

AI Scribe Agreement Form

Dear Patient,

We are committed to delivering high-quality care and continuously improving your experience during visits. As part of this ongoing effort, we are introducing a new technology called an AI Scribe.

An AI Scribe is an artificial intelligence (AI) tool that supports patient encounters by generating clinical notes from our conversations. This allows us to focus more fully on you, the patient, and less on computer documentation.

What is an AI Scribe?

An AI Scribe is an artificial intelligence tool that listens to the conversation during your visit and generates a draft clinical note. Your physician reviews, edits, and approves this note before it becomes part of your medical record.

How will this affect you?

The AI Scribe does not interact with you directly. It simply helps create a summary of the visit so your provider can focus more fully on you during your appointment.

Privacy and Confidentiality

Your privacy is extremely important to us. The AI Scribe system complies with HIPAA regulations to ensure your information is secure. Only authorized members of your care team will have access to your medical notes.

Potential Risks

Risks associated with use of the AI Scribe may include unauthorized access, technical errors, incomplete or inaccurate summaries, software malfunctions, or data breach despite reasonable safeguards.

Your Consent

Participation is voluntary. If you agree to the use of an AI Scribe during your visits, please sign below. You may revoke your consent at any time by notifying the practice in writing. Revocation will apply prospectively and will not affect documentation already created before our receipt of your revocation. Refusal to consent, or revocation of consent, to the use of the AI Scribe will not affect your right to receive treatment; however, alternative documentation methods may affect workflow efficiency.

Questions

If you have questions, please speak with your provider or staff.

I, _____ (Parent/Guardian), consent to the use of an AI Scribe during medical visits.

Patient Name: _____

Date of Birth: ____ / ____ / ____

Additional Siblings & DOB: _____

Signature: _____ Date: ____ / ____ / ____