

DeepScribe Inc.

Patient Consent for Recordings



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I, (the "Patient") understand that my healthcare provider has contracted with DeepScribe to provide audio transcription services. I hereby give my permission, as indicated below, to be audio recorded during my medical visit (the "Recordings").

I **consent to** using DeepScribe Inc.'s medical scribe services and for DeepScribe to use these Recordings and personal information collected during the Recordings, including health information, for certain services, which includes but is not limited to, medical documentation, medical transcription, quality assurance, training, software improvement, and voice analytics purposes. I acknowledge that the Recordings will not be included in or maintained as part of the Patient's medical record.

I **understand** that any or all of the information provided by me or my care team during the Recordings may be used and disclosed for the above-indicated purposes, including personal and health information about myself.

Patient Name:

Date: