

Mental Health Consent Form for Videra Health (AI Software)

PATIENT INFORMATION:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

I, the undersigned patient, hereby consent to the use of Artificial Intelligence (AI) scribe dictation technology in the documentation of my medical records at Crosspointe Family Services. This form provides information about the use of AI technology, its purposes, and the security measures in place to protect my privacy.

INTRODUCTION:

As part of our commitment to providing high-quality mental health care, our practice utilizes Videra Health, an advanced AI-powered tool designed to enhance various aspects of your care. This form provides information about Videra Health and seeks your consent for its use in your treatment.

PURPOSE OF AI DICTATION:

AI scribe dictation technology is utilized to convert spoken words into text format for the purpose of documenting medical information in an efficient and accurate manner. The AI system may be employed in the transcription of medical notes, reports, and other relevant documents.

HOW AI DICTATION WORKS:

During my medical appointments, any verbal information provided by me or my healthcare provider may be recorded using AI scribe dictation. The AI system processes and transcribes spoken words into text, contributing to the creation of my medical records. The AI scribe will not be used to make any decisions about your care. Your doctor will review all of the information in your medical record, including the AI-scribed notes, before making any decisions about your care.

SECURITY MEASURES:

The medical practice employs robust security measures to safeguard the confidentiality and integrity of the information processed through AI dictation. These measures include encryption, access controls, and regular security audits to prevent unauthorized access and protect against data breaches.

PATIENT RIGHTS:

1. Access to Information: I have the right to request access to my medical records and transcripts generated through AI dictation.
2. Amendment of Information: I have the right to request corrections or amendments to any inaccuracies in my medical records.

3. Withdrawal of Consent: I have the right to withdraw my consent for the use of AI dictation at any time. However, withdrawal may affect the efficiency of medical record documentation.

BENEFITS AND RISKS:

Benefits:

- Increased efficiency in medical record documentation.
- Enhanced accuracy in transcribing verbal information.

Risks:

- Possibility of errors in transcription.
- Potential limitations in recognizing certain accents or speech patterns.

PATIENT CONSENT FORM FOR AI DICTATIONS PATIENT CONSENT:

You hereby authorize Videra to disclose your information, including healthcare and other medical information, to your healthcare provider(s) and those third-party entities listed in the Privacy Policy (<https://www.viderahealth.com/privacy-policy>) for the purposes outlined in therein.

This Authorization will remain in effect until 2050, or until you revoke such authorization in writing, after which Videra will no longer be authorized to disclose your medical information until and unless you execute another Authorization.

You have the right to receive a copy of this authorization upon request.

I have read and understand the information provided in this consent form. I have had the opportunity to ask questions, and any concerns have been addressed to my satisfaction.

By signing below, I voluntarily consent to the use of AI dictation technology in the creation of my medical records at Crosspointe Family Services. I consent to my therapy sessions being recorded for documentation and quality purposes. I understand that the recording will be used solely for the purposes of improving documentation and care.

Patient Signature: [Patient's Signature]

Date: [Date of Signature]

Witness Signature: [Witness's Signature]

Date: [Date of Witness Signature]