



GOODWIN COUNSELING SERVICES LLC

Practice Information

Goodwin Counseling Services LLC

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CONSENT FOR AI-ASSISTED PROGRESS NOTES

Purpose

To improve the efficiency and accuracy of clinical documentation, HIPAA-compliant AI-assisted technology may be used to support session note-taking.

How It Works

An AI tool (such as the Notetaker within SimplePractice or similar software) may securely and temporarily record sessions to help draft a progress note, which is required for clinical documentation and insurance purposes. All AI-generated notes are reviewed and approved by your therapist before being saved. After a progress note is generated, the recording is automatically deleted from the AI software's servers and database.

AI tools are used only for administrative or support purposes, are always supervised by your therapist, and do not provide therapy or make independent decisions.

AI may be used to:

- Help draft and organize session notes
- Analyze data to track general therapy trends (reviewed by your therapist)

How AI Is Not Used

AI is not used to:

- Make diagnoses or clinical decisions
- Communicate with you or provide therapeutic advice
- Create treatment recommendations without therapist review
- Detect or interpret your emotions or mental state

Confidentiality & Security

All data processed by AI is protected under HIPAA and treated as confidential health information. The AI software does not store or share personally identifiable information. Session recordings are automatically deleted after notes are generated, and documentation is stored securely as part of your treatment record.



Your Rights

- Participation is voluntary and may be declined or withdrawn at any time without affecting your treatment
- You may ask questions or request additional information at any time
- If you opt out, your therapist will continue taking notes manually

Consent

I have read and understand the information above and consent to the use of AI-assisted session note-taking.

Date: _____

Patient Name Printed: _____

Patient Date of Birth: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____