

Patient Consent Form for AI Scribe Recording

To support our mission of providing high quality care, we are using a new technology which uses artificial intelligence and associated workflows to generate documentation based on recorded audio of patient visits. This technology significantly reduces the amount of time your clinician spends on documentation and allows more time to provide care for you and other patients. All documentation is reviewed, corrected, and approved by your clinician to ensure the accuracy and completeness of your medical record.

We ask for you to sign this form to indicate your consent to have your visit recorded and processed for the purpose of documenting your care. I acknowledge that my health care information is sensitive and confidential. I consent to the recording and documentation of my healthcare visits under the condition that appropriate measures are in place to safeguard the privacy and security of my medical information.

This consent is voluntary, and your care will not be conditioned on providing consent.

Please read the statement below carefully and sign to indicate your consent or to opt-out.

☐ I hereby consent to the recording of my visit today as well as any future visits. I understand that I may revoke my consent to the recording of future visits at any time.

☐ I hereby do not consent to the recording of my visit today and choose to opt-out

Patient Name (Printed)

Patient Date of birth

Signature of Patient or Personal Representative

If signed by other than patient: PRINT representative name and relationship to patient

Today's Date