



CONSENT TO USE AI SCRIBE DURING ENCOUNTERS

Patient Name _____

Date of Birth _____

We are committed to providing the best possible care for you, and as part of this commitment, we are continually looking for ways to enhance our services.

We would like to inform you about a new technology that we are using called AI scribe. AI Scribe is an artificial intelligence (AI tool that assists us during patient encounters by generating clinical notes based on our conversations. This tool allows us to focus more on you, the patient, and less on computer documentation. The AI tool does not interact with you directly. It merely listens to the conversation and creates a summary.

AI scribe is a tool that listens to the conversation during the consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by your practitioner.

We want to assure you that your privacy is our utmost priority. The AI tool adheres strictly to Health Insurance Portability and Accountability Act (HIPPA) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

Your participation is completely voluntary. If you agree to use the AI scribe during your consultations, please sign and date the form below. If you have any questions, please feel free to discuss them with us.

I, _____, consent to the use of AI Scribe during my medical encounters/appointments.

Patient Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____