

CLIENT ID: \_\_\_\_\_

---

Southwest Family Guidance Center ("SWFGC") requests permission to use a digital assistant to help your provider prepare documentation related to the services you receive. The digital assistant creates a secure transcript of the session that is de-identified of personal information. The digital assistant does not store audio, and the de-identified transcript is deleted after the related documentation is completed.

**Choose the applicable option(s) below:**

INITIAL \_\_\_\_\_ I give permission for SWFGC to use a digital assistant during sessions involving myself, my child, and/or my family for the duration of our participation in services at SWFGC

INITIAL \_\_\_\_\_ I decline to allow a digital assistant in sessions involving myself, my child, and/or my family.

\_\_\_\_\_  
SIGNATURE OF CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
THERAPIST NAME

**Consent of other family members participating in therapy (if applicable):**

\_\_\_\_\_  
SIGNATURE OF FAMILY MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF FAMILY MEMBER

\_\_\_\_\_  
DATE