

**CLIENT NOTICE & CONSENT TO
AUDIO RECORDING OF PATIENT CARE & TREATMENT**

My practice uses and incorporates technology to document certain aspects of the treatment of my clients.

My practice utilizes and contracts with AutoNotes AI, LLC (“AutoNotes”) to record client or clinical treatments (“Client Care & Treatments”). We use these recordings in conjunction with AutoNotes to securely record and transcribe the communications that occur between myself and clients during Client Care & Treatments. My practice only utilizes this information in conjunction with Autonote’s services for use in your Client Care & Treatment and administrative and billing purposes.

We do not use or disclose any information outside of what is necessary to transcribe notes relating to providing and documenting client care and Client Care & Treatment, and to assert or defend insurance claims related to providing my services. The contract with Autonotes provide me with assurance that they will take appropriate actions to ensure that their systems maintain compliance with all applicable HIPAA and other privacy laws.

Autonotes will not sell, lease, trade, or otherwise profit from this recorded information.

Retention and Destruction of Recording

The recorded communication used to create the medical records and notes is deleted after the service is completed and is not stored with Autonotes. Additionally, the recorded communication is not used to train Autonotes’s software or other AI models.

Notwithstanding the foregoing, the final medical records or notes of each Client Care & Treatment, which are created from the recording, may be housed on third-party cloud servers that are maintained and secured by Autonotes and accessible by my office. I will treat your information as confidential PHI and exercise reasonable care to protect it from disclosure to unauthorized third parties. This electronically stored information will be maintained securely in accordance with written agreements with our Autonotes.

I may destroy some of the medical records and notes once their purpose has been served. However, I may maintain them for longer in accordance with applicable law or as necessary to process claims or assert our office’s rights for payment.

Acknowledgement and Consent

By signing below, you acknowledge that you have read the above Notice and Consent, understand it, agree to, abide by it, and voluntarily consent to my practice and/or Autonotes’ recording, storage, use, transcription, disclosure, and destruction in accordance with the purposes described above. If you choose to withdraw this consent in the future, you will do so in writing.

Client Signature: _____ Date: _____

Print Name: _____

Parent or Legal Guardian Signature (if minor): _____

Print Parent or Legal Guardian Name: _____

I choose not to give consent /
(Check Box)

Print Name: _____

Date: _____