



Dothan Behavioral Medicine Clinic

Patient Consent for Use of MedWriter

Patient Name: _____

Date of Birth: _____

Date: _____

Introduction:

MedWriter is a digital documentation tool designed to assist healthcare providers in generating and maintaining accurate medical records. This consent form outlines the use of MedWriter and ensures that you understand and agree to its application in your care.

Purpose of MedWriter:

MedWriter is used to facilitate efficient and precise documentation of your medical history, treatment plans, prescriptions, and other relevant healthcare information. It is not a substitute or direct communication with your provider but serves to enhance record-keeping and streamline care.

Consent and Agreement:

By signing this form, you acknowledge and agree to the following:

1. **Use of MedWriter:** Your healthcare provider may utilize MedWriter to document your medical information, including but not limited to diagnoses, treatments, medications, and progress notes.
2. **Accuracy and Verification:** You understand that while MedWriter assists in documentation, it remains your provider's responsibility to review, verify, and ensure the accuracy of your medical records.
3. **Privacy and Confidentiality:** All medical records documented through MedWriter comply with HIPPA regulations and are securely stored to protect your privacy.
4. **No Automated Decisions:** MedWriter does not independently make medical decisions; your provider retains full responsibility for your care and treatment.
5. **Recording for AI Processing:** You acknowledge that your interactions with your healthcare provider may be recorded and processed by MedWriter's AI system for documentation purposes. These recordings are used solely for medical record-keeping and comply with all privacy regulations.
6. **Right to Revoke Consent:** You have the right to withdraw your consent at any time. Revocation must be provided in writing and will not affect any prior documentation.

Patient Acknowledgment:

I have read and understand this consent form. I voluntarily authorize my healthcare provider to utilize MedWriter for documentation purposes.

Patient/Guardian Signature: _____

Date: _____

Provider/Witness Name: _____

Provider/Witness Signature: _____

Date: _____