**Client Consent Form: AI Scribe (Sample)**

At [Your Clinic Name], we use an AI-powered scribe to assist in documenting your sessions. This tool allows us to focus on providing you with the best possible care while ensuring accurate and efficient record-keeping. Below, we outline how the AI scribe operates and request your consent to use this tool during your sessions.

**Purpose**

The AI scribe transcribes session discussions in real-time and creates a summary for your medical records. The live transcription is not saved, and only the summary is securely stored in your client file. Audio is never recorded or retained.

**Privacy and Security**

We prioritise your privacy and confidentiality. Our AI scribe complies with the Australian Privacy Principles, AHPRA regulations, and operates on secure Australian-based servers. No personal data is used to train AI models, and your information is handled with the utmost care.

**Your Rights**

Your participation is entirely voluntary. You can choose to opt out of using the AI scribe at any time without any impact on your care. You may also request further information about how the AI scribe works and how your data is managed.

By signing below, you confirm:

1. You have been adequately informed about the AI scribe and its purpose.
2. Your consent is voluntary.
3. You understand your consent is current and specific to this purpose.
4. You have the capacity to understand and communicate your consent.

If you have any concerns or questions, please speak to your clinician.

**I consent to the use of an AI scribe to transcribe and summarise my sessions.**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_