Informed Consent for Psychotherapy

This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you may have before signing. Your signature at the end represents an agreement between us.

Nature of Psychotherapy

Psychotherapy involves a professional relationship with the purpose of helping you achieve personal goals, gain insight, and improve your quality of life. Benefits may include improved coping, relationships, and self-awareness. Risks may include experiencing difficult emotions, discussing distressing events, or temporary discomfort as part of the healing process.

Confidentiality

Information shared in session is confidential and will not be disclosed without your written permission, except in the following situations as required by law:

- Suspected abuse or neglect of a child, elderly, or dependent adult.
- Serious threat of harm to yourself or others.
- Legal court order.
- As otherwise permitted or required under HIPAA.

Appointments, Cancellations, and Fees

- Sessions are typically 50 minutes in length. You are responsible for attending scheduled appointments.
- Cancellations must be made at least 24 hours in advance. Sessions cancelled with less notice may be billed at the full session rate.

- Payment is due at the time of service unless otherwise arranged.

- A Good Faith Estimate of costs is available in compliance with the **No Surprises Act**.

Electronic Communication

Email, text, and telehealth platforms may not always be secure. By using these forms of communication, you acknowledge the risks and consent to limited use for scheduling and coordination purposes.

Telehealth

If services are provided via secure video conferencing, the same confidentiality and consent terms apply as in-person services. Technical issues may occasionally interrupt services.

Recording for Supervision and Quality of Care

At times, sessions may be audio or video recorded for clinical supervision, consultation, or quality assurance. These recordings are intended solely to enhance the quality of care provided.

- You will be informed and asked for permission prior to any recording.

- Recordings are kept confidential, securely stored, and deleted after review.

- Only authorized supervisors or consultants will have access.

- You may decline or withdraw consent at any time without affecting your care.

Use of Artificial Intelligence (AI) for Documentation

This practice may use AI-assisted tools to support clinical documentation (e.g., drafting

progress notes, treatment summaries, or other records).

Option A: Clinician-Generated Content Only

- Only content written by the therapist (e.g., summaries, bullet points, or notes prepared after session) may be processed by AI tools.

- No raw client recordings or direct transcripts are shared.

- AI-generated drafts are reviewed, edited, and finalized by the therapist.

- AI never replaces professional judgment.

Option B: Session Recording and AI-Assisted Transcription *(Optional, requires client consent)*

- With your permission, sessions may be audio or video recorded and securely transmitted to a HIPAA-compliant AI system that generates draft notes.

- Recordings are encrypted in transit and storage and are deleted once notes are created.

- Draft notes are accessible only to your therapist, who reviews and finalizes them.

- You may decline or withdraw this consent at any time without affecting your care.

- All official clinical records remain authored and signed by the therapist.

Risks & Benefits

- *Benefits*: More accurate and timely documentation; therapist spends less time on paperwork and more time focused on your care.

- *Risks*: As with all digital tools, there is a small risk of unauthorized access despite strong safeguards; AI drafts may contain errors, which are always corrected by the

therapist.

Emergencies and Crisis Services

I do not provide 24-hour crisis services. In the event of an emergency, please call 911, go to your nearest emergency department, or contact a crisis hotline such as **988 (Suicide & Crisis Lifeline)**. You may also leave me a message, and I will return your call as soon as possible.

Consent and Agreement

By signing below, you acknowledge that you have read, understood, and agree to the terms of this informed consent. You also acknowledge that you have had the opportunity to ask questions and that you consent to participate in psychotherapy under these terms.

☐ I consent to AI-assisted documentation using clinician-generated content only.

☐ I consent to session recording and AI-assisted transcription as described above.

☐ I do not consent to any use of AI tools for my documentation.

By signing below, you acknowledge that you have read, understood, and agree to the terms of this informed consent.

Client Name: _____

Signature: _____ Date: _____

Therapist Name: Seth Muller, M.A., LPCC

Signature: _____ Date: _____