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AI-Assisted Documentation Consent Form

Patient Name _____ Date of Birth _____

At North Texas Allergy & Asthma Center, we are committed to providing high-quality medical care while incorporating technology that enhances efficiency and accuracy. As part of your care, your provider may utilize secure, HIPAA-compliant artificial intelligence (“AI”) technology to assist with clinical documentation during your visit. AI-assisted documentation helps streamline the creation of clinical notes and supports comprehensive and precise medical records, allowing your provider to focus more directly on you during your appointment.

Understanding AI-Assisted Documentation

- The AI technology used in your appointment assists with transcribing and summarizing discussions between you and your medical provider. Audio is processed in real time and is not stored.
- The AI tool is only used to support medical documentation and does not make clinical decisions or replace the expertise and judgement of your provider.
- Your information is encrypted, kept confidential, and is not shared with unauthorized third parties.
- Your provider will review, edit, and finalize all AI-generated documentation to ensure accuracy and completeness.
- All AI-assisted documentation is handled in compliance with HIPAA regulations to safeguard your privacy and protected health information.

Your Rights

- Participation in AI-assisted documentation is voluntary.
- You may decline or withdraw consent for the use of AI-assisted documentation at any time without affecting the quality of your care.
- You have the right to have ask questions regarding AI-assisted documentation at any time, and your provider or clinic staff will be happy to address any concerns.

By signing below, you acknowledge that you have read and understand the information provided about AI-assisted documentation. You acknowledge that you have had the opportunity to ask questions and receive answers regarding the use of AI-assisted documentation.

I **consent** to the use of an AI transcription tool to record and transcribe my visits for the purpose of assisting my provider with documentation. I understand that my provider remains responsible for all medical decisions and documentation entered into my medical record.

I **do not** consent to the use of an AI transcription tool to record or transcribe my visits. I understand that this will not affect the quality of my care.

Patient/Guardian Signature _____ Date _____

Provider/Witness Signature _____ Date _____