

PRA Behavioral LLC

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AI Scribe Consent

1. Use of AI Scribe by Provider

Your Provider may use an AI Scribe service to help them with their clinical documentation. The AI Scribe service uses speech recognition software and artificial intelligence to help reduce the amount of time that your provider spends filling out their patient charts by hand or on their individual computers. The goal of AI technology is to allow your provider to spend more time with their patients and to improve quality of care.

2. Purpose of Patient Consent

The purpose of this Patient Consent is to tell you more about the AI Scribe service and to ask if you consent to your provider using it during your appointments with them. It is completely up to you whether to consent to your healthcare provider using the AI Scribe service. If you say yes to your healthcare provider using the AI Scribe service you have the right to withdraw that consent at any time, for any reason.

3. Description of use of AI Technology

The AI platform that your provider is using has followed Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and has a HIPAA compliant Business Associates Agreement in place. Your provider is committed to protecting the privacy and security of your Personal Health Information (PHI). Your PHI is identifying information about you that relates to your health or to the provision of health care to you. For example, during your appointment, you and your provider might discuss your mental health history, current problems and symptoms, and medication use; all of this information would be considered your PHI. AI technology will collect your PHI in as follows: It will create a word-for-word transcript of the dialogue between you and your provider during your appointment, using voice recognition software and other technologies. From an audio/visual recording of your appointment with your provider. At the conclusion of each appointment, AI technology uses the transcript from that appointment to generate a clinician note which summarizes the discussion between you and your provider during the appointment, including any action items that were discussed. The provider will analyze each appointment transcript to support the provider's clinical documentation of the appointment. Your provider uses the appointment audio/visual recordings generated by AI technology solely to confirm the correctness and completeness of appointment transcripts. After that, the audio/visual recordings are securely destroyed.

4. Confidentiality

Your provider will not disclose your PHI to anyone else, except with your consent or as required or permitted by law, including under the Illinois Mental Health and Developmental Disability Confidentiality Act. While your provider uses appropriate safeguards to protect PHI against loss, theft, and unauthorized access, disclosure, copying, use, disposal, and modification, it cannot guarantee the security and confidentiality of your PHI. Security measures storing PHI securely using cloud storage for records and transmission to the AI Scribe service. Despite these security measures, there is still risk of privacy breach including from cyberattack.

5. Retention

Your provider will retain PHI only for as long as necessary to fulfill the purposes for which it was collected, unless otherwise permitted or required by law. For example, we will retain each audio recording of an appointment only for as long as necessary to confirm that the accompanying transcription only for as long as necessary for your healthcare provider to complete their clinical documentation for that appointment. After that, the transcript will be securely destroyed.

6. Consent

Patient consents by signing below, you acknowledge and confirm that: 1. You have read, understand, and agree to the information contained in this AI Scribe Agreement; 2. You understand the privacy risks associated with the use of AI technology and you accept those risks; 3. You have had the opportunity to get answers to any questions you might have about AI technology; 4. Your provider may use AI technology during your appointment with them; and 5. If you no longer wish for your health care provider in this office to use AI technology, you will tell them or the front desk.

Patient Name:

Family Member/Other Party Name:

Patient Signature (age 12 and older):

Date:

Family Member/Responsible Party Signature:

Date:

Clinician Name:

Date:
