MCH
Physical Therapy Clinic

AUDIO RECORDING CONSENT FORM

I, _____, acknowledge and understand that MCH Physical Therapy Clinic (the "Provider") will be using Prediction Health's AI scribing software service (the "Software"), during our visits moving forward. This software will record and process the audio of our conversation to auto-generate the Provider's documentation and administrative work to help ensure the highest quality of care possible.

By signing this Audio Recording Consent Form, I expressly certify that I understand that:

A. The provider will be using the software to capture conversations between myself and the Provider in order to auto-generate the Provider's documentation and administrative work.
B. The audio will be processed by the Software and will record my protected health information.
C. The audio recording will be used for clinical purposes only, including treatment, payment, or health care operations in accordance with the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). It will not be used for any other purposes, including, for example, sharing, selling, or using the audio recording for advertising purposes not In accordance with HIPAA.
D. The audio recording will be stored securely as part of my medical record In accordance with the applicable security regulations of HIPAA.

I have read all of the information above, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I expressly consent to the use of the Software and to have audio of my visits recorded to support my Provider's clinical work.

_____ _____ _____
Signature of Patient Date Date of Birth

If this Audio Recording Consent Form is being completed by a person with legal authority to act on the patient's behalf, such as a parent or legal guardian of a minor health care agent, please complete the following:

_____ _____
Name of Person Completing Form and Relationship to Patient Date