

Consent for the Use of JotPsych by SmartScribe Corp. in Medical Conversations

I, _____ (Full Name of the Client), hereby give my consent for the use of JotPsych by SmartScribe Corp. during my medical consultations and appointments.

About JotPsych:

JotPsych is a technology developed by SmartScribe Corp. It creates medical notes from the ambient conversation between caregivers and Clients. The primary purpose of this technology is to allow healthcare professionals to focus on Client care while still maintaining accurate and timely documentation.

How the Data Will Be Used:

- **Documentation:** JotPsych will be used to support the creation of medical notes based on conversations during the consultation. These notes will be part of the medical record.
- **Quality Assurance:** The collected data may be used for quality assurance and continuous improvement at JotPsych as well as the clinic or hospital treating you.
- **Compliance with Laws:** SmartScribe Corp. and the healthcare facility will comply with all applicable federal, state, and local laws and regulations, including HIPAA, in the collection, use, and disclosure of this information.

What SmartScribe Will Not Do:

SmartScribe Corp. does not promise that the use of its technology will guarantee improved medical outcomes, faster diagnosis, or any specific medical benefits.

Data Privacy:

SmartScribe Corp. takes the privacy and security of your information very seriously. All data collected and processed by JotPsych by SmartScribe is handled with utmost care and in compliance with applicable privacy laws.

JotPsych’s full Terms of Service & Privacy Policy are available for review online:

- Terms of Service: <https://www.jotpsych.com/terms-of-use>
- Privacy Policy: <https://www.jotpsych.com/privacy-policy>

Withdrawal of Consent:

You have the right to withdraw your consent to the use of JotPsych at any time by notifying your healthcare provider in writing.

By signing below, I acknowledge that I have read and understood the above information, and I voluntarily consent to the use of JotPsych in my medical consultations.

Client's Signature: _____

Date: _____

Parent/Guardian's Signature (if applicable): _____

Date: _____