



CORPUS CHRISTI ALLERGY ASSOCIATES

ALLERGY | ASTHMA | IMMUNOLOGY

AI-Assisted Documentation Consent Form

At Corpus Christi Allergy Associates, we are committed to providing high-quality medical care while incorporating advanced technology to enhance efficiency and accuracy. As part of your care, our providers may utilize Artificial Intelligence (AI) technology to assist in documenting your medical visit. This AI-assisted documentation helps streamline the recording of clinical notes and ensures comprehensive and precise medical records, while allowing your provider to focus on you during your visit.

Understanding AI-Assisted Documentation

- The AI technology used in your appointment assists with transcribing and summarizing discussions between you and your medical provider.
- The AI tool **does not** make clinical decisions or replace the expertise of your provider.
- The AI feature is part of the electronic health record tool your provider uses to document your medical history for your medical record.
- The AI tool does not share your information with any 3rd parties and all information is kept confidential and encrypted.
- 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 and Corpus Christi Allergy Associates data security policies to safeguard your privacy.

Your Consent and Rights

- Participation in AI-assisted documentation is **voluntary**. You have the right to decline its use without any impact on the quality of your care.
- You may request to review the notes documented with AI assistance.
- You may withdraw your consent at any time by informing your provider or clinic staff.
- You have the right to have any questions or concerns regarding AI-assisted documentation answered by your medical provider.

Acknowledgement and Consent

By signing below, you acknowledge that you have read and understand the information provided about AI-assisted documentation. You consent to its use during your medical visit(s) at Corpus Christi Allergy Associates and you acknowledge that you have had the opportunity to ask questions and receive answers regarding the use of AI-assisted documentation.

Patient Name:	Date of Birth:
Signature of Patient or Responsible Party:	Date: