

## **PATIENT INFORMATION**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **INTRODUCTION**

This form provides information about the use of AI technology, its purposes, and the security measures in place to protect your privacy.

## **PURPOSE OF AI DICTATION**

AI dictation technology is utilized to convert spoken words into text format for the purpose of documenting medical technology in an efficient and accurate manner.

## **HOW AI WORKS**

During my appointments, any verbal information provided by me or my healthcare provider may be recorded using AI dictation. The AI system transcribes spoken words into text, contributing to my medical record. This allows for more time and focus to be spent on our interactions. A temporary transcript or summary may be used to generate the clinical note for the session. Your healthcare provider reviews the content of the note for accuracy and completeness. After the note is created, the transcripts are automatically deleted.

## **SECURITY MEASURES**

The Physical Therapy Institute employs robust security measures to safeguard the confidentiality and integrity of the information processed through AI dictation. These measures include encryption, access controls, and regular security audits to prevent unauthorized access. Stringent business associate agreements ensure data privacy and HIPAA compliance.

## **PATIENT CONSENT**

I have read and understand the information provided in this consent form. I have had the opportunity to ask any questions and address any concerns. By signing, I voluntarily consent to the use of AI dictation technology for the creation of my medical records at The Physical Therapy Institute.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_