



Patient Consent for Technology-Supported Care

Patient Name: _____

Date: _____

The use of technology has become an important part of providing quality health care. The Lower Columbia CHC uses digital communication and artificial intelligence (AI) tools to serve our patients. We require your consent for this. Your personal health information is protected and handled according to the Personal Health Information Protection Act (PHIPA) and applicable Canadian privacy laws. We take the responsibility of handling your medical information very seriously.

Digital Communication

Digital communication includes any communication by email, text message or patient portals that are used to communicate with your care team. It is important to be informed of the possible risks when using these technologies to send personal information

Effort is made to confirm that any personal information we send is being received by you and only you, but it's never possible to have 100% certainty who we are communicating with outside of a face-to-face visit.

You need to be aware that we cannot control what happens to information once it is stored: 1) on your device; 2) by telecommunications providers; 3) by software or application providers; or 4) by other applications that may have access to your messages.

You are responsible for the security of your own computer/tablet, email service, and telephone settings.

Artificial Intelligence (AI) Tools

AI tools help with administrative tasks, analyzing health information, and assist with charting during office visits. AI scribes are one of the tools we use at the clinic. The AI program transcribes what is said in a clinical interaction into a chart note, allowing you and your provider to interact with less typing. The recording is deleted after the chart note is generated.

Please let us know if you have any questions or would like more information on digital communication and/or AI tools.

If you consent to the use of digital communication and AI tools, please sign below.

Patient (or Guardian) Signature: _____

Date: _____

Provider/Witness Signature: _____

Date: _____