

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ HCN: \_\_\_\_\_

## Informed Consent for the Use of AI Technology

*Our clinic may use an Artificial Intelligence (AI) tool to create notes for your medical record. The AI tool helps your clinician focus more on talking to you and caring for you instead of typing at the computer.*

*The AI tool records what you and your doctor say during an appointment and uses AI to write a summary for your clinician to check. Your doctor can then edit it and put it in your medical record.*

***The AI tool does not keep a recording of the appointment.*** *It encrypts what they store very carefully to protect your privacy. It will not use your personal health information (PHI) or the appointment recording to train its AI.*

*For more information, you can refer to our Privacy Statement at <https://gimclinic.ca>. You can also ask your doctor or clinic staff questions about it and how it is used in this clinic.*

### WHAT YOU NEED TO KNOW

- *We use AI to assist your consultation, never to substitute your clinician's professional judgement.*
- *Your personal health information is never shared with third parties other than the clinic and the AI service provider.*
- *The AI tool records the audio during your appointment to generate a transcript. That audio copy is never kept for longer than 48 hours.*
- *The AI tool uses the transcript of the encounter to create a note delivered to your clinician.*
- *Data undergoes a rigorous de-identification process to remove personal identifiers.*
- *A de-identified (personal health information removed) copy of the transcript and the note can be kept indefinitely by the AI tool.*
- *Your data never leaves Canada. All services adhere to the PHIPA and PIPEDA regulations.*
- *The AI service uses encryption and regular audits to ensure compliance.*



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*You can choose to opt out of the use of AI at any time, including during your consultation.*

*By consenting to the use of AI tools during your encounter, you acknowledge that you have been informed about its use and purpose and that you understand how your information will be handled, stored and protected.*

*By signing this form, I AGREE that I have read the "Informed Consent for the Use of AI Technology," and I allow GIM Clinic and my clinician to use AI tools to document my consultation. I acknowledge that I can withdraw my consent at any time.*

<i>Patient name:</i> <i>DOB:</i> <i>HCN:</i>	<i>Date:</i>
<i>Signature:</i>	<i>Witness:</i>