

## **Drs Chhabra and Sait MD PA**

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### **Consent to Use AI Scribe Technology During Pediatric Medical Encounters**

**Dear Parent/Guardian,**

We are committed to providing the best care for your child, and as part of this commitment, we are continuously looking for ways to enhance our services. We would like to inform you about the use of an innovative technology called **AI Scribe**, which assists us during patient encounters by generating clinical notes based on the discussion during the visit. This tool allows us to focus more on your child and less on computer documentation.

**What is AI Scribe?** AI Scribe is a tool that listens to the conversation during your child's medical consultation and generates a written summary or "note" based on that conversation. This note is then reviewed and approved by the healthcare provider before becoming part of your child's medical record.

**How will this affect your child?** The AI tool does not interact directly with your child or you. It listens to the discussion between you, your child, and the healthcare provider to create a clinical summary. This enables the provider to spend more time focusing on your child rather than on notetaking.

**Data Privacy and Confidentiality:** Your privacy and confidentiality are our top priorities. AI Scribe adheres to strict **Health Insurance Portability and Accountability Act (HIPAA)** compliance guidelines to ensure all data is secure and protected. Only healthcare professionals involved in your child's care will have access to these notes.

**Multiple AI Scribe Providers:** To ensure flexibility and optimize the quality of our services, we may utilize different AI Scribe technology providers at our discretion. Rest assured that all providers will meet strict HIPAA compliance and security standards to protect your privacy.

**Your Consent:** Participation is entirely voluntary. If you agree to the use of AI Scribe during your child's medical consultations, please sign and date the form below. If you have any questions or concerns, feel free to discuss them with us before signing.

**Consent Acknowledgment:** By signing below, I attest that I have personally read this form (or had it explained to me). I fully understand and agree with its contents. I have had my questions answered to my satisfaction. I consent to the use of AI Scribe technology, including the use of multiple AI Scribe providers at the practice's discretion, during my Child's/Children's medical encounters/appointments.

Please Initial and date: \_\_\_\_\_