



R & R PSYCHIATRIC CARE

2680 S Val Vista Dr, Building 15 Suite 185, Gilbert, AZ 85295
Office (480) 630-4434 Fax (480) 630-5285 www.rrowellness.org

VOICE TRANSCRIPTION CONSENT

R & R Psychiatric Care and all its staff uphold a legal and ethical duty to protect all communications occurring with our clients, including use of personal health information (PHI). To provide the best possible care during appointments and phone calls with clinical questions, we are utilizing note-taking systems which will provide us with automatically generated transcripts and summaries for clinician review. Our clinic will be using third-party voice transcription services including BluePrint Health, Mentalync, Upheal, Clinical Notes AI, or Nabra ("Transcription Service"). Each Transcription Service is HIPAA compliant and employs advanced encryption methods, firewalls, and backup systems to maintain the privacy and security of your information. By signing this consent form, you are authorizing use of Transcription Service for processing our sessions.

Details:

Recordings of your appointments will be transcribed and summarized using HIPAA-compliant technology, and after review for accuracy, your provider may choose to retain summarized notes as part of your confidential medical records. This allows for accurate documentation and efficient treatment planning.

1. **Voice Transcription:** During sessions, a voice transcription service may be used to record and transcribe our conversations. This includes personal health information (PHI) such as medical history, symptoms, diagnoses, treatment plans, and responses to treatment.
2. **Summaries:** The transcribed information is reviewed by the provider to create brief summaries for updating and maintaining your medical record. These summaries aim to capture the key aspects of our discussions and therapeutic progress.

Benefits:

- Allows your provider to focus more on you and on clinical decision-making rather than note-taking.
- Eliminates the need for manual note-taking and aids in information recall.
- Reduces provider workload and potential for compassion fatigue.
- Provides additional clinical insights to improve therapeutic outcomes.

Risks:

- All technology carries a risk of confidential information being disclosed. You can enhance security by using trusted, secure networks and password-protecting your devices.
- Transcription Service researchers may have access to de-personalized transcripts to improve the tool.
- Transcription Service may contain biases in how it generates session summaries. Your provider will review and modify notes as needed.
- A detailed Privacy Policy can be found online for each Transcription Service; links are provided for convenience and may be updated by Transcription Service after this consent form has been created.
 - Blueprint Health: <https://www.blueprint-health.com/privacy>
 - Mentalync: <https://www.mentalync.com/privacy-policy>
 - Upheal: <https://www.upheal.io/privacy-and-compliance>
 - Clinical Notes AI: <https://www.clinicalnotes.ai/privacy-policy.html>
 - Nabra: <https://www.nabra.com/legal-documents/>

Your Rights:

1. **Access:** You have the right to review and obtain copies of your medical records.
2. **Amendment:** You may request amendments to inaccuracies in your medical record.
3. **Revocation:** You have the right to revoke this consent at any time, except where information has already been disclosed based on prior consent.



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ACKNOWLEDGEMENTS

1. I have received a copy of this Voice Transcription Consent, I have read and understand the information, have had an opportunity to ask questions about this information, and by signing this consent hereby agree that R & R Psychiatric Care may use Transcription Service during appointments.
2. I acknowledge that R & R Psychiatric Care may update this form from time to time, that all policies of the clinic can be viewed on the clinic website www.rwellness.org/faq, and that continuing to receive services at the clinic implies my consent to future updates.
3. I agree that a photocopy or electronic copy of this consent shall be considered as valid as the original.
4. This consent will expire 60 days after the date of closure of care and discharge from R & R Psychiatric Care.
5. If applicable, I attest that I am the legal guardian and have the right to consent on behalf of this minor.

Signature of Client or Legal Guardian

Printed Name

Date

Name of Client if a Minor