The Esk FAMILY HEALTH CARE CENTRE

Consent to Use AI Scribing during Medical Consultations

Dear Patient,

We are committed to providing the best possible care for you, and as part of this commitment, we are continually looking for ways to enhance our services.

We would like to inform you about a new technology that we are using called AI Scribing. It is an artificial intelligence (AI) tool that assists us during patient consultations by generating clinical notes based on our conversations. This tool allows us to focus more on you, the patient, and less on computer documentation.

What is AI Scribing?
AI Scribing is a tool that listens to the conversation during a medical consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by your doctor.

How will this affect you?
The AI tool does not interact with you directly. It merely listens to the conversation and creates a summary. This can allow the doctor to focus more on the visit and less on taking notes.

Data Privacy and Confidentiality
We want to assure you that your privacy is our utmost priority. The AI tool adheres strictly to compliance guidelines to ensure your data is secure and protected. Only the healthcare professionals involved in your care will have access to these notes.

Please also note that none of your identification details are recorded or stored during AI scribing i.e; name, address or mobile, in order to protect your anonymity to a third party.

Your Consent
Your participation is completely voluntary. If you agree to the use AI Scribing during your consultations, please sign and date the form below. If you have any questions or concerns, please feel free to discuss them with us.

If you decide to opt out of the use of AI scribing in your consultations, please advise your GP, in order for them to update your records. Otherwise, by signing below it will be taken that your consent is ongoing.
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Patient consent

I, _____consent to the use of AI Scribing during my medical consultations.

Patient name: (please print) _____

Signature: _____Date: _____

If not patient signing – name: (please print) _____

Your relationship to patient: (e.g. Mother, Father, guardian, carer) _____