



TheraPro Informed Consent and Authorization

Your therapist uses TheraPro, a HIPAA-compliant technology platform that uses artificial intelligence (AI) to assist with drafting clinical notes and producing insights from your sessions, with the goal of helping your therapist provide you the best care possible. These notes and insights are confidential to your therapist and any data generated by or stored in TheraPro will be treated with the highest standards of privacy and security on your behalf.

Your therapist has a Business Associate Agreement (BAA) with TheraPro AI, Inc., the provider of the TheraPro platform. This BAA governs TheraPro's obligations with respect to how data from your sessions are used. TheraPro records and analyzes each session, then produces a clinical summary of the session and/or produces other insights for purposes of record-keeping and improving your therapist's ability to provide you with high-quality care.

TheraPro also uses de-identified data, which is records from which personally identifying features have been removed, to improve its services and offerings and to assist therapists' understanding of their clients on an ongoing basis. In some cases, your therapist may also be allowed access to a full transcript of your session, which, like the clinical summaries and insights, is treated as a confidential health record and protected under HIPAA.

TheraPro deletes any recordings immediately once the summary is created or insights from the session are produced, generally at the conclusion of each session.

TheraPro employs a variety of technology and policy safeguards, including those of its third-party cloud providers and AI tools, to process your data and protect its platform. These safeguards include using advanced encryption to secure your personal information, using a range of technical measures to prevent unauthorized system access, and employing security professionals with advanced tools that continuously monitor its operations. TheraPro follows all HIPAA policies and safeguards to ensure your data remain safe and secure.

You acknowledge that you have read and understood this informed consent statement; that you have had the opportunity to discuss it with your therapist; and that you consent to and authorize receiving services under the conditions outlined here.

Name: _____

Signature: _____ Date: _____



If the individual receiving services is a minor under applicable law, I affirm that I am the minor's parent or legal guardian and that I authorize the use of TheraPro as part of the minor's treatment, including the collection, analysis, and secure handling of the minor's data as described above.

Name of Minor: _____

Name of Parent/Guardian: _____

Relationship to Minor: _____

Signature of Parent/Guardian: _____ Date: _____