

Consent to Use an AI Scribe During My Visit

Please read this form and ask any questions before signing. Your care will not change if you decline.

What we are asking

During your visit, your clinician would like to use an **AI scribe** — software that listens to the conversation between you and your clinician, creates a written transcript, and drafts the clinical note for your medical record.

How it works

- Audio is captured only while the tool is turned on, and only during your appointment.
- The audio is converted to a transcript and used to draft an encounter note.
- Your clinician **reviews and edits every note** before it becomes part of your medical record. The AI does not make medical decisions.

Your privacy is protected

- The recording and transcript are Protected Health Information under **HIPAA** and are safeguarded like the rest of your record.
- Our AI vendor operates under a signed **Business Associate Agreement** and may not use your information for any other purpose.
- Audio is used to generate your note and is then deleted or de-identified per our retention policy. Your information is **not sold** and is **not used to train AI models** without separate, explicit authorization.

Your rights

- Consent is **voluntary**. You may decline and receive the same quality of care.
- You may **withdraw consent at any time**, including during the visit — just tell your clinician and the tool will be turned off.
- You may ask questions about the tool, the vendor, and how your information is stored at any time.

A note on recording laws. Some states require every person in a conversation to agree before it is recorded. By signing below you are giving that consent for the purpose described above. You may revoke it at any time.

Your decision

- I CONSENT** to the use of an AI scribe as described above.
- I DECLINE.** Please do not use an AI scribe during my visit.

Patient name (print)

Date of birth

Patient signature

Date

Personal representative signature (if applicable)

Relationship to patient

Clinician or staff name

Practice / location

This consent supplements, and does not replace, the practice's Notice of Privacy Practices and general consent to treatment. A signed copy is available to the patient on request. Retain in accordance with applicable HIPAA documentation requirements (minimum 6 years). This template is provided by BodySite for customization with your counsel and does not constitute legal advice.