
Consent for Upheal Ambient Recording During Consultation

Dr Bawani Marsden Clinic

I, the undersigned, hereby consent to the following:

- **Audio Recording:** I understand that during my consultation with Dr Bawani Marsden at Dr Bawani Marsden Clinic, the conversation may be audio transcribed for documentation purposes. This transcription will be used to assist the doctor in creating accurate and comprehensive medical records.
- **Data Processing:** I understand that the audio transcribing may be processed by a third-party service provider, Upheal, to generate clinical notes.
- **Data Security:** I acknowledge that Dr Bawani Marsden Clinic and Upheal will implement appropriate security measures to protect the confidentiality of my transcribed audio information.
- **Data Sharing:** I understand that the transcribed audio information may be shared with other medical service providers or clinics for the purpose of treating the patient.
- **Data Use Limitations:** I understand that the transcribed information will only be used for the purposes outlined above and will not be used for any other purposes, such as marketing, research, or any other commercial activities, without my explicit written consent.
- **Data Access:** I understand that I have the right to access and review the clinical notes generated from the transcribed audio recording.
- **Withdrawal of Consent:** I understand that I have the right to withdraw this consent at any time. However, please note that withdrawal of consent may affect the accuracy and completeness of my medical records.

I have read and understand the above information and freely consent to the transcribe audio recording of my consultation and the subsequent processing and sharing of the recorded information as described.

_____ **Patient Signature**
_____ **Date**
_____ **Printed Name of Patient**