Patient Consent for AI-Assisted Clinical Documentation

PodScribe by podiatry-scribe.com

Doctor / Practice Name _____ **Practice Address** _____

Patient Full Name _____ **Date of Birth** _____

Your provider uses AI-assisted documentation so they can focus on you during your visit -- listening, examining, and talking with you -- instead of typing into a computer. Your provider reviews, edits, and signs every note.

Audio recording of your visit

◯ **I CONSENT** ◯ I DO NOT CONSENT

I give my healthcare provider permission to record the audio of my visit so it can be turned into written text for my chart. I understand that:

- **No audio is ever stored.** It is used solely for transcription and discarded immediately after the written transcript is generated.
- **My personal identifiers are automatically stripped** (name, date of birth, Social Security number, insurance IDs) before any AI processing, and my information is never used to train or improve AI models.
- **All data is encrypted** (AES-256 at rest, TLS 1.2+ in transit) and processed only on US-based, HIPAA-compliant Azure servers under business associate agreements.
- **My provider reviews and edits the AI-written draft before signing it.** Only the note my provider signs is my medical record -- the audio, the transcript, and the AI draft are not.
- **The transcript is working material,** kept or not kept according to my practice's setting marked below. The signed note is kept under the practice's normal record-keeping rules; questions about the transcript go to the practice.
- **Others in the room** (a family member, caregiver, or interpreter) will be told the visit is being recorded and may ask that the recording stop at any time.
- **Paperwork about my care:** my practice may also use PodScribe to read documents such as referral letters and insurance paperwork. No audio is involved, identifying details are removed the same way, and my provider reviews the result.

This practice's transcript setting (marked by the practice)

- ☐ **The transcript is not stored.** It is removed as soon as the note is written.
- ☐ **The transcript is stored with the note** and removed on the practice's record-keeping schedule.

Declining and revoking

This permission lasts until revoked. You may revoke it at any time by notifying your practice in writing; revocation takes effect on receipt and does not affect documentation that occurred before it. If you decline, you will still be seen and treated exactly the same -- your provider will simply write the note another way. You may also give permission later by completing a new form.

Patient Signature _____ **Print Name** _____ **Date Signed** _____