# From the Heart Counseling Services

**From the Heart Counseling Services PLLC**
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## Consent for Use of Artificial Intelligence (AI)

Name: _____ DOB: _____

As part of their ongoing commitment to provide the best possible service, your provider has opted to use an artificial intelligence note-taking tool that assists in generating clinical documentation based on your sessions. This allows for more time and focus to be spent on our interactions instead of taking time to jot down notes or trying to remember all the important details. A temporary recording and transcript or summary of the conversation may be created and used to generate the clinical note for that session. Your provider then reviews the content of that note to ensure its accuracy and completeness. After the note has been created, the recording and transcript are automatically deleted.

This artificial intelligence tool prioritizes the privacy and confidentiality of your personal health information. Your session information is strictly used for the purpose of your ongoing medical care. Your information is subject to strict data privacy regulations and is always secured and encrypted. Stringent business associate agreements ensure data privacy and HIPAA compliance. Please discuss any questions or concerns you may have about this feature with your provider.

By signing this form, you consent to the use of artificial intelligence as described. You acknowledge that your participation is voluntary and not a condition of receiving services from your clinician, and that you can withdraw your consent at any time.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____