Informed Consent for AI-Assisted & Digital Technology

My clinical practice is informed by both my experience as a psychotherapist and my background in information technology. I use carefully selected professional technology to strengthen clinical research, information synthesis, documentation, care coordination, communication, and the secure delivery of services. These tools enhance my work but do not replace the therapeutic relationship, professional judgment, or individualized care. Technology supports the quality and timeliness of my work; it never takes the place of thoughtful, attentive clinical care.

Technology Used in My Practice

OpenEvidence - A closed-source clinical AI platform for healthcare professionals that supports medical research and evidence review. I have a signed Business Associate Agreement with OpenEvidence.

ChatGPT for Clinicians - A closed-source AI service designed for clinicians that may support research, information synthesis, documentation, and clinical or administrative preparation. I have a signed Business Associate Agreement covering my use of this service.

Google Workspace - Selected services used for secure communication, document creation and storage, collaboration, and practice operations. My professional Google Workspace account is covered by a signed Business Associate Agreement for applicable HIPAA-covered services.

Zoom - Used for telehealth sessions through my HIPAA-enabled professional account, which is covered by a signed Business Associate Agreement.

Professional Responsibility

I remain responsible for reviewing information produced with technological assistance and for all clinical documentation, recommendations, and decisions. AI-generated information may contain errors or omissions and is never accepted without professional review.

AI-Assisted & Digital Technology Consent

continued

Privacy, Consent, and Your Choice

Although reasonable privacy and security safeguards are used, no electronic system can be guaranteed to be entirely free from risk. I use designated professional accounts and services covered by applicable Business Associate Agreements when protected health information is involved.

A session will never be recorded or transcribed without your explicit prior consent. Recording or transcription is not authorized by this form alone. You may decline or withdraw consent for recording, transcription, or other AI-assisted uses of your information without affecting your access to care. Any material change in how these technologies are used with your information will be discussed with you.

Your Choice

- ○ I consent to the use of the technologies described above when relevant to my care.
- ○ I do not consent to AI-assisted processing of information that identifies me.

Preferences, Limitations, or Exceptions (Optional)

Please describe any specific uses you are comfortable with, do not consent to, or would like to discuss.

Please ask any questions you may have before signing.

Client name (printed) _____ Date _____

Client signature _____

Withdrawal of consent: To withdraw consent under this form, please notify the practice in writing. Withdrawal is effective when received and applies prospectively; it does not affect uses or actions already taken in reliance on your consent.