



Risk Management Resource: AI Scribing Consent Form Template

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AI Scribing Consent Form

Patient Consent for Use of Artificial Intelligence in Medical Documentation

Effective Date: _____

Patient Name: _____ **Date of Birth:** _____

Purpose of AI Scribing:

At [Name of Practice], we are incorporating the use of artificial intelligence (AI) to assist in the documentation of medical records during your visit. The AI application will transcribe and record your visit for the purpose of improving the accuracy, efficiency, and timeliness of your medical record documentation.

What to Expect:

1. AI Assistance in Documentation:

An AI-powered system may be used to transcribe your conversation during your visit. This technology will generate a draft of your medical notes based on this conversation which will be reviewed and finalized by your physician or other healthcare provider.

2. Confidentiality and Privacy:

The AI system is designed to comply with federal and state privacy laws, including HIPAA (Health Insurance Portability and Accountability Act), to ensure the protection of your personal health information (PHI). Any data captured through the AI system will be handled securely and permanently deleted after [14 days].

3. Data Security:

The data recorded by the AI system, including any voice recordings or transcriptions, will be securely stored, encrypted, and transmitted only to authorized personnel within the healthcare

practice. The data will be used solely for medical documentation purposes and will not be shared with third parties without your consent, except as required by law.

4. Human Oversight:

While AI is used to assist in documentation, all medical decisions and final records will be reviewed and signed by your healthcare provider. You can be assured that your healthcare provider will be actively involved in managing and ensuring the accuracy of your medical record.

Your Rights:

- **Opting Out:**

You have the right to opt-out of using the AI scribing system. If you prefer that no AI technology, be used during your visit, please inform your healthcare provider, an alternate method of notetaking will be employed.

- **Access to Your Records:**

You have the right to request access to your medical records, in accordance with the law.

- **Confidentiality Protections:**

The AI application complies with all confidentiality requirements under [state laws and recordings will be permanently deleted after 14 days. Your medical information will not be shared with unauthorized parties without your explicit consent.

Consent:

By signing below, you acknowledge that you understand and consent to the use of AI technology for scribing during your medical visit. You also acknowledge that you have been informed about how your data will be handled, and you consent to the use of AI in your medical documentation, with the option to opt-out at any time. You acknowledge that you understand that your voice will be recorded for the purposes of use by the AI scribing software to generate a clinical note and by signing to the below, you consent to this recording for these purposes.

Patient Consent:

I have read and understood the information above regarding the use of AI-assisted scribing in my medical visit. I consent to the use of this technology in accordance with the outlined terms.

Patient's Signature: _____ Date: _____
(If applicable, parent or guardian signature)