

NEW PATIENT OUTPATIENT CONSENT FORM Consent for Treatment, Telehealth & AI Dictation

CONSENT FOR OUTPATIENT TREATMENT

I voluntarily consent to receive outpatient healthcare services at UKSM-W Medical Practice Association, including evaluation, diagnosis, and treatment by licensed healthcare physician and providers. I understand I have the right to be informed about my treatment, including potential risks and alternatives, and may withdraw this consent at any time in writing. This consent remains valid for the duration of my care unless revoked.

INFORMED CONSENT FOR TELEHEALTH SERVICES

I authorize the use of telehealth technology for remote evaluations and treatment.

- I may be seen via video or audio-only communication, depending on clinical need and technology availability.
- I understand that technical issues may delay care.
- Privacy laws, including HIPAA, apply to all telehealth services.
- My physician and provider will not record the session without my consent, and my information will not be shared with third parties without authorization.
- I may withdraw this consent at any time without affecting my right to future care.
- I understand my insurance may not fully cover telehealth visits and I may be responsible for uncovered charges.
- Telehealth may involve the transmission of my medical information across state or regional networks using secure platforms with encryption and privacy protections.

USE OF ARTIFICIAL INTELLIGENCE (AI) DICTATION TECHNOLOGY

To support accurate and efficient documentation of your care, our clinic uses HIPAA-compliant, AI-powered dictation technology to transcribe verbal information into text for inclusion in your medical record. By signing this consent to treatment, you acknowledge and understand the following:

- AI may be used to transcribe verbal information into text for efficiency and accuracy in my medical record.
- Audio input used for AI transcription is deleted within 7 days. AI is not used to make clinical decisions.
- My physician and provider will personally review and confirm all AI-dictated content before it becomes part of my official medical record.
- Security protocols including encryption and access control protect the confidentiality of my information.
- I may request access to or corrections of my records at any time.

YOUR RIGHT TO OPT-OUT OF AI DICTATION TECHNOLOGY

You have the right to decline the use of AI dictation during your visit. If you choose to opt out:

- Please notify your physician and provider or clinic staff before your appointment begins.
- Your physician and provider will document your visit using traditional methods.
- You acknowledge that opting out may result in longer documentation times and may affect the efficiency of your visit.

VALUABLES

I understand that UKSM-W Medical Practice Association is not responsible for any personal valuables that are lost, stolen, or damaged while I am on clinic premises. I am advised not to bring valuables to appointments.

PATIENT ACKNOWLEDGMENT

By signing below, I confirm that I have read and understand this consent form. I have had the opportunity to ask questions, and all concerns have been addressed to my satisfaction. I voluntarily agree to the above terms.

Patient Name *(Print)*

Date of Birth (MM/DD/YYYY)

Patient Signature

Date

If the patient lacks capacity or is a minor, signature of the parent, guardian, or authorized legal representative is required:

Representative Name *(Print)*

Relationship/Authority to Sign

Representative Signature

Date