splose

Patient AI Consent

About this form

Our practice uses a practice management platform known as splose that includes AI-assisted tools to support clinical documentation. This consent form explains how those tools work and what it means for your information.

What the AI tools do during your sessions

It may be used to:

- Record your session's audio to generate a written transcript
- Summarise discussions with your practitioners or any other person who is present
- Help us write and refine your clinical notes, reports and other relevant documents
- Assist with the conduct of your sessions more generally

This reduces the time we spend on paperwork, so we can focus on what matters most: you.

What the AI tools don't do

It won't be used to:

- Make clinical decisions or provide diagnoses
- Replace your practitioner's professional judgement
- Train any AI models
- Serve any secondary purpose other than what's specified on this form

While AI tools can make errors, everything in your clinical record is always reviewed and confirmed by your practitioner before it becomes part of your file.

Your personal information

We confirm that:

- Your personal information is stored securely on Australian servers
- Handled in accordance with any applicable privacy laws and our policies
- Your right to say no
- If you would prefer your session not be recorded, please let your practitioner know before the session begins. It is entirely your choice. Opting out will not affect the care you receive in any way. You can withdraw the consent you provide from this form at any time by letting us know.

Your consent

By signing below, you confirm that:

- You have read the information in this form
- Understand the reasons why your personal information may be collected
- Understand the purposes for which your personal information may be used or disclosed via the AI tools
- Consent to the use of the AI tools, and for your personal information to be collected, used and disclosed by the AI tools
- Understand you are free to withdraw, alter or restrict this consent at any time by notifying us

Name _____

Date _____

Signature _____

Consent on behalf of another person

If you are signing this form as a parent, legal guardian, or authorised representative, please complete this section instead.

By signing below, you confirm that:

- You are legally authorised to provide consent on behalf of the patient named below
- You have read the information in this form and understand the reasons why their personal information may be collected
- Understand the purposes for which their personal information may be used or disclosed via the AI tools
- Consent to the use of these AI tools, and for their personal information to be collected, used and disclosed by the AI tools
- Understand you are free to withdraw, alter or restrict this consent at any time by notifying us

Patient name _____

Parent or legal guardian name _____

Relationship to the patient _____

Date _____

Signature _____