Ambient and Remote Scribe Technology

Your provider uses a secure and HIPAA-compliant technology that may use ambient and remote scribe tools. These tools will create your electronic medical records in real-time or non-real time and assist your provider throughout your visit. The audio stream or recording is stored securely in accordance with HIPAA guidelines and used for better medical care delivery, improved medical documentation, and quality assurance. The audio stream or recording will not be retained on a permanent basis. The audio stream or recording will not be used outside routine treatment and operations.

I have been informed that it is my choice if I want to use ambient and remote scribe technologies in my visit with my provider. I also realize that by signing this form, I give my consent to allow the provider to use this technology in all my future visits. I have had all my questions answered by the provider or staff member.

If at any time I decide not to allow this technology, I am to let the staff or provider know, and the provider will not use it.

I understand the above, and consent to the use of ambient and remote scribe technology in my appointments. This consent is valid from the date I sign, for all future visits. At any point in time, it is my right to decline the use of ambient and remote scribe technology.

_____ _____

Patient name (please print) Date of Birth

_____ _____

Signature of patient or legally authorized representative Date