Consent to Use Voice Scribe during Alliston Foot & Orthotic Medical Encounters

We would like to inform you about the new technology that we are using called voice Scribe. Scribe is an artificial intelligence tool that assists us during patient encounters by generating clinical notes based on our conversations. This tool allows us to focus more on you, the patient, and less on computer documentation.

What is Voice Scribe?

Voice Scribe is a tool that listens to conversation during a medical consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by your medical practitioner.

Purpose of Use

To enhance the accuracy and efficiency of your medical documentation, this clinic uses a secure, AI-powered scribe tool that listens during your visit to help create clinical notes.

Data Privacy and Confidentiality

We want to assure you that your privacy is our utmost priority. The Voice Scribe tool adheres strictly to PIPEDA (Personal Information Protection and Electronic Documents Act) and PHIPA (Personal Health Information Protection Act) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

What You Need to Know

- The AI scribe listens passively during your consultation to generate visit notes.
- Your provider **reviews and approves** any notes before they are saved in your chart.
- No recordings are saved or stored unless explicitly noted.
- Medical information is encrypted, and HIPAA/PHIPA-compliant.
- You may decline Voice Scribe usage at any time without affecting your care.

Your Consent

Your participation is completely voluntary. If you agree to the use of Voice Scribe during your consultations, please sign and date the form below. If you have any questions or concerns, please feel free to discuss them with us.

Consent Statement

☐ **I consent** to the use of a voice scribe tool to assist in creating medical documentation during my visit today and during future appointments unless I withdraw consent.

☐ **I do not consent** to the use of a voice scribe tool in creating medical documentation during any of my visits.

Patient Name: _____

Signature: _____ Date: _____