

AI Disclosure and AI-Assisted Documentation Consent Form

Patient Name: _____ Date of Birth: _____

AI Disclosure

We are committed to providing high-quality clinical care while incorporating advanced technology to enhance efficiency and accuracy. As part of this commitment, we use artificial intelligence (AI) tools to support administrative and management tasks. These tools do not provide treatment or make independent clinical decisions. The specific purposes for which we may use AI include managing appointment scheduling, pre-authorizations and verifications, recording and summarizing clinical discussions, processing billing and insurance claims, handling communications such as appointment reminders and call trees, and analyzing data to track clinical progress, which is reviewed by your provider.

Understanding AI-Assisted Documentation

Our providers may utilize an AI scribe or notetaker to record and assist with documenting your visit. Using AI this way streamlines the preparation of clinical notes and helps ensure comprehensive and precise medical records, while allowing your provider to focus on you during your visit.

- The AI used during your appointment records, transcribes and summarizes discussions between you and your provider.
- The AI does not make clinical decisions or replace the expertise of your provider.
- The AI prepares notes that are incorporated into your medical record. Your provider will review, edit, and finalize all AI-generated documentation to ensure accuracy and completeness. This review addresses the risk of AI transcription errors and potential limits in recognizing certain accents or speech patterns.
- The AI does not share your information with any third parties, and all information is kept confidential and secure, in compliance with HIPAA Privacy and Security regulations.

Your Consent and Rights

Participation in AI-assisted documentation is voluntary. You have the right to decline its use without any impact on your care.

- You may request to review the notes documented with AI assistance.
- You may withdraw your consent at any time by informing your provider or clinic staff.
- You have the right to have any questions or concerns regarding AI-assisted documentation answered by your provider.

By signing below, you acknowledge that you have read and understand the AI disclosure and information provided about AI-assisted documentation and have had the opportunity to ask questions about these.

I hereby **Consent** / **Do Not Consent**, to having AI record, transcribe and summarize clinical conversations with the providers.

Patient / Patient Representative Signature: _____ Date:
