Consent for the Use of AI Documentation Platform in Clinical Conversations

I hereby give my consent for the use of an AI (Artificial Intelligence) documentation platform during my behavioral health appointments with Blue Valley Behavioral Health (BVBH).

Using an AI documentation platform creates optional clinical information from the conversations between the behavioral health provider and client during their appointment. The primary purpose of this technology is to allow behavioral healthcare professionals to enhance their focus on the client/service while still maintaining accurate and timely documentation. All information is kept confidential and part of BVBH's Electronic Medical Records.

AI Health Information Privacy and How It Will Be Used:

Compliance with Laws: Any AI documentation platform used by BVBH will comply with all applicable federal, state and local privacy laws and regulations, including HIPAA, in the collection, use and disclosure of this information.

Documentation: The AI documentation platform will be used to support the creation and integration of clinical documentation based on conversations during the appointments. This documentation (or excerpts from this documentation) may be used when compiling the final clinical activity for the medical record.

Quality Assurance: Clinical documentation will be used for BVBH's quality assurance and performance improvement.

The use of an AI documentation platform does not promise that use of its technology will guarantee improved clinical outcomes, faster diagnosing or any specific medical benefits.

Withdrawal of Consent:

You have the right to withdraw your consent to the use of the AI documentation platform at any time by notifying your behavioral healthcare provider in writing.

By signing below, I acknowledge that I have read and understand the above information, and I voluntarily consent to the use of AI documentation platform in my clinical appointments and documentation.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____