# Consent for AI-Assisted Clinical Documentation

I, _____ (Client Name), understand and acknowledge the following:

## Purpose of AI Assistance

My clinician uses a secure AI-assisted clinical tool to help document our sessions. The purpose of this tool is to:

- Create highly accurate clinical notes.
- Allow my clinician to maintain eye contact and stay fully present without the distraction of typing or writing.
- Ensure nothing important is missed in my care plan.

## How It Works

- Our session audio is captured securely through the platform.
- The audio is transcribed and processed by artificial intelligence to generate a draft for my clinician.
- My clinician reviews, edits, and approves the final notes.
- **Important:** The raw audio file is temporary. It is deleted automatically after the text notes are generated and verified.

## Privacy and Security

I understand that:

- This platform is HIPAA compliant and uses bank-level encryption.
- My information is protected under the same strict confidentiality standards as all my medical records.
- **Audio is not permanently stored.** It is used solely to generate the written note and then purged.
- This platform does not  use my personal health information to train public AI models.

## My Rights

I have the right to:

- Decline the use of AI documentation at any time.
- Ask for the device to be paused during specific moments of our session.
- Request a copy of my clinical notes.
- Withdraw this consent at any time without affecting my treatment.

## Consent Statement

By signing below, I confirm that I have read and understood this form. I voluntarily consent to the use of AI-assisted audio capture and transcription for the purposes described above.


Client Signature: _____, Date: _____

Clinician Signature: _____, Date: _____