



**Cornerstone**  
**Behavioral Healthcare**

157 Park Street, Suite 5

Bangor, ME 04401

Phone: (207) 992-0410 Fax: (207) 992-0414

---

## Client Signature Attestation

CMS require that we maintain a registry of Client signatures for signature verification. Please complete the form below and return to our office at your earliest convenience. Thank you.

Please sign your name – *stamps and electronic signatures are not acceptable for this form.*

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Guardian Signature (if applicable): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_