AI Consent Form

Client Name		Date	

Purpose of This Consent

This consent form informs you that I use a HIPAA, PHIPA, and PIPEDA-compliant artificial intelligence (AI) technology to assist with documenting our therapy sessions. This includes securely summarizing session content to generate clinical notes. Your privacy, confidentiality, and security remain a top priority.

What This Means

Secure Storage: The AI technology used is HIPAA, PHIPA, and PIPEDA-compliant, meaning it meets Canadian privacy and security standards for protecting your health information.

Use of Information: The transcriptions are used solely for generating session notes and will not be shared with third parties. They are not used to train AI models.

Access and Deletion: You may request access to your notes at any time. Audio transcripts are deleted once documentation is complete, and are no longer accessible.

Voluntary Participation: Your participation in this process is voluntary. You may decline or withdraw consent at any time without affecting your access to therapy services.

Risks and Benefits

Benefits: Accurate documentation supports better continuity of care and helps maintain clinical quality.

Risks: While all reasonable precautions are taken, any use of digital technology carries a minimal risk of unauthorized access. The AI platform has safeguards in place to minimize this risk.

Your Consent

Please select one of the following:

- ☐ I consent to the use of HIPAA, PHIPA, and PIPEDA-compliant AI technology to assist in documenting my therapy sessions.
- ☐ I DO NOT CONSENT to the use of HIPAA, PHIPA, and PIPEDA-compliant AI technology to assist in documenting my therapy sessions.
- ☐ I understand that I may revoke this consent at any time in writing.

Client Signature		Therapist Signature	