Client Name: _____
Client ID #: _____
DOB: _____
Start Date: _____

Consent to Use AI

This is a **separate and specific consent form** for the use of artificial intelligence (AI) ambient scribe technology during your individual or group treatment sessions. This consent is **not** part of a general intake agreement or terms of service. You are being asked to read and/or listen to the terms of this consent carefully and make an **independent decision** about whether you agree to the AI tool's use.

Description of the AI Tool Being Used

The AI scribe tool that will be used in your sessions is: Eleos SMARTscribe, developed by Eleos Health, Inc.

Specific Purpose of the Tool: SMARTscribe is a digital notetaker for your sessions to help your care provider write your progress notes.

This tool is used **only** for the following purposes:

- Assisting with capturing notes during our individual or group treatment sessions to assist in generating clinical notes.
- Generating recommended progress note content for my care provider to review.

This tool is **not** used to:

- Make independent therapeutic or treatment decisions about your care.
- Directly interact with you in any therapeutic or treatment communication.
- Detect or assess your emotions or mental states.
- Generate treatment recommendations without your care provider's full review and approval.

This tool is intended to assist your care provider with drafting documentation and notes, allowing your care provider to be more focused on you and your treatment. This tool also helps ensure all details of your sessions are captured, resulting in an accurate, comprehensive record of your sessions. The tool will run silently along with your sessions, and you should notice few if any changes to your experience.

How SMARTScribe Works

When activated during your sessions:

1. Audio of our conversation will be processed on a device in the session room or via the telehealth platform.

Client Name: _____
Client ID #: _____
DOB: _____
Start Date: _____

2. The audio will be transmitted to a secure, third-party cloud-based system operated by Eleos Health for processing.
3. AI-generated clinically relevant note recommendations will be produced and delivered to your care provider for review.
4. Your care provider will review, edit as necessary, and approve all AI-generated content before it is placed in your clinical record.
5. The notes and information generated by SMARTScribe are secured through end-to-end encryption and securely stored in a cloud-based, password-protected environment provided by Eleos Health.
6. Eleos SMARTscribe is a HIPAA, SOC2 and HITRUST compliant computer software program.

Your Rights

You have the following rights, and exercising any of them will **not** affect the quality of the behavioral health care you receive:

- **Right to Refuse:** You may decline to consent to the use of this AI tool. If you do not consent, your care provider will document your sessions using traditional methods.
- **Right to Withdraw:** You may withdraw this consent at any time, including during a session. Simply tell your care provider, and they will stop the SMARTScribe tool immediately.
- **Right to Ask Questions:** You may ask questions about this technology at any time before, during, or after our sessions.
- **Right to Opt Out of Any Session:** You may consent generally but choose to opt out for any particular session by informing your care provider at any time before or during the session.

Consent Statement

I confirm that:

1. I have read and/or listened to and understand this consent form in its entirety.
2. I have been informed **in writing** of the specific AI tool to be used, its name, vendor, and the specific purpose for which it will be used.
3. I understand that my individual or group treatment session will be **securely transmitted** to a third-party cloud system for AI processing and analysis for clinically relevant note recommendations.
4. I understand that my care provider will **review and approve** all AI-generated content before it becomes part of my record.
5. I understand that I may **refuse or withdraw** this consent at any time without any effect on my care.
6. I have had the opportunity to ask questions and have them answered to my satisfaction.

Client Name: _____
Client ID #: _____
DOB: _____
Start Date: _____

7. This consent was **not** obtained through general terms of use, a pre-checked box, a deceptive mechanism, or any other indirect method.
8. I am providing this consent **freely, voluntarily, and without coercion**.

By signing this form, I voluntarily consent to the use of the SMARTscribe AI technology in my individual or group treatment sessions as described above.

Client / Patient Signature: _____

Printed Name: _____

Date: _____

If client is a minor or legally lacks capacity to consent:

Authorized Representative Signature: _____

Name (Printed): _____

Relationship to Client: _____

Date: _____