Holly Maddy LLC Now Offers AI-Assisted Documentation for Clinical Sessions

What this means

- With your consent, we use AI to record, transcribe, and generate a draft clinical note of your session to help your clinician document care more efficiently.
- The clinician reviews and must approve the final clinical note.
- Temporary recordings are deleted automatically after the clinician creates and approves the note.

How your privacy and PHI are protected

- All protected health information (PHI) handled under this process remains covered by HIPAA and our Notice of Privacy Practices.
- Recordings and AI processing occur only with your authorization and are used solely to produce the draft note.
- After approval of the clinical note, the session recording is automatically deleted.

Pros (Potential benefits)

- More accurate, complete documentation of what occurred in the session.
- Clinicians can focus more on you and less on note-taking during the visit.
- Faster availability of clinical notes and potentially improved continuity of care.
- May reduce clinician administrative burden and improve session quality.

Cons / Considerations

- Temporary recording of the session is required to generate the draft note.
- Although recordings are deleted and PHI remains subject to HIPAA protections, some people may be uncomfortable with any recording or automated processing.
- Clinicians must review and approve notes—AI drafts can contain errors or misinterpretations that require correction.
- Limited risk of unintended disclosure if procedural safeguards are not followed (we follow HIPAA and our policies).

Common questions

- Can I refuse? Yes. AI-assisted documentation is optional and requires your consent.
- Who sees my recording? Only your clinician and systems needed to generate and review the note; recordings are deleted after note approval (within minutes of your completed appointment).
- Will the clinician still decide my official record? Yes — clinicians must review and approve the final clinical note.
- Talk with your clinician at your next visit, learn more or set your preference.

Patient Authorization

I, the undersigned, understand that I may revoke this consent at any time. I have read and understand the above information and give my authorization:

_____ To use AI-Assisted Documentation.
_____ I DO NOT give my authorization to use AI-Assisted Documentation.

Client or Guardian Signature	**Date**