

**Recording Consent Form – Clinical Documentation**

Providers spend a lot of time writing notes, which takes away from the time they spend with patients. To support our mission of providing high quality care, we are using a new technology which creates notes by recording the audio portion of patient visits. This technology decreases the amount of time your provider spends writing notes and allows more time for providing care to you and other patients. We will use another company to process the recorded audio and create the visit notes. We have agreements in place to ensure the confidentiality of your information. Your provider will review and approve all notes before they are added to your medical record.

We ask for you to sign this form to indicate your consent to have your visit recorded and processed, in this manner, for the purpose of documenting your care.

**This consent is voluntary, and your care will not be conditioned on providing consent.**

- I consent to the recording of my visit for documentation purposes.
- I do not consent to the recording of my visit for documentation purposes.

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Patient Signature (or representative)

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Date

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Print Name