



Consent to audio recording

Healthcare providers today spend a significant amount of time on computers documenting care, which takes away from their ability to spend time focused on patients. To support our mission of providing high quality care, we are using a new technology which uses artificial intelligence and associated workflows to generate documentation based on recorded audio of patient visits. This technology significantly reduces the amount of time your provider spends on documentation and allows more time for providing care to you and other patients. We use a third-party service provider to process the recorded audio and we have appropriate agreements in place to ensure the confidentiality of your information. All documentation is reviewed, corrected and approved by your provider to ensure the accuracy and completeness of your medical record.

We ask for you to sign this form to indicate your consent to have your visit recorded and processed for the purpose of documenting your care. The recording and associated documentation may also be used for the further improvement of the technology.

This consent is voluntary, and your care will not be conditioned on providing consent.

Please read the statement below carefully and sign to indicate your consent.

Check One:

I hereby consent to the audio recording of my visit today as well as future visits, valid for one year or until revoked.

I do not consent to the audio recording of my visits.

Signature of Patient or Personal Representative

Date: _____

If signed by other than patient: PRINT representative name

Phone # _____

If signed by other than patient: State relationship to patient: _____