CONSENT FOR AI-ASSISTED DOCUMENTATION

Clarity ADHD, PLLC | Lucas Craft, PA-C | Washington State

What Is AI-Assisted Documentation?

Clarity ADHD, PLLC uses AI technology to help write clinical notes.

During your visit, audio may be recorded and processed by an AI transcription service to create a draft note. This reduces paperwork so your provider can focus on your care.

How It Works

- Your visit audio is processed by an AI service to create a draft clinical note
- Lucas Craft, PA-C reviews, edits, and approves the draft before it becomes part of your record
- Only the final, provider-approved note is your official medical record
- Audio is processed in line with HIPAA. Retention practices are governed by the vendor's BAA and applicable law.

Privacy and HIPAA

Your protected health information (PHI) is handled in line with HIPAA.

The AI service has a Business Associate Agreement (BAA) with Clarity ADHD, PLLC. This legally requires the vendor to protect your PHI.

Your Provider Is Responsible for the Final Note

Lucas Craft, PA-C reviews every AI-generated draft and makes changes as needed. He is fully responsible for the accuracy of the final note.

The AI draft is not your medical record. Only the final, provider-approved note is.

Your Right to Opt Out

This is your choice. You may say no or opt out at any time before, during, or after a visit. Opting out will not affect your care.

To opt out, tell your provider at the start of any visit or send a message through the SimplePractice portal.

Questions

If you have questions, contact your provider through the SimplePractice portal or by email at lucas@clarityadhdwa.com before your visit.

Consent

By signing below, I confirm that I have read this form and understand it. I understand and agree that:

- My visit may be recorded and transcribed using AI technology
- The transcription will be used to create a draft note that my provider will review and approve
- My PHI is protected under HIPAA and a BAA is in place with the vendor
- I may opt out at any time without affecting my care

I agree to the use of AI-assisted documentation during my visits at Clarity ADHD, PLLC.

Patient Name (print):	
Patient Signature:	
Date:	