENT

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By signing these agreements, I acknowledge and agree to the following:

1. My typed name on documents labeled "PATIENT INFORMATION-ADULT" (16 pages) and **"ADULT INTAKE QUESTIONNAIRE"** (11 pages) constitutes an electronic signature that is legally equivalent to my handwritten signature.
2. I consent to conduct this transaction electronically and agree to be legally bound by this electronic signature.
3. I confirm I created this electronic signature with full knowledge and intent to sign.
4. I understand that my electronic signature on this document is as valid and enforceable as a manual signature.
5. I agree that this electronic signature may be used for future documentation requiring my signature, should I choose to sign electronically.

By typing my full name below, I indicate my agreement to the terms stated above:

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Dr. Amy L. Sheinberg, Ph.D. \_\_\_\_\_ Date \_\_\_\_\_