

1. Background

Verifying the identity of an individual or their personal representative is a critical step in the record retrieval process. Healthcare providers will not release protected health information to anyone who does not demonstrate the right to access the information. A signature is a critical element used by healthcare providers to verify the identity of an individual or their personal representative.



We cannot stress enough how important it is to obtain a clear and accurate signature from your client or their personal representative on the Arctrieval Intake Form.

Obtaining the client's or their personal representative's signature on the Arctrieval Intake Form is a required step for the individual right of access method and using Arctrieval's software. The signature on the Intake Form gives consent to the law firm and Arctrieval to use the individual's, and as needed the personal representative's, personally identifiable information (PII), signature, and government issued photo identification to request, manage, and retrieve sensitive records on their behalf.

Once signed, the Arctrieval Intake Form is added to the Client's Arctrieval record. The Arctrieval software extracts the client's or personal representative's signature from the form and remains in the client's record to use for all record requests. If you need to change or update the signature on a request that was issued, you must get a new signature, cancel any open requests, and issue a new request. After the signature is applied to the individual right of access document, it cannot be modified in any way.

The Arctrieval Intake Form is not a HIPAA compliant document and should never be attached to any request or correspondence sent to a healthcare provider. It is only for Arctrieval's internal use.

Arctrieval provides various options to obtain a signature on the Client Intake Form, including:

- 1. A Physical or Wet Signature
- 2. Digital signature image through a Third-Party eSignature Platform,
- 3. Digital signature image through Email or SMS.

Each option is discussed in detail below.

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2. Physical or Wet Signatures

A physical or wet signature is a good option for clients uncomfortable with technology. It ensures that the signature on the form is optimized for the request process and meets all requirements.

There are two different intake forms, depending on whether the client or their personal representative will sign the form. Forms are accessed by clicking Forms in the left-hand menu and then clicking the Download button next to the desired form, as shown in the image.

\equiv Arctrieval [®] Smith, 0	Gallagher & Spencer LLP		Samuel Brown ~ ⑦HELP
A Dashboard	Q, Search		
Clients	Form Description	Language	
Contacts	Client Intake Form	English	DOWNLOAD
Reports Forms	Client Intake Form	Spanish	DOWNLOAD
Settings	Personal Representative Intake Form	English	DOWNLOAD
_	Personal Representative Intake Form	Spanish	DOWNLOAD
© 2025 Arctrieval All Rights Reserved.		Rows per page: 50	

After printing out the form, here are two ways to obtain the signature:

- 1. Have the client or personal representative sign the form when you meet with them. Ideally, the form should be signed while they sign your retainer and representation agreement.
- 2. Mail the form to the client or personal representative with a prepaid return envelope. The prepaid envelope makes it easy for the client to return the signed form to you.

Alternatively, you can email the Arctrieval Intake Form to the client or personal representative, ask them to print it out and mail it back to you.



2.1. Client Intake Form

If the client is an adult over 18 years old or an emancipated minor and is directly represented by the firm, they will sign the Client Intake Form as shown in the image.

- The client will write their full name in the space indicated.
- 2. The client will enter the date they signed the document in the space indicated.
- The client will sign inside the indicated box as large and neatly as possible.

Best practices and tips:

- Have the client use a black pen. A fine Sharpie is ideal.
- 2. The signature should be large without touching the box's edges.

Client Intake Form	Smith, Gallagher & Spencer LLF	Arctrieval
Smith, Gallagher & Spencer LLP uses records and evidence related to you authorize the following:	Arctrieval's service to request case or claim. By signing belo	t and manage documents, ow, I understand, agree to and
1. Arctrieval's Privacy Policy and	Terms of Use which may be re	eviewed at
 www.Arctrieval.com. Smith, Gallagher & Spencer LL information, government issu 	P and Arctrieval Inc. to use my ed identification and a digital	y personally identifiable image of my signature to
 Smith, Gallagher & Spencer LL to documents necessary to ob authority as if I signed the doc 	P and Arctrieval Inc. to affix a tain information related to m ument myself.	digital image of my signature y claim or case with the same
 Information related to my cas health information, medical re repair estimates, witness stat. 	e or claim may include, but is cords, billing records, medica	not limited to: protected Il images, accident reports, mation, etc.
 My authorization and this agr I may revoke this agreement a written revocation to: 	nement are voluntary and I m nd my authorization at any ti	ay refuse to sign this form. me, in writing by submitting
Smith, Gallagher & S 34 West Main Street Disneyland, FL 85000	pencer LLP	
 My revocation will take effect acted in reliance upon this ag Unless, I revoke this agreeme 	upon receipt, except to the e eement and my authorization t and my authorization earlie	xtent others have already n. er, it will expire 24 months
from the date shown below.	Tor	2 lav's Date:
Please sign clearly and as large as possible in the box at the right if you agree to the terms herein. Make sure your signature does not touch or go		
outside the box or it will affect the image capture.	Your signature must stay w without touching any edges	rithin the borders s of the box.



2.2. Personal Representative Intake Form

If the patient's personal representative is pursuing the claim, case, or action, the personal representative will sign the Personal Representative Intake Form as shown in the image.

- The personal representative will write the patient's name in the space indicated.
- 2. The personal representative will write their full name in the space indicated.
- The personal representative will enter the date they signed the document in the space indicated.
- The personal representative will sign inside the indicated box as large and neatly as possible.

Best practices and tips:

- Have the personal representative use a black pen. A fine Sharpie is ideal.
- 2. The signature should be large without touching the box's edges.

Perso Intak	onal Representative e Form	Smith, Gallagher & Spencer LLP	Arctrieval
Smith record	, Gallagher & Spencer LLP uses Arctri ds and evidence related to your case ("Patient"), I u	eval's service to request and or claim. I am the personal r understand, agree to and aut	manage documents, epresentative for horize the following:
1. 2. 3.	Arctrieval's Privacy Policy and Terms www.Arctrieval.com. Smith, Gallagher & Spencer LLP and information, Patient's government- information, my government-issued obtain any and all information relat Smith, Gallagher & Spencer LLP and to documents necessary to obtain in with the same authority as if I signe	s of Use which may be review Arctrieval Inc. to use Patient issued identification, my per- d identification and a digital i ted to the case or claim for P Arctrieval Inc. to affix a digit nformation related to the case d the document myself.	red at .'s personally identifiable sonally identifiable mage of my signature to atient. al image of my signature se or claim for Patient
4. 5. 6.	Information related to the case or of health information, medical records repair estimates, witness statement My authorization and this agreement I may revoke this agreement and my written revocation to:	claim may include, but is not s, billing records, medical ima ts, insurance claim informatic nt are voluntary, and I may ro y authorization at any time, i	limited to, protected ges, accident reports, on, etc. efuse to sign this form. n writing by submitting
	Smith, Gallagher & Spence 34 West Main Street Disneyland, FL 85000	r LLP	
7. 8.	My revocation will take effect upon upon this agreement and my autho Unless, I revoke this agreement and from the date shown below.	receipt, except where others rization. I my authorization earlier, it v	s already acted in reliand will expire 24 months
Perso	nal Rep's Name: 2	Today's	Date: 3
Perso Signat Please large a at the the te Make does r outsid	nal Representative ture: e sign clearly and as as possible in the box right if you agree to rms herein. sure your signature not touch or go le the box or it will		
anect	You wit	Ir signature must stay within hout touching any edges of t	the borders he box.

Arctrieval, Inc. Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution of this information is prohibited. If this was sent to you in error, please notify the sender and destroy all copies of the original message.



2.3. Ideal Signature

Whether wet signed or through a digital capture option, the ideal signature is dark, clear and nearly fills the signature box as shown in the image—labeled 1.



When the intake form is uploaded to Arctrieval, the system extracts the signature from the document

and displays it in the Client Details, as shown in the image—labeled 2.



The signature should be clean and clear because it will be used on the Individual Right of Access request sent to the healthcare provider. The better the signature, the better the results you will see requesting records—labeled 3.

I authorize your staff and that of any business associate (if applicable) to communicate directly (verbally or in written form) with anyone at Smith, Gallagher & Spencer LLP regarding the right of access request, including, but not limited to production fees, information availability, and delivery status for the requested protected health information. I also authorize anyone at Smith, Gallagher & Spencer LLP to communicate directly (verbally or in written form) with your staff and that of any business associate regarding the right of access request.
Sincerely yours, John Hancock - Dated: 04/17/2025



3. Third-Party eSignature Platform

You may use your firm's third-party eSignature platform (e.g., DocuSign, Adobe Sign, PandaDoc, Vinesign) to obtain a digital image of the signature on the Arctrieval Intake Form.

The signature must be drawn for all digitally signed Arctrieval Intake Forms, whether collected through your firm's third-party eSignature platform or Arctrieval's built-in Digital Signature tool.

Typed signatures, pre-filled name text, stamped, or computer-generated signatures are not accepted. Providers will reject these digital signatures. If any of these are present on a signed form, you must resend the document and obtain a properly drawn signature.

3.1. Third-Party eSignature

The client or personal representative must use a mouse, stylus, or touchscreen to draw their signature on the form.

The quality of the signature on the Arctrieval Intake Form plays a critical role in successful image

Client's Printed Name:	John Hancock Today's Date: 4/17/2025
Client Signature: Please sign clearly and as large as possible within the lines in the area to the right.	John Hawcock
	Your signature must stay within the borders without touching any edges of the box.

extraction. A clear, well-contrasted signature ensures the system can correctly process and extract the image. Scanned forms must be free from distortions, including shadows, blur, or black scan lines along the page edges.

3.2. Unusable Third-Party eSignature

Typed signatures, prefilled name text, stamped, or computer-generated signatures are not accepted. Providers will reject these digital signatures. If any of these are present on a signed form, you must resend the document and obtain a properly drawn signature.

Client's Printed Name:	John Hancock	Today's Date:4/17/2025
Client Signature: Please sign clearly and as large as possible within the lines in the area to the right.		DocuSigned by: John Hancock 728458E1D4CC43A
	Your signat without too	ure must stay within the borders uching any edges of the box.



3.3. Removing Security from PDF file

Some eSignature providers add security to the PDF file that does not allow Arctrieval to properly extract the signature from the document when it is uploaded. Follow these steps to remove the security.

- 1. Print the File to PDF
- 2. Open the file in your PDF viewer.
- 3. Click the Printer icon.
- Select Microsoft Print to PDF as the printer.
- 5. Print only the signature page and save the new file.
- Upload the simplified PDF file to Arctrieval.

Microsoft Print to PDF V	Smith, Gallagher & Spencer LLP uses Arctr records and evidence related to your case authorize the following:	trieval's service to request and e or claim. By signing below, I	manage documents,
Microsoft Print to PDF V	authorize the following:		anderstand, ogice to one
opies 1 ayout Portrait Landscape ages All e.g. 1-5, 8, 11-13 olor Black and white V fore settings V rint using system dialog (Ctrl+Shift+P)	<text><list-item><list-item><list-item><list-item><list-item><list-item> • Acctrieval's Privacy Policy and Term • Marchilder Spencer LP and • Smith, Gallagher & Spencer LP and • Smith, Gallagher & Spencer LP and • Smith, Gallagher & Spencer LP and • Account of the spencer scence and and information related to my case or health information, medical record repair estimates, withreas statemer • My authorization and this agreem • My authorization • My aut</list-item></list-item></list-item></list-item></list-item></list-item></text>	ns of Use which may be review and Arctrieval Inc. to use my persi- dentification and a digital image ated to my case or claim. Ind Arctrieval Inc. to affix a digital information related to my clai- ent myself. claim may include, but is not II do and the second second second the second second second second distribution of the second second my authorization at any time, in cer LLP or receipt, except to the extent nent and my authorization. and my authorization earlier, it v or LLP or K Today's I Dock Today's I our signature must stay within throut touching any etachment, is for the dimension. Any unsubhorized threads.	ed at sonally identifiable e of my signature to al image of my signature to al image of my signature to my signature to sign this some imited to: protected ges, accident reports, n, etc fuse to sign this form. n writing by submitting a others have already will expire 24 months Date: $4/15/25$ which is the some the borders he box.

3.4. Removing Additional Pages

The uploaded intake form can only be one page long. Some eSignature providers add pages with security information to the file. Follow these steps to remove any additional pages.

- 1. Open the file in Adobe Acrobat or other PDF editor.
- 2. Use the Page Organizer to extract the page with the signature.
- 3. Save the extracted page as a new PDF file.
- 4. Upload the new PDF file to Arctrieval.



4. Arctrieval Digital Signature Capture Options

Arctrieval enables the Client or Personal Representative to sign the required Intake Form on their smartphone or another touch-enabled device. Research shows that most texts are read within three minutes of being sent, with an average response time of ninety seconds. Therefore, most people should read the text, sign the required Intake Form, and take a picture of their photo ID within minutes.

To learn more about this option, refer to the Texting Online Intake Form to Client guide on the Arctrieval support webpage.



5. Common Signature Issues

5.1. Border or Scan Lines

Suppose the Intake Form has a border or scan line around the edges of the document. In that case, Arctrieval cannot properly extract the signature, and a thumbnail of the document will appear instead of the actual signature.

You must remove the black border or scan lines from the document before uploading it to Arctrieval.

The easiest way to do this is by using Adobe Acrobat or other PDF editors to crop the page.

Client Intake Form	Smith, Gallagher & Spencer LLP	Arctrieval
Smith, Gallagher & Spencer LLP uses records and evidence related to you authorize the following:	s Arctrieval's service to request a ur case or claim. By signing below	and manage documents, w, I understand, agree to a
1. Arctrieval's Privacy Policy and	Terms of Use which may be rev	viewed at
www.Arctrieval.com.	rennis of ose which may be rea	neweu at
2. Smith, Gallagher & Spencer L	LP and Arctrieval Inc. to use my	personally identifiable
obtain any and all information	ued identification and a digital ii	mage of my signature to
 Smith, Gallagher & Spencer L 	LP and Arctrieval Inc. to affix a d	igital image of my signatu
to documents necessary to o	btain information related to my	claim or case.
 Information related to my can be alth information medical. 	se or claim may include, but is n	ot limited to: protected
repair estimates, witness stat	tements, insurance claim inform	ation, etc
5. My authorization and this ag	reement are voluntary and I ma	y refuse to sign this form.
6. I may revoke this agreement	and my authorization at any tim	ne, in writing by submittin
written revocation to:		
Smith, Gallagher & Spencer L	LP Arctrieval Inc.	
Address Line 1 Data	23233 N. Pima F	Road, Suite 113 PMB 145
City Data, State 85000	Scottsdale, AZ 8	5262
My revocation will take effect	t upon receipt, except to the extension	tent others have already
8. Unless, I revoke this agreeme	ent and my authorization earlier	, it will expire 24 months
from the date shown below.	,,	
Client's Printed Name: Kun Ha	kock Today's Data: 4/	7/202-
client's Printed Name: JONN 174	MCOCK TOday's Date.	1/2000
Client Signature:		
Please sign clearly and as large as possible	Λ , Π	1
within the lines in the		14
area to the right.	John Man	non
<u> </u>		
L	······································	- h
. Yo	ur signature must stay within th thout touching any edges of the	e borders box.
Arctrieval, Inc. Confidentiality Notice: This comm	nunication, including any attachments, is fo	r the sole use of the intended
recipient(s) and may contain confidential and pr this information is prohibited. If this was sent to	you in error, please notify the sender and	iew, use, disclosure or distribution destroy all copies of the original
message.		





Arctrieval

5.2. Faint or Light Signature

If the signature is faint, it will lead to a poor or pixelated image in Arctrieval and lead to rejection by providers.

If the signature is too light or unclear, the client must resign the form. Alternatively, you can use Arctrieval's digital signature

smartphone.

Client Signature: Please sign clearly and as large as possible within the lines in the area to the right.



use Arctrieval's digital signature capture option to send the client a link to sign the document on their



5.3. Signature Outside Box

The signature must be correctly positioned and sized within the designated signature box.

Signatures crossing the signature box's black border will prevent Arctrieval from extracting the image. This happens because the system cannot determine the edge of the signature, resulting in cropping errors or failure to capture the signature entirely.





5.4. Signature Touching Box

The signature must be correctly positioned and sized within the designated signature box.

Signatures touching the signature box's black border will prevent Arctrieval from extracting the image. This happens because the system cannot determine the edge of the signature, resulting in cropping errors or failure to capture the signature entirely.



5.5. Signature Too Small

Signatures that are too small often create a different problem.

When a client signs using tiny handwriting, the resulting image may not register correctly within the system. The signature can appear blurry, pixelated, or unrecognizable when extracted. This often happens when a client uses a pen or stylus with limited visibility or does not realize the need to fill the signature box adequately.

Client Signature: Please sign clearly and as large as possible within the lines in the area to the right. Your signature must stay within the borders without touching any edges of the box.

