PATIENT CONSENT: MEDICAL SCRIBING SOFTWARE

Medical scribing program:

- Your doctor would like your consent to use medical scribing software to assist with taking clinical notes during consultations. The scribe assists in reducing some administrative tasks, allowing more focused time with patients.
- Although this is an AI-based system, it does not provide any clinical advice to the doctor regarding diagnosis, prescribing, or management.
- No identifying information is added, and it is not linked to give any access to your medical records.

Privacy, Encryption, and Data Security:

- **Privacy:** Your privacy is protected at all times.
- **Anonymity:** No personal identifying information is provided to the scribing program.
- **Compliance:** All information is encrypted and processed on Australian servers in full compliance with the *Australian Privacy Act 1988*, using ISO 27001–certified infrastructure.
- **No Audio Stored:** Secure audio is converted to text in real time and permanently deleted immediately after transcription. No audio is stored, retained, or accessible.
- **Data Deletion:** Transcriptions are stored temporarily on encrypted Australian servers; all data is deleted once consultation notes are finalised.
- **No Clinical Advice:** The system does not provide clinical advice to the doctor.
- **No AI Training:** The system does not use your clinical information to train AI models.
- **No Third Parties:** No information is sold or shared. Data is accessible only by your doctor and only at the time of the consultation.

If you have questions, please speak with your doctor. Choosing not to use this add-on service will not affect your care in any way.

Patient Acknowledgement

By signing below, you consent to your doctor using digital software to securely make some notes during the consultation. If you are signing on behalf of the patient — for example, as a parent, guardian, or authorised representative — your signature confirms consent on the patient's behalf. Your doctor can re-confirm this consent at the start of each appointment.

Patient Name: _____

If this consent is being given by someone other than the patient (e.g. parent, guardian, or authorised representative), please also complete:

Name of parent/guardian/representative: _____

Relationship to patient: _____

Signature: _____ Date: _____