Bozeman Creek Family Health

Al and Online Communication Acknowledgment Form

Purpose: At Bozeman Creek Family Health, we are committed to providing high-quality, efficient, and secure healthcare services. To support this goal, we utilize artificial intelligence (Al) tools to assist with **medical dictation** and **secure transfer of medical data** from outside healthcare providers.

How Al is Used

- **Dictation:** Our providers may use HIPAA-compliant Al software to transcribe clinical notes, visit summaries, and communications into the electronic medical record (EMR).
- **Data Transfer:** Al tools may assist in securely receiving, sorting, and integrating outside medical records into your health file.

Privacy and Security

- All Al tools used by Bozeman Creek Family Health comply with **HIPAA (Health Insurance Portability and Accountability Act)** standards.
- Your protected health information (PHI) is **encrypted** and stored securely.
- The Al systems used **do not share or sell data** and are only used for clinical and administrative support within the healthcare team.
- Human review remains a part of all medical decision-making-Al is used as a tool, not as a replacement for your healthcare provider.

Your Rights

- You may **decline** to have your information processed by Al systems. In that case, manual documentation and record transfer methods will be used instead, which may take longer to process and may result in additional fees.
- You may **withdraw consent** at any time by notifying our office in writing.

Online communication is a form of communication using "secure" websites or email applications that apply appropriate encryption technology designed to protect the transmission of confidential information. Online communication is an additional option; it is not meant to replace other forms of communication with your healthcare provider. Patients can opt out of online communication at any time. I understand that online communication cannot be used for emergencies or time-sensitive matters.

I understand that if I am using unsecured/unencrypted online communication, the likelihood of risks associated can incur. I understand that I am responsible for taking steps to protect myself from unauthorized use of online communication and text messages and Bozeman Creek Family Health is not responsible for breaches caused by a third-party or me.

Acknowledgment and Consent

By signing below, you acknowledge that you have read and understood this notice regarding the use of Al technologies at Bozeman Creek Family Health and consent to their use for the purposes described above.

Patient Signature: _____ Date: _____

Patient Name: _____ Date of Birth: _____