Amy E. Brown, MS, CADC, LPC, CCTP
www.amyebrown.com
amyebrown.lpc@gmail.com
610.416.0793

AI-Assisted Documentation Consent Form

To improve the accuracy and efficiency of clinical documentation, I sometimes use an artificial intelligence (AI)-assisted documentation tool integrated with my electronic health record.

Purpose:

With your permission, our session may be audio recorded solely to assist in creating clinical documentation, such as progress notes, assessments, or evaluation reports. The recording is used only to generate a draft note and is not intended for any other purpose.

How AI is Used:

- The session audio is processed using secure, HIPAA-compliant technology.
- The AI system creates a draft clinical note.
- I personally review, edit, and approve every note before it becomes part of your medical record.
- AI does not make clinical decisions or replace my professional judgment.

Privacy and Security:

- Audio recordings are used only for documentation purposes.
- Recordings are handled in accordance with HIPAA and applicable privacy laws.
- Recordings are not used for advertising, marketing, or unrelated purposes.
- Audio recordings are deleted after processing in accordance with the documentation service's retention policies, unless otherwise required by law.

Your Rights:

Your participation is voluntary.

You may:

- Consent to AI-assisted documentation.
- Decline audio recording and still receive services.
- Withdraw your consent at any time. Future sessions will not be recorded once consent is withdrawn.

Choosing not to participate will not affect your access to treatment or the quality of care you receive.

If you have questions about AI-assisted documentation, please ask before signing this form.

Amy E. Brown, MS, CADC, LPC, CCTP
www.amyebrown.com
amyebrown.lpc@gmail.com
610.416.0793

Client Consent to AI -Assisted Recording

I have read and understand the information provided above. I have had the opportunity to ask questions, and I voluntarily consent to audio recording of my sessions for the sole purpose of AI-assisted clinical documentation.

☐ **I CONSENT** to AI-assisted audio recording for documentation.

☐ **I DO NOT CONSENT** to AI-assisted audio recording. I understand my therapist will complete documentation using traditional methods.

_____

Client signature and date

_____

Therapist signature and date