



WEST SUBURBAN WOMEN'S HEALTH

Consent to Patient Audio Recording

Healthcare providers today spend a significant amount of time documenting patient care. West Suburban Women's health is now employing technology which uses artificial intelligence to record audio (not video) of patient visits. All documentation is reviewed, edited and approved by your provider to ensure the accuracy and completeness of your medical record.

Consent

- **I understand that patient care services will be recorded only by the provider treating me. Such recordings may include protected health information covered under HIPAA.**
- **I understand that recording my visit is not a requirement for me to receive treatment from my provider.**
- **My agreement and participation in recording my visits are knowing and voluntary. Furthermore, I understand that I may withdraw my consent for recording visits or ask questions about my recordings at any time.**
- **I acknowledge that I have been provided with a HIPAA Notice of Privacy Practices.**
- **I understand that my consent is voluntary, and my care will not be conditioned on providing consent.**

I HEREBY CONSENT TO THE RECORDING OF MY VISIT TODAY AND OF FUTURE VISITS. I UNDERSTAND THAT I MAY REVOKE MY CONSENT TO RECORDING OF VISITS AT ANY TIME.

Patient Name: _____

Date of Birth: ____/____/____

Patient Signature: _____

Today's Date: ____/____/____