

CONSENT FOR USE OF AI SCRIBE SERVICES

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WHAT IS AN AI SCRIBE?

An AI scribe is a technology tool that listens to our therapy sessions and creates written transcripts and documentation. Think of it as a digital assistant that helps your therapist document your sessions more accurately and efficiently, allowing more focus on your care rather than note-taking.

Note: Additional information about AI use, security measures, and privacy protections is provided in your **Notice of Privacy Practices** (Section VIII).

AI SCRIBE PLATFORMS USED

This practice uses HIPAA-compliant AI scribe platforms:

Upheal - Session transcription and automated clinical note generation. Learn more at: www.upheal.io/privacy

SimplePractice Note Taker - Session transcription and draft progress notes (HITRUST certified)

Both platforms have signed Business Associate Agreements (BAAs) and follow HIPAA requirements to protect your health information.

HOW THE AI SCRIBE WORKS

During Your Session

- The AI scribe listens to our conversation and creates a written transcript
- Your therapist remains fully focused on you without taking extensive notes
- The scribe does not interrupt, speak, or participate in the session

After Your Session

- The AI scribe uses the transcript to draft clinical notes
- Your therapist reviews, edits, and approves all documentation
- Your therapist may use the transcript to ensure notes are accurate and complete

What the AI Scribe Does NOT Do

The AI scribe does not: Make any clinical decisions or diagnoses. Determine your treatment plan. Communicate with you directly. Share your information with anyone outside this practice. Store your information permanently (see retention policy below)

DATA SECURITY AND RETENTION

Immediate Deletion of Recordings

Audio recordings of your session are **automatically deleted within minutes** after the transcript is created. No audio files are stored long-term.

Transcript Retention

- Transcripts are kept for **7 days maximum** or until your therapist finalizes your clinical note, whichever comes first
- After this period, transcripts are **permanently deleted**
- During the brief retention period, only your therapist can access the transcript
- Transcripts are used only to verify the accuracy of your clinical notes

Security Measures

- All data is encrypted during transmission and storage
 - Access is restricted to authorized personnel only
 - HIPAA security standards are maintained at all times
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YOUR RIGHTS AND CHOICES

This Consent is Voluntary

- You may **decline AI scribe services** and still receive full therapy services
- Your decision will not affect the quality of your care in any way
- You may ask your therapist to take traditional handwritten or typed notes instead

Right to Withdraw Consent

- You may **withdraw this consent at any time** by notifying your therapist in writing
- Withdrawal will not affect your continued access to therapy services
- Your therapist will document sessions using traditional methods

Right to Ask Questions

You have the right to:

- Ask questions about how the AI scribe works
- Understand what information is being recorded
- Know how your information is protected
- Request that your therapist not use the AI scribe for specific sessions

Confidentiality Protection

All transcripts and information processed by the AI scribe are:

- Part of your confidential medical record
- Protected by HIPAA privacy regulations
- Subject to the same confidentiality standards as all other aspects of your care

- Never shared without your authorization (except as required by law)
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BENEFITS OF AI SCRIBE SERVICES

Using an AI scribe allows your therapist to:

- Focus more attention on listening to you during sessions
 - Create more accurate and detailed clinical documentation
 - Reduce time spent on administrative tasks
 - Ensure important details are captured in your records
 - Provide higher quality care through better documentation
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ACKNOWLEDGMENT AND CONSENT

By signing below, I confirm that:

- I understand what an AI scribe is and how it will be used in my therapy sessions
 - I have read this consent form and had the opportunity to ask questions
 - My questions have been answered to my satisfaction
 - I understand that session audio will be recorded and transcribed
 - I understand how my information will be protected and when it will be deleted
 - I understand my right to decline or withdraw consent without affecting my treatment
 - **I voluntarily consent to the use of AI scribe services to document my therapy sessions**
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BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name (Print): _____

Client Signature: _____ Date: _____

Parent/Guardian Signature (if client is under 18): _____ Date: _____

Therapist Signature: _____ Date: _____

OPTION TO DECLINE AI SCRIBE SERVICES

☐ **I decline consent for AI scribe services.** I understand that:

- I will still receive all therapy services
- My therapist will document sessions using traditional methods
- This decision will not affect my treatment or access to care in any way
- I may change my decision in the future

Client Initials: _____ Date: _____