Your physician or other licensed independent practitioner (LIP), referenced as "provider," uses a technology called Augmedix to share a secure and encrypted audiovisual stream of your visit with your provider's documentation assistant. This assistant provides documentation assistance and will document in your electronic medical record and assist your provider throughout your visit. By signing below, you understand and consent to the following:

1. I understand my provider will review the documentation and authenticate it prior to finalizing my medical record.

2. I understand that the documentation assistant has been provided with education and training on the following: Medical terminology; Health Insurance Portability and Accountability Act of 1996 (HIPAA); Principles of billing, coding, and reimbursement; Electronic medical record (EMR) navigation and functionality, as appropriate based on their job description. The documentation assistant will maintain the confidentiality of my health information and is prohibited from disclosing it to those not involved in my care.

3. I have read the frequently asked questions form given to me prior to my appointment. I have had all my questions answered by the provider or support team.

4. I have been informed that it is my choice if I want to use Augmedix in my visit with my provider. I also realize that by signing this form, I give my consent to allow the provider to use Augmedix in future visits throughout the next year.

5. I understand that I may withdrawal this consent using Augmedix, and this choice will not affect the care I receive.

6. If at any time I decide to not allow Augmedix, I will let the support team or provider know, and the provider will not use Augmedix.

I understand the above, and consent to the use of Augmedix in my provider appointments.
This consent is valid until further noted.

_____
Patient Name

_____
Patient Signature   Date

_____
Parent / Legan Gardian (if patient is under 18)   Date