



Patient Informed Consent for the Use of AI Scribe (Heidi, Tali)

The Lower Columbia Community Health Center (LCCHC) would like to inform you that some of our care team are using Artificial Intelligence (AI) medical scribe tools (Heidi, Tali), to document patient consultations. Using an AI scribe helps your healthcare provider document the details of your visit with accuracy and efficiency. The goal of using this tool is to allow your provider to focus more on your conversations and less on manual documentation, enhancing the quality of your care.

The LCCHC wants to assure you that your consent is crucial. Your privacy is important to us, and your information will be handled with care. Should you wish to opt out, your care will not be impacted.

Information about AI Scribes (Heidi, Tali)

AI scribes listen to the conversation between you and your provider and helps generate clinical notes for your medical record.

- The data collected may include details about your symptoms, medical history and treatment plan.
- The AI scribe may support your provider but does not make decisions about your care. The tool will not replace your provider's judgment, and all decisions regarding your care will be made solely by your provider.
- Your data may be temporarily processed by third-party vendors that support the service. The vendors must follow BC's Personal Information Protection Act (PIPA).
- Your data undergoes a de-identification process to remove your personal identifiers and is handled securely with encryption.
- Your provider will review the notes generated by the scribe before entering them into your record.
- Your data will not be used to train the AI, and your information will not be used for advertising, sold or shared beyond what is necessary for your medical care.
- Your data will remain part of our clinic's electronic medical record (EMR) and is protected by the regulations set out by PIPA as well as our clinic policies.
- The AI scribe does not store your data long-term, and all short-term retention must comply with PIPA.



By signing this consent form, you acknowledge that:

- You have read and understood this form.
- You consent to the use of an AI medical scribe during your visits.
- You understand how your personal information will be used, stored and protected.
- You understand that you can withdraw your consent at any time without impacting the quality of your care. You can withdraw consent by notifying a staff member.

Name: _____ Date: _____

Signature: _____