

## PATIENT CONSENT FORM FOR AI DICTATIONS

PATIENT INFORMATION:		
Patient	Name: I	Date of Birth:
	(Please Print)	
INTRODUCTION:  I, the undersigned patient, hereby consent to the use of Artificial Intelligence (AI) scribe dictation technology in the documentation of my medical records at KUSM-W Medical Practice Association. This form provides information about the use of AI technology, its purposes, and the security measures in place to protect my privacy.		
PURPOSE OF AI DICTATION: All scribe dictation technology is utilized to convert spoken words into text format for the purpose of documenting medical information in an efficient and accurate manner. The All system may be employed in the transcription of medical notes, reports, and other relevant documents.		
HOW AI DICTATION WORKS:  During my medical appointments, any verbal information provided by me or my healthcare provider may be recorded using AI scribe dictation. The AI system processes and transcribes spoken words into text, contributing to the creation of my medical records. All recordings are permanently deleted after 7 days. The AI scribe will not be used to make any decisions about your care. Your doctor will review all of the information in your medical record, including the AI-scribed notes, before making any decisions about your care.		
SECURITY MEASURES: The medical practice employs robust security measures to safeguard the confidentiality and integrity of the information processed through AI dictation. These measures include encryption, access controls, and regular security audits to prevent unauthorized access and protect against data breaches.		
1. 2.	Access to Information: I have the right to request access to Al dictation.  Amendment of Information: I have the right to request corre inaccuracies in my medical records.  Withdrawal of Consent: I have the right to withdraw my con time. However, withdrawal may affect the efficiency of medical records.	ections or amendments to any sent for the use of Al dictation at any
BENEF Benefits • • Risks:	FITS AND RISKS: s: Increased efficiency in medical record documentation. Enhanced accuracy in transcribing verbal information.  Possibility of errors in transcription. Potential limitations in recognizing certain accents or speech par	tterns.
I have re question	NT CONSENT: ead and understand the information provided in this consent form ns, and any concerns have been addressed to my satisfaction. B It dictation technology in the creation of my medical records at KL	y signing below, I voluntarily consent to the
Patient	Signature:	Date:
Witness Signature:		Date:

Last Rev: 10/11/24