KINGS EYE CENTER

Patient Consent for Use of an Artificial Intelligence (AI) Documentation Assistant

Patient Name: _____ Date of Birth: _____ Date: _____

We want to spend more time focused on you and less time typing during your visit. With your permission, our practice uses ModMed Scribe, an advanced artificial intelligence (AI) documentation assistant, to help your eye care team prepare accurate notes from your visit. Please read this form and ask any questions before you sign.

What it does.

ModMed Scribe uses AI to listen to and process the conversation during your visit, turn spoken words into text, and create draft clinical notes. It is a documentation tool only; it does not diagnose you, recommend treatment, or make any decisions about your care. Your provider remains fully responsible for your care and reviews, edits as needed, and approves every note before it becomes part of your medical record. AI can make mistakes, including transcription or drafting errors, and your provider will review and correct the documentation before signing it.

How your information is handled.

No complete voice recording of your visit is stored; audio is processed temporarily in small fragments, and the temporary transcript is used only while your chart is prepared and is removed from your identifiable chart after your provider signs the note. Your health information is protected under HIPAA and applicable state privacy laws, using safeguards such as secure processing, encryption, access controls, and audit logs. Your data is not used to train third-party AI models; after information identifying you is removed, de-identified information may be used to improve ModMed Scribe's accuracy and performance. You may ask to access your record or request a correction through the practice's normal process.

Your consent to AI use and recording.

By signing below, I consent to Kings Eye Center and my care team using ModMed Scribe during my visits, including temporary audio capture or recording, transcription, AI processing and analysis, and creation of draft notes from conversations in which I participate. If a family member, caregiver, interpreter, or other person joins my visit, I understand ModMed Scribe may be used only if that person is also informed and agrees.

Your choices.

Using ModMed Scribe is completely voluntary. I may say no now, or ask that ModMed Scribe be turned off, or withdraw my consent at any time, by telling my provider or front desk or contacting Kings Eye Center; if I decline or withdraw, my provider will simply document my visit the traditional way, and my care and the quality of my care will not be affected in any way. A withdrawal applies only to future visits and will not undo documentation, disclosures, or de-identification that already occurred. This consent remains in effect for my future visits until I withdraw it, although the practice may ask me to confirm it at a visit.

I have had the opportunity to ask questions, my questions have been answered, and I voluntarily consent to the use of ModMed Scribe as described above.

Patient / Authorized Representative Signature: _____

Printed Name: _____ Date:_____

Relationship to Patient: ☐ Self ☐ Parent ☐ Legal Guardian ☐ Other: _____

If signing for a minor or a patient who cannot consent: I represent that I have legal authority to consent on behalf of the patient named above.

This signed consent is part of your medical record; a copy is available on request.