

**GATEWAY PEDIATRICS, LLC**  
**CONSENT FORM FOR ARTIFICIAL INTELLIGENCE (AI) DICTATION**

I, the undersigned, hereby consent to the use of Artificial Intelligence (AI) scribe dictation technology in the documentation of my/my child's medical records at Gateway Pediatrics. This form provides information about the use of AI technology, its purposes, and the security measures in place to protect my/my child's privacy.

#### **PURPOSE OF AI DICTATION**

AI scribe dictation technology is utilized to convert spoken words into text format for the purpose of documenting medical information in an efficient and accurate manner. The AI system may be employed in the transcription of medical notes, reports, and other relevant documents.

#### **HOW AI DICTATION WORKS**

During medical appointments, any verbal information provided by me or my healthcare provider may be recorded using AI scribe dictation. The AI system processes and transcribes spoken words into text, contributing to the creation of my/my child's medical records. The AI scribe will not be used to make any decisions about your care. Your doctor will review the AI-scribed notes, and other relevant information, before making any decisions about your care.

#### **SECURITY MEASURES**

Gateway Pediatrics uses an AI dictation service called Sully.ai. We have entered into a Business Associate Agreement with Sully.ai to ensure they have robust security measures to safeguard the confidentiality and integrity of the information processed through AI dictation. These measures include encryption, access controls, and regular security audits to prevent unauthorized access and protect against data breaches.

#### **PATIENT RIGHTS**

*Access to Information:* I have the right to request access to my/my child's medical records and available transcripts generated through AI dictation.

*Amendment of Information:* I have the right to request corrections or amendments to any inaccuracies in my/my child's medical records.

*Do Not Consent:* I understand and have the right to clearly write OPT OUT in the signature line AND tell the front desk immediately. My/my child's chart will have alerts added to advise the provider not to use AI dictation.

*Withdrawal of Consent:* I have the right to withdraw my consent for the use of AI dictation at any time. However, withdrawal may affect the efficiency of medical record documentation.

#### **BENEFITS AND RISK**

##### **Benefits:**

- Increase efficiency in medical record documentation.
- Enhanced accuracy in transcribing verbal information.

##### **Risks:**

- Possibility of errors in transcription
- Potential limitations in recognizing certain accents or speech patterns

#### **PATIENT CONSENT**

I have read and understand the information provided in this consent form. I have had the opportunity to ask questions, and any concerns have been addressed to my satisfaction. By signing below, I voluntarily consent to the use of AI dictation technology in the creation of my/my child's medical records at Gateway Pediatrics.

Signature/Electronic Signature of Patient/Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_