*[Author Name]*

*[Entity Name] | [Entity Address] | [Version Number]*

**Notification of Approved Brain-Computer Interfaces (BCI)**

This free template has been created to assist professionals in the development of Brain Computing Interface (BCI) policies and procedures. It is not required to use the existing format. This document is guidance and should not be legal advice. Please refer to legal counsel for explicit requirements related to your industry. Please copy, change, and revise this document as needed for your purposes. This document is a template created explicitly for a starting point and baseline. Please delete this box and any templated labels before using.

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**Notification of Approved Brain-Computer Interfaces (BCI)**

**Version:** [Insert Version Number]

**Effective Date:** [Insert Date]

**Approved:** [Insert Name]

# 1. Purpose

This policy and draft notification to employees are about the implementation of approved Brain-Computer Interfaces (BCIs) in the workplace.

Dear [Employee's Name/Team],

We are excited to announce the introduction of Brain-Computer Interfaces (BCIs) in our workplace as part of our ongoing commitment to innovation and enhancing productivity.

# 2. Overview of BCIs

Brain-Computer Interfaces are advanced technologies that enable direct communication between the brain and external devices. These interfaces will be used to [state the purpose, e.g., improve efficiency in specific tasks, assist with certain functions, or support innovative projects].

# 3. Purpose and Benefits

The primary purpose of implementing BCIs is to [explain the goal, e.g., streamline processes, support employees with specific needs, or enhance cognitive capabilities]. We believe this technology will:

* Improve [describe specific improvements, e.g., task efficiency, data analysis accuracy, etc.].
* Provide support for [mention specific roles or functions if applicable].
* Foster an innovative work environment.

# 4. Scope of Use

BCIs will be used in [specify areas or departments, if applicable]. They will be deployed [describe how they will be integrated, e.g., through designated workstations, during specific projects, etc.]. Participation is [voluntary/mandatory based on the context].

# 

# 5. Privacy and Data Security

We are committed to ensuring your privacy and data security. The BCIs will only collect and use data necessary for their intended function. All data will be handled in accordance with our data protection policies, and strict measures will be in place to safeguard against unauthorized access.

# 6. Training and Support

Comprehensive training will be provided to ensure you are comfortable and familiar with the use of BCIs. [Include details on training sessions, support resources, or contacts for assistance.]

# 7. Feedback and Questions

Your feedback is valuable. If you have any questions or concerns regarding the use of BCIs, please feel free to reach out to:

**BCI Security Policy Coordinator**

Email: <policy-coordinator@example.com>

Phone: <Phone Number>

We encourage you to share your thoughts to help us ensure a smooth and effective implementation. We appreciate your cooperation and enthusiasm as we integrate this cutting-edge technology into our workplace. Thank you for your attention and support.

# 8. Contact Information

For questions or concerns regarding this policy, please contact:

**BCI Security Policy Coordinator**

Email: <policy-coordinator@example.com>

Phone: <Phone Number>

# 9. Document History

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| --- | --- | --- | --- |
| **Date** | **Revision** | **Author** | **Notes** |
| August 2024 | 1.0 | Crawford | Document Creation |
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