

AI Scribe Patient Consent Form

Practice Name: _____

Practice Address: _____

Authorization for AI-Assisted Clinical Documentation

Patient Name: _____

Date of Birth: _____

Date: _____

What This Means

Our practice uses AI-assisted documentation technology (an "AI scribe") during clinical appointments. This technology listens to the conversation between you and your care team and generates written clinical notes based on what is discussed.

By signing this form, you acknowledge and consent to the following:

What Is Recorded

- The AI scribe records the audio of the clinical conversation between you and your dental care team during your appointment.
- Recording begins only after you provide consent and ends when your appointment concludes.
- No video is captured. Only audio from the clinical conversation is recorded.

How Your Information Is Protected

- All recordings and generated notes are treated as protected health information (PHI) under HIPAA.
- Your data is encrypted during transmission and storage.

- A signed Business Associate Agreement (BAA) is in place between this practice and our AI scribe vendor, ensuring your information is handled in compliance with federal and state privacy laws.
- Your audio recordings are never used to train third-party artificial intelligence models.
- Your clinical notes are accessible only to authorized members of your care team.

Your Rights

- **You may decline AI scribe recording at any time.** If you choose not to participate, your care team will document your visit using standard methods. Your decision will not affect the quality of care you receive.
- **You may revoke this consent** by notifying our office staff before your next appointment.
- **You may request information** about how your data is stored and handled by contacting our office.

State-Specific Notice (California)

Under the California Invasion of Privacy Act (California Penal Code § 632), all parties must consent to the recording of a confidential conversation. This form satisfies that requirement. Recording without signed consent is a violation of California law and will not occur in this office.

Consent Statement

I have read and understand the information above. I consent to the use of AI-assisted documentation technology during my appointment(s) at this practice. I understand that I may withdraw my consent at any time without penalty.

Patient Signature: _____

Date: _____

Parent/Guardian Signature (if patient is a minor): _____

Date: _____

Witness (Practice Staff): _____

Date: _____

This template is provided for informational purposes and does not constitute legal advice. Consult your practice's legal counsel before implementation to ensure compliance with all applicable federal, state, and local regulations.

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