AI MENTAL-HEALTH APP DISCLOSURE AND RECEIPT

Reviewed disclosure for the service described below. Issuing this form does not prove that operational controls or required notices have been implemented.

Service and People

Operator: Example Clinical Services, Inc.

App, tool and version: Example Therapy App

Disclosure version date: 2026-10-21

User or record identifier: Morgan Example, a minor in this synthetic case

Locations served: Massachusetts operator offering services in Rhode Island.

Actual functions, intended use, evidence and limitations: The example clinician reviews supporting session notes. The tool cannot determine recommendations.

Service model: Clinical Support

AI-generated responses come from software, not a human professional. They can be incorrect, incomplete or inappropriate. Human-like language does not establish understanding, professional credentials or a therapeutic relationship.

Actual human roles, qualifications, relationships and availability: A clinician conducts the example therapy where the selected activity is clinical. This example does not identify an actual patient or provider.

The operator identifies support within a licensed professional service. The actual provider relationship and professional duties are governed by the facts and applicable law, not disclaimed by this form. Separate clinical consent may be required.

Marketing and in-app claims review: The example service makes no independent diagnostic or treatment claims.

A disclosure does not automatically cure a misleading overall impression. Correct unsupported claims in the product and its advertising; do not rely on a conflicting disclaimer.

Ages admitted, age assurance and minor rights: Includes the minor in this example with decision-specific authority verified.

Representative: Casey Example, decision-specific authority reviewed separately

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Authority, verification and limits: This simulated receipt signer has separately documented authority to receive this notice.

A family relationship or account ownership alone does not establish authority. Acknowledgement, clinical decisions and personal-data permissions can involve different rules, including minor consent and confidentiality rights.

Capacity or authority review: Complete

Safety, Human Support and Limits

Actual crisis workflow, hours, response limits and failure modes: The sample tool has no live crisis monitor. It displays separate instructions for contacting emergency assistance.

Testing, protocols, monitoring and known limitations: Synthetic reviewed example and implementation record for the specified service.

Accessibility, language and human support: Synthetic reviewed example and implementation record for the specified service.

Do not assume that messages are continuously monitored, that software will recognize an emergency, or that a human will respond. The specific arrangements above must be accurate. These limits do not excuse a legally required safeguard or justify offering a prohibited service. For immediate danger, contact local emergency services rather than relying on an automated conversation. In the United States, crisis support is available by calling 988, texting 988, or using 988 Lifeline chat.

Safety implementation review: Complete

Service legality assessment: Permitted

Scope, licensing, exceptions and restriction evidence: Training example only. An operator must document its own legal review before issuing a customer disclosure.

Information and Separate Permissions

Information, sources, purposes, recipients and retention: Synthetic reviewed example and implementation record for the specified service.

Privacy notice, version and human contact: Synthetic reviewed example and implementation record for the specified service.

HIPAA assessment: Not Applicable

FTC Health Breach Notification Rule assessment: Not Applicable

COPPA assessment: Not Applicable

Purpose-specific legal bases, agreements and permissions: Synthetic reviewed example and implementation record for the specified service.

HIPAA depends on the entity's role and activity, not merely whether information concerns health. The FTC Health Breach Notification Rule addresses covered personal-health-record vendors, related entities and service providers; it does not cover every non-HIPAA app. Its HIPAA exclusion applies to covered entities and to business associates to the extent of their business-associate activities. Assess distinct activities separately. FTC Act duties can apply independently. A privacy-policy link or an agreement with a vendor is not permission for every use.

The operator reports no model training or secondary purposes within the processing described here. Material changes require renewed review and any required notice or permission.

Infrastructure providers must be included in the actual recipient and role assessment. Do not say that information is never shared while omitting vendors who receive it. Silence, continued use and failure to opt out are not substitutes for required affirmative consent.

Child-data analysis and implementation: Synthetic reviewed example and implementation record for the specified service.

COPPA generally applies to child-directed online services and operators with actual knowledge of collecting personal information from children under 13, subject to its definitions and exceptions. An age label or self-certification does not resolve coverage. The amended rule's general compliance date was April 22, 2026. Assess verifiable parental consent and separate consent for third-party disclosure unless integral to the service, along with applicable exceptions, retention and security duties. Email-based methods have limited conditions; merely sending an email does not establish compliance. This receipt is not verifiable parental consent.

Breach response responsibilities: Synthetic reviewed example and implementation record for the specified service.

Privacy implementation review: Complete

Selected Jurisdiction Requirements

These checks cover selected requirements, not every applicable law. The operator's home state does not exclude mandatory rules in other locations. The actual function, users, dates, exceptions and delivery channel matter. A completed form cannot implement an in-product notice or safety control.

Rhode Island clinical-use assessment: Supplementary assistance excludes direct therapeutic communication. The Rhode Island credentialed provider retains clinical judgment and reasonable

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therapeutic oversight. Vendor-controlled system design is a separate responsibility. The operator reports written notice of the covered recorded-session AI use and its specific purpose. The operator reports a separate, current consent from an authorized parent. Preserve those records confidentially under §§ 40.1-5.5-4 and 40.1-5-26. This optional receipt records delivery only.

Rhode Island — 2026 H7349A, Title 40.1, Chapter 5.5. Therapy must be conducted by licensed professionals. The law distinguishes permitted support, professional judgment and prohibited independent AI decisions or treatment determination. Direct therapeutic communication requires an established provider relationship and patient consent. Covered recording or transcription involving AI companions requires written AI-use and purpose disclosure and specific consent. Broad terms or passive acceptance are insufficient. Review exclusions and separate companion-safety rules; this receipt does not supply clinical or recording consent.

Rhode Island implementation: The listed activity, actual service locations and selected review facts govern this example.

Other applicable law and implementation: Synthetic reviewed example and implementation record for the specified service.

Delivery, Questions and Changes

Disclosure delivery, recurring notices and evidence: The sample clinic delivers a separate copy of this notice before enabling the selected feature and retains delivery records.

Questions, answers and unresolved concerns: Ask the clinical service coordinator for questions about this notice.

Copies, complaints, contact and material changes: Synthetic reviewed example and implementation record for the specified service.

Review record: Synthetic reviewed example and implementation record for the specified service.

Material changes require the applicable updated notices, review and permissions. Continued use does not by itself grant a new permission where affirmative consent is required.

Optional Receipt Only

This disclosure contains no negligence release, damages cap, mandatory arbitration clause or class-action waiver. It does not waive statutory, privacy, clinical or other rights. Receipt is not agreement to treatment, recording, model training, marketing, sharing or sale of information. Obtain any required clinical consent or purpose-specific authorization through a separate reviewed process.

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The signer acknowledges receipt of this version of the disclosure only. The signature does not certify legal compliance, approve every described activity or waive any right.

Representative — Receipt Only

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

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