

Consent Form for Ambient Technology

Name: _____

DOB: _____

Purpose: In an effort to continue our commitment to providing our patients with outstanding health care, Bay Area Family Care uses ambient transcription technology to enhance the quality of our clinical documentation. This technology allows for increased focus during our time with patients and improved accuracy of chart documentation.

How it works: Ambient transcription technology helps transcribe your provider session into written documentation. This documentation is used solely for the purpose of creating accurate and comprehensive medical records.

Benefits:

- Increased face-to-face time with patients during visits.
- Improved accuracy of clinical documentation.
- Enhanced ability to review and reference medical needs during visits.

Confidentiality:

- All recorded/transcribed documents are treated with the highest level of confidentiality
- Access to your visit transcriptions are strictly limited to your physician.
- Our clinic adheres to all relevant privacy laws and regulations, including HIPAA, to protect your personal health information.

Consent: By signing this form, you acknowledge that you have been informed about the use of ambient transcription technology in your clinical visits and understand the following:

- All transcription will be utilized for the purpose of creating accurate clinical documentation.
- Your transcriptions will be kept confidential and secure.
- You may withdraw your consent at any time, by letting your physician know, without impacting your care.

Patient Acknowledgement: I, the undersigned, have read and understood the information provided above. I consent to the use of ambient transcription technology during my medical visits at Bay Area Family Care.

Patient/Guardian Name: _____

Signature: _____

Date: _____