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CONSENT TO PATIENT AUDIO RECORDING

Healthcare providers today spend a significant amount of time documenting patient care. To support our mission of providing high-quality care, we are now employing technology which uses artificial intelligence to record audio (not video) of patient visits. This technology significantly reduces the amount of time your provider spends on documentation and allows more time for him/her to provide direct patient care to you. The technology uses a third-party service provider to process recorded audio. All documentation is reviewed, edited and approved by your provider to ensure the accuracy and completeness of your medical record.

We ask you to sign this form to indicate your consent to have your visit(s) recorded and processed in this manner for the purpose of documenting your care.

BENEFITS

This tool is intended to assist your dental provider with drafting documentation and notes, allowing the dental care provider to be more focused on you and your treatment. This tool also helps ensure all details of your appointment are captured, resulting in an accurate, comprehensive record of your appointment. The tool will run silently along with your appointment, and you should notice few if any changes to your experience.
The tool is NOT used for making independent treatment decisions about your care or directly interacting with you. Your dentist will review, edit as necessary, and approve all AI-generated content before it is placed in your dental record.

RISK

While this technology often works very well, it can also make errors. This is why your dental provider will review and approve all content before it is placed in your dental record.
This practice is required by federal law (HIPAA) to safeguard your health information. We will use the AI scribe only to perform the work described above, and your data will not be used to train AI models. Your recording and transcripts stay inside our practice's secure account and are used only by your care team.
No technology is entirely free of security risk; encryption, contracts, and strict access limits reduce that risk. AI is a support tool and does not replace your clinician’s judgment.

ALTERNATIVES

You may decline to consent to the use of this AI tool. If you do not consent, your dental care provider will document your appointment using traditional methods. You may also withdraw your consent at any time.

CONSENT

I understand that patient care services will be recorded only by the provider treating me unless I have expressly consented and signed a release of information for others to record my visit, or unless another exception to confidentiality applies. Such recordings may include protected health information covered under HIPAA.

I further understand that if I request that a family member, friend or other third party ("Approved Third Party") be present in the room where my visit is being recorded, it also will be necessary to obtain the consent of the Approved Third Party.

I understand that recording my visit is not a requirement for me to receive treatment from my provider.

My agreement and participation in recording my visits are knowing and voluntary. Further, I understand that I may withdraw my consent for recording visits or ask questions about my recordings at any time. I acknowledge that I have been provided with a HIPAA Notice of Privacy Practices by practice.

I understand that my consent is voluntary, and my care will not be conditioned on providing consent.

I hereby consent to the recording of my visit today as well as any future visits. I understand that I may revoke my consent to the recording of future visits at any time.

☐ Yes ☐ No Date: _____

_____

Print Patient Name

_____

Signature of patient or legal representative