

CONSENT TO USE MOCO

I voluntarily consent to the audio recording of my clinical sessions under the following conditions:

1. **Purpose.** Recordings are made solely to generate clinical documentation and enhance my care.
2. **Storage & Deletion.** Audio is encrypted, stored on U.S. servers, and deleted automatically after the note and quality checks are complete.
3. **Privacy.** Transcripts are part of my medical record and protected under HIPAA & 42 CFR Part 2. They may be re-disclosed only as permitted by those laws.
4. **Access & Revocation.** I may view transcripts, request corrections, or withdraw this consent at any time without affecting my treatment.
5. **State Law.** I acknowledge that my clinician has informed me of applicable state recording-consent laws, and all parties agree to the recording.

Signature / Date

Client Signature

Date

Clinician Signature

Date