



Recording Consent Form

To help our team create clear, thorough, and accurate medical notes, Evergreen Veterinary Hospital uses artificial intelligence (AI) software that records conversations during your visit.

Purpose of Recording: To enhance the quality of care and service provided at our practice, we may record interactions between you and our staff. These recordings will be used solely for care administration, quality assurance, and improvement purposes.

By signing this form, you consent to the recording of your interactions with our staff. You acknowledge that these recordings will be used to improve the care and service provided by Evergreen Veterinary Hospital and will be handled in accordance with our privacy policy.

Privacy Assurance: All recordings will be securely stored and accessed only by authorized personnel. They will not be used for any purposes other than those stated above without your explicit consent.

Consent: I have read and understand the purpose of the recordings and consent to being recorded as described above.

Signature: _____

Date: _____

Printed Name: _____

Thank you for your cooperation and understanding.