

## Patient Consent for Use of Heidi AI Documentation System

We have chosen to use Heidi Health, which is an AI-powered medical scribe and documentation programme designed to assist healthcare professionals by automatically generating clinical notes, referral letters, and other necessary paperwork. Its core function is to reduce the administrative burden and burnout experienced by clinicians, allowing them to focus more on patient interaction and care rather than having to focus on typing or manual documentation.

I, \_\_\_\_\_ acknowledge and consent to the following regarding the use of Heidi AI documentation system during my healthcare:

### **Understanding of Heidi AI System**

I understand that Heidi is an artificial intelligence system designed to assist healthcare providers with clinical documentation by transcribing the consultation conversation to help create medical notes.

### **Data Collection and Processing**

I understand that during my healthcare encounters, the following information may be processed by the Heidi AI system: Audio recordings of our conversations, which contain personal health information, symptoms, medical history, and treatment plans.

### **Privacy and Security**

I have been informed about how my health information will be protected when using the Heidi AI system, including: Data is encrypted both in transit and at rest, stored on secure servers, and access is restricted to authorised personnel. All data is handled in compliance with relevant privacy laws.

### **Healthcare Provider Oversight**

I understand that my healthcare provider maintains full responsibility for my care and that all AI-generated documentation is carefully reviewed, edited, and confirmed for accuracy by my healthcare provider before being added to my medical record. The AI system is a tool to assist, not replace, the clinician's professional judgment.

### **Right to Decline**

I understand that I have the right to decline the use of the Heidi AI system for my documentation without affecting the quality of my healthcare.

### **Questions and Concerns**

If you have any questions or concerns, please let our staff at Te Ora know.

### **Consent Decision**

- I consent to the use of the Heidi AI documentation system during my healthcare
- I decline the use of the Heidi AI documentation system during my healthcare

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_