



Consent Form for Ambient Technology

Find Balance, Build Your Strengths, and Achieve Mental Well-Being.

Name: _____

DOB: _____

Purpose: At Weston Psychiatric Clinic, we use Ambient transcription technology to enhance the quality of our clinical documentation. This technology allows for increased focus on the client and improved accuracy of documentation which supports our commitment to providing high quality mental health care.

How it works: Ambient transcription technology transcribes your provider session into written documentation. This documentation is used solely for the purpose of creating accurate and comprehensive clinical records.

Benefits:

- Increased focus on the client during sessions.
- Improved accuracy of clinical documentation.
- Enhanced ability to review and reference clinical encounters.

Confidentiality:

- All recorded/transcribed documents are treated with the highest level of confidentiality.
- Access to your session transcriptions are strictly limited to authorized clinic personnel involved in your care.
- Our clinic adheres to all relevant privacy laws and regulations, including HIPAA, to protect your personal health information.

Consent: By signing this form, you acknowledge that you have been informed about the use of ambient transcription technology in your clinical sessions and understand the following:

- All transcription will be utilized for the purpose of creating accurate clinical documentation.
- Your transcriptions will be kept confidential and secure.
- You may withdraw your consent at any time without affecting your care.

Patient Acknowledgement: I, the undersigned, have read and understood the information provided above. I consent to the use of Ambient transcription technology during my clinical sessions at Weston Psychiatric Clinic.

Patient/Guardian Name: _____

Signature: _____

Date: _____