



Patient Consent Form for Use of Automated Charting Application

Application Name: Autochart.ai, Scribeberry

Purpose:

The Clinic intends to use an automated charting application, Autochart.ai, to record and summarize the interaction between the health care practitioner ("Practitioner") and the Patient during examinations. This process involves recording only the audio of the interaction (the "Voice Recording"), summarizing the content for your medical record, and then deleting the recordings. The summarized transcript is used solely for clinical charting purposes and is destroyed after use. Any additional data required by the Application is anonymized. The Clinic is dedicated to maintaining your privacy with stringent security measures and retains only the essential data required for providing services. The Application complies with applicable privacy laws, and all collected data remains within Canada.

Voluntary Participation:

Your participation in using the Application is entirely voluntary. Your decision not to participate will not affect your access to medical services at the Clinic. You have the right to withdraw your consent at any time, and this will not impact your treatment or services provided by the Clinic.

Informed Consent:

By signing below, you acknowledge that you have read, understood, and consent to the use of Autochart.ai to capture and process a voice recording of your interaction with the Practitioner. The recording will be used to create a summary for your medical records and will be deleted after use.

Patient Information:

- Patient Name (please print): _____

Consent Options:

- **I consent** to the Clinic using Autochart.ai to capture a voice recording of my interaction with the Practitioner, which will be transcribed and used for my medical records.

Patient's Signature: _____

Date: _____

- **I do not consent** to the Clinic using Autochart.ai to capture a voice recording of my interaction with the Practitioner.

Patient's Signature: _____

Date: _____

If the Patient is under the legal age of consent or unable to provide informed consent, a parent or legal guardian must complete the following:

Parent/Guardian Information:

- Parent/Guardian Name (please print): _____

- Relationship to Patient: _____

Consent:

- I, the undersigned, am the parent/legal guardian of the above-named Patient. I have read, understood, and consent to the use of Autochart.ai for capturing and summarizing the voice recording of the Patient's interaction with the Practitioner.

Parent/Guardian Signature: _____

Date: _____