

Mobile Signature Capture (MSC) Quick Reference Guide

This Guide shows the VA staff member  and Veteran  steps for obtaining signatures via MSC.



1 **Staff member:** Open iMedConsent Web via the electronic health record (EHR) and generate the document.



3 **Staff member:** Sign the document. **NOTE:** The staff member can sign using a signature pad or MSC.



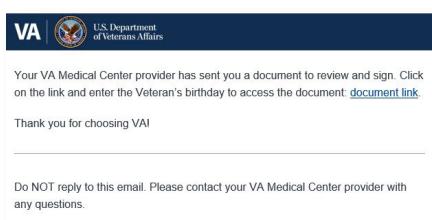
4 **Staff member:** Enter the Veteran's email address or phone number and select "Send" or select "Display QR code" (per Veteran's preference).



2 For clinical treatments and procedures, conduct the informed consent discussion with the Veteran.



4 **Staff member:** Select "Mobile Sign" to send the document to the Veteran via MSC email, text, or QR code.



Your VA Medical Center provider has sent you a document to review and sign. Click on the link and enter the Veteran's birthday to access the document:
<https://www.icw.external.msfcnpr.vagov/9f2ec71-72ca-439b-ba90-357a258f5cd5>

Thank you for choosing VA!

Please contact your VA Medical Center provider with any questions.

6 **Veteran:** Select link in email/text or scan QR code with smart device. **NOTE:** Link is only active for 4 hours.

**TAYLOR
HEALTHCARE**

Please enter the Guest Code which is the month and date (MMDD) the Veteran's birthday.

Guest Code:
MMDD

Continue

**TAYLOR
HEALTHCARE**

Cancel

Consent Document

Form 2 (221) Provider, Title (Unithouse General/General Jee/Block)

Department of Veterans Affairs Consent for Clinical Treatment/Procedure
A. IDENTIFICATION

1. Patient name, Social Security Number, and Date of Birth:
T221
XXXXXX
XXXXXX

2. Decision-making capacity:
The patient has decision-making capacity.

3. Name of the treatment(s)/procedure(s):
Physical therapy

4. Part of the body on which the treatment/procedure will be performed: (Correct site includes the correct side (i.e., left or right) and the precise anatomical part, such as a specific finger, toe, etc.)
RIGHT ARM
general anesthesia

5. Practitioner obtaining consent:
Anne M. Taylor, MD

6. Supervising practitioner: (if applicable)

7. Additional practitioner(s) performing or supervising the treatment/procedure: (if not listed above)

Continue

7 **Veteran:** Enter the guest code, the month and date (MMDD) of the Veteran's birthday.

**TAYLOR
HEALTHCARE**

Cancel

Please Sign



Go Back

Clear Signature

Done

9 **Veteran:** Sign the document on a smart device or computer and select "Done."

Delete

Clear Signatures

Save

Generate Document

11 **Staff member:** Select "Save" to ensure that the document saves to the EHR.

procedures that might be done instead, and what would happen if I have no treatment/procedure. - Someone has answered all my questions. - I know that I may refuse or change my mind about having this treatment/procedure. If I do refuse or change my mind, I will not lose my health care or any other VA benefits. - I have been offered the opportunity to read the consent form. - I choose to have this treatment/procedure.



U.S. Department of Veterans Affairs

Veterans Health Administration
National Center for Ethics in Health Care

Input **Document** **Signature**

Signature: Practitioner Obtaining Consent:
Sign Mobile Sign 03/13/2025 at 07:41:53 EDT

Patient or Surrogate:
Sign Mobile Sign 03/13/2025 at 07:42:04 EDT

10 **Staff member:** Confirm that the required signatures have been received in the iMedConsent Web "Signature" Tab.

Additional information on iMedConsent Web Mobile Signature Capture is available on the [National Center for Ethics in Health Care's SharePoint site](#).

For questions about iMedConsent Web technical issues, contact your [local iMedConsent Web Administrator](#).

For other questions contact the [National Center for Ethics in Health Care](#).