DERMATOLOGY
OF NEW MEXICO

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AI Recording Consent and Release

Patient name: _____

Date: _____

To help us provide accurate and complete care, our medical office may use an AI-assisted recording tool during your visit. The tool helps our healthcare team capture important information from your conversation and create clinical notes.

This note is reviewed and edited by your practitioner prior to being saved in your electronic medical chart. The AI scribe tool does not interact with you directly and will not be used to make any decisions about your care.

If you agree to the use of AI Scribe during your appointment, please sign and date this form below. If you have any questions or concerns, please feel free to discuss them with your provider. Your participation is completely voluntary.

Your privacy is important to us. The recording and information collected will be handled according to our privacy and security practices.

You can choose not to have your visit recorded by AI. Choosing not to use AI will **not affect the care you receive.** If you have any questions or concerns, please let a member of our team know

The AI tool adheres strictly to Health Insurance Portability and Accountability Act. (HIPPA).
Only the healthcare professionals involved in your care will have access to these notes.

My signature means that I agree to allow Dermatology of New Mexico, LLC to use AI-assisted recording tool to carry out treatment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Dermatology of New Mexico, LLC has taken action relying on this consent.

_____ _____
Signature (Patient or Legal Custodian/Authorized Representative) Date

_____ _____
Relationship to Patient if signed by another party Date