Sundstrom
CLINICAL SERVICES

Your Choices: Communication, Recording & Research

Each item below is optional. Your choices will not affect your care, and you may change them at any time by contacting our office.

Text Messaging

Sundstrom Clinical Services, LLC (SCS) may use text messaging for appointment reminders, scheduling, and brief logistical communication. Standard text messaging is not encrypted and may be viewed by others with access to your phone. For this reason, texts should not include clinical information, and texting must never be used for emergencies or urgent concerns. Text messages are not monitored after business hours. Staff and providers communicate only through SCS-approved systems, not personal phones. Messages related to your care may become part of your medical record.

- **SMS Consent:** You opt in to text messages by selecting "Yes" below. Text messaging is optional and is not a condition of receiving care.
- **Message Frequency:** We may use text messaging for appointment reminders, scheduling, and brief logistical communication. Message and data rates may apply.
- **Dispute Resolution:** For issues or disputes regarding SMS communications, contact us at 503-653-0631. We will respond within one business day.
- **Withdrawal of Consent:** You may withdraw consent to receive SMS messages at any time by replying STOP or emailing info@sundstromclinic.com.
- **Third-Party Sharing:** No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Text messaging opt-in data and consent will not be shared with any third parties, except the service providers who deliver our text messages.
- **Opt-Out Instructions:** Reply HELP for help, or STOP to opt-out.
- **Responsibility:** Carriers are not liable for delayed or undelivered messages.

By opting in, you agree to receive text messages from SCS at the mobile number on file for appointment reminders and scheduling. You understand that texting is not a secure form of communication and that you accept the risk of unauthorized access. Message and data rates may apply. You may opt out at any time by replying STOP or notifying our office.

For information about how we handle your personal information, please review our Privacy Policy at https://www.sundstromclinic.com/privacy-policy.

☐ No, I ***do not*** consent to receive text messages from SCS.

☐ Yes, I **do** consent to receive text messages from SCS.

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AI Assisted Documentation

Your provider may utilize AI to record your sessions to create a summary of what we discussed and organize it into the appropriate sections of your medical record. Your provider remains fully responsible for the information in your record and will carefully review, edit, and approve all summaries before they are finalized and entered into your medical record.

Potential Benefits and Risks of AI-Assisted Documentation:

- The use of AI allows your provider to give you their full attention during your session while ensuring accurate and complete documentation.
- It helps maintain thorough medical records that meet clinical and insurance documentation standards.
- Providers review every summary for accuracy before it is added to your record.

The audio recording used to generate the summary is stored securely for 10 days and then permanently deleted. All storage and processing are compliant with applicable privacy and security regulations (e.g., HIPAA). There is a small risk of a data breach or an error in the AI-generated summary. These risks are minimized by using an AI system that is securely integrated into our electronic medical record (EMR).

Your Rights: Your participation in AI-assisted documentation is voluntary. You may choose not to consent, and we will proceed with traditional documentation methods. You may withdraw your consent at any time without affecting your care.

☐ No, I ***do not*** consent to the use of AI Assisted Documentation.

☐ Yes, I **do** consent to the use of AI Assisted Documentation.

Consent to Record Therapy Sessions

Some services (e.g., Gottman Method Couples Therapy or Parent-Child Interaction Therapy, supervised treatment, etc.) may be most effective with the use of video recording. The recordings enable us to review our work together, to provide remote coaching of skills, or for clinical supervision. If recording is indicated, your provider will discuss this with you and obtain verbal consent prior to recording. You will NEVER be recorded without your consent at the time of recording. Your agreement on this document indicates that you have received information about your rights related to video recording, should it become an option in your treatment:

- You may decline recording and revoke your permission to be recorded at any time.
- You may request that the audio or video recorder be turned off at any time and may request that any portion of it be erased.
- The contents of recorded sessions are confidential and will not be shared outside of your sessions, except for use in individual or peer clinical supervision.

- The recordings will be stored in a secure location and will not be used for any other purpose without your written permission.
- The recordings will be erased after they have served their professional purpose.

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☐ No, I ***do not*** give consent to record therapy sessions.

☐ Yes, I **do** give consent to record therapy sessions.

Consent for Use of De-Identified Information

De-identified information from you or your child's clinical record may be used for future retrospective research. This research involves review of existing records only and will not affect your care. All information will be de-identified to protect your identity. You may opt out of future use at any time.

☐ No, I ***do not*** give consent to use de-identified information for research purposes.

☐ Yes, I **do** give consent to use de-identified information for research purposes.

Your signature indicates that you have read, understand, and have been given the choice to individually accept or decline each item above.

_____ _____

Client Name Guarantor Name

_____ _____

Client or Guarantor Signature Date