

## Patient Consent Form for Recording Doctor Visits

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Consent for Record treatment Visits and Use of ChatGPT for Medical Notes  
I, \_\_\_\_\_, hereby grant permission to Christen M Kerr, MD and her information technology consultant at Christen M Kerr MD PC to audio-record my treatment visits for the purpose of generating medical notes using ChatGPT, an artificial intelligence language model. I understand and agree to the following terms:

**Purpose of Recording:**

1. I authorize the recording of my physician visits for the sole purpose of creating accurate and comprehensive medical notes using ChatGPT. These notes will be used for my medical records and healthcare management.

**Confidentiality:**

2. I acknowledge that the recorded audio and subsequent medical notes will be treated with the utmost confidentiality and will only be accessible to Christen M Kerr MD and her information technology consultant.

**Storage and Security:**

3. I understand that all recorded audio and generated medical notes will be securely stored in compliance HIPPA.

**Duration of Consent:**

4. This consent is valid for the duration of my treatment at Christen M Kerr MD PC. I reserve the right to revoke this consent at any time by providing written notice to Christen M Kerr MD.

**Patient's Rights:**

5. I retain the right to request copies of the recorded audio and generated medical notes for my personal records.

**Alternative Documentation:**

6. I understand that I have the option to decline audio recording, and alternative methods of documentation will be employed for my medical records.

**Contact Information:**

7. In case of any questions or concerns regarding the recording of my doctor visits or the use of ChatGPT, I can contact Christen M Kerr, MD, at the provided contact information.

I have read and understood the terms of this consent form. By signing below, I voluntarily authorize the recording of my doctor visits and the use of ChatGPT for generating medical notes.

Patient's Full Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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