



Telehealth/AI Scribe Informed Consent

I understand that my provider has invited me to engage in a telehealth visit via Athena Health, a secure video conferencing platform that is HIPAA compliant.

- Telehealth includes secure videoconferencing, telephone conversations, and education using interactive audio, video, or data communications.
- I am aware that I must have access to a webcam and microphone via a computer, tablet or smart phone.
- I understand that I am required to log on to the website 5-10 minutes prior to a scheduled appointment.
- If I am not present in the Athena Health online meeting by 5 minutes after the scheduled start of the visit, my provider will attempt to reach me by telephone. If I do not answer I will be marked as a no show and my ability to reschedule will be at the discretion of the provider.
- I understand that I am only eligible for psychiatric visits if I am physically in the state of Arizona, due to state licensing requirements.

I understand there are potential risks to this format, including:

- Unexpected interruptions
- Unauthorized access
- Technical difficulties
- Remote visits are insufficient for high-risk individuals and emergency situations

Confidentiality

- My provider will NOT be recording any of my visits and I am NOT permitted to record any of my visits.
- It is important to avoid the use of public/free Wifi.
- My provider is required to disclose if another participant is present or listening, and I have the right to decline their presence.
- I will need to notify my provider if another individual is present during my visit and give verbal permission for information disclosed during visit. This includes those off camera that can hear the visit.
- If individuals present are NOT identified as being present I understand that personal information disclosed is not the responsibility of the provider and discloser cannot be used as a breach of privacy.
- It is my responsibility to ensure I am in a quiet private place where others cannot see or hear.

Consent for use of AI Scribe

- This consent form serves to inform patients about the use of an AI-powered scribe during their health care visit. The AI scribe assists in documentation by transcribing and summarizing discussions between the patient and the health care provider to enhance accuracy, efficiency, and quality of care.
- The conversations are transcribed in real time and will NOT be recorded.
- The AI scribe does not replace human medical judgment or decision-making.
- Patient information remains confidential and is subject to all applicable privacy laws, including HIPAA.

- The transcription will be reviewed by the provider before being added to the patient’s medical record.
- Patients may request modifications or clarifications to ensure accuracy.
- Patients may decline the use of the AI scribe at any time without affecting their access to care

Consent for minors

- If I am under the age of 18, Ideal Self will need written permission from my parent or legal guardian, and they must be present to verbalize permission to treat at every visit.
- If a legal guardian is not present the visit will be terminated and will need to be rescheduled.

Emergency services

- Telehealth doesn’t provide emergency services. If you’re having an emergency, call 911 or go to the nearest hospital emergency room. If you’re having suicidal thoughts or making plans to harm yourself, call 988 or Text “HOME” to 74174.
- **By signing this document:**
 - I understand the information presented, do not have any questions, and want a telehealth visit.

Patient Name: _____

Legal guardian: _____

Signature: _____