

AI VIRTUAL SCRIBE CONSENT

PATIENT NAME

DOB

DATE

PURPOSE OF THIS CONSENT

At Free State Health and Wellness, we are committed to providing high-quality care while using technology to support your mental health treatment. This consent form explains the use of an AI-powered virtual scribe during your sessions. The purpose of this tool is to assist your provider with clinical documentation, allowing them to focus more on you during your visit.

WHAT IS AN AI VIRTUAL SCRIBE?

An AI virtual scribe is a secure, HIPAA-compliant software tool that helps generate clinical notes from sessions by:

- Transcribing or summarizing relevant information.
- Assisting providers in creating accurate medical records.
- Reducing time spent on documentation after your visit.

The scribe does not make medical decisions, and your provider reviews and approves all notes before they are finalized.

HOW YOUR INFORMATION IS PROTECTED

- The AI tool used by Free State Health and Wellness is HIPAA-compliant and meets industry security standards.
- No data is sold or used for advertising.
- Only authorized providers and staff may access the generated notes.
- You will not be recorded without explicit consent (if recordings are involved).

YOUR RIGHTS

- Participation is voluntary. You may choose to opt out of AI-assisted documentation at any time without affecting your care.
- You may ask your provider how your information is being used.
- You have the right to request a copy of your clinical notes.

CONSENT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have been informed about the use of an AI virtual scribe.
- I understand how my protected health information (PHI) may be used to assist in documentation.
- I understand that the AI tool is not a substitute for professional medical care and does not make treatment decisions.
- I understand that I may revoke this consent in writing at any time.

AI VIRTUAL SCRIBE CONSENT

SIGNATURE

- ☐ I consent to telehealth services with Free State Health and Wellness
- ☐ I DO NOT consent to telehealth services with Free State Health and Wellness

PATIENT SIGNATURE

DATE

PROVIDER/WITNESS SIGNATURE

DATE