

Date:

## PsycsAI Information and Consent Form



Client Details Name: DOB: psycsAI Information PsycsAI is an artificial intelligence platform that I will be using during our sessions to help me create session notes and worksheets to support my work with you. I will record our session with a microphone and psycsAI will transcribe that audio in real time and provide me with session note and worksheet output after we have finished talking. No identifiable data will be stored permanently by psycsAI, nor will your information be used other than for the above purposes stated. Client's Informed Consent -I have been informed about the purpose of psycsAI as it related to how it will be used by my clinician to support the work they do with me I have been informed about the purpose of psycsAI as it related to how it will use and store my personal health information and that no information will be used for secondary purposes I have been informed that my data may be processed temporarily offshore (i.e. United States) on platforms that adhere to HIPAA (principles) I have been informed that refusal to use psycAI will in no way impact the therapeutic relationship between myself and my clinician I have been notified that I have the right to refuse consent at any stage, including after providing consent (if I should change my mind) I understand that by signing this document I am consenting to my clincian using psycsAI Signature -By signing below, I acknowledge that I have read, understood, and consent to the above checklist. Client's Signature: Clinician's Signature:

Date: