

Consent for Use of AI Scribe Technology in Psychological Services

Patient Name: _____

Date of Birth: _____

Date: _____

As part of our effort to enhance the quality and accuracy of our clinical documentation, Peter A. Gold, Psy.D., P.A. may use a secure, HIPAA-compliant **AI scribe technology** during your therapy sessions—whether in person or via telehealth. This technology assists your psychologist by transcribing and summarizing clinical notes in real time, allowing for more focused, present interactions during sessions.

Important Information:

- The AI scribe captures **spoken content** during your session to assist with generating notes.
- This technology is **HIPAA-compliant**, and all data is **securely encrypted**.
- **Your provider reviews, edits, and finalizes** all documentation created by the AI. The AI does **not make any clinical decisions**.
- This tool is used solely to **support documentation** and improve the therapeutic experience.
- Your **privacy and confidentiality remain a top priority**.
- Participation is **completely voluntary** and will not affect the quality of care you receive.

Your Rights:

- You may choose to **opt out** of the use of AI scribe technology at any time.
- You may ask questions or request more information before consenting.

Consent:

☐ I consent to the use of AI scribe technology during my psychological sessions (in-office and telehealth).

☐ I do NOT consent to the use of AI scribe technology during my sessions.

Signature of Patient or Legal Guardian (if applicable): _____

Printed Name: _____

Relationship to Patient (if applicable): _____

Date: _____