



Installation : _____

DOSSIER : _____

NOM : _____

PRÉNOM : _____

D.D.N. (aaaa / mm / jj) : _____

USER CONSENT FORM FOR USING AI-BASED SPEECH RECOGNITION TOOL

User Consent Form for Using an AI-Based Speech Recognition Tool

Your healthcare professional is asking for your permission to use an AI-based speech recognition tool during your appointment.

You can say yes or no. You can also change your mind at any time, even by speaking to your professional. You will still get the care you need.

What is the speech recognition tool?

This tool is an app that records your voice for a short time during your appointment. It helps make a note of what you and your professional talk about. The professional uses only tools approved by their workplace and that follow the law.

What personal information will be collected?

Personal information means anything that can identify you. Sometimes, people also say “personal data” — it means the same thing.

If you agree, the app may record your conversation during the appointment. This can include:

- Your voice and expressions;
- Your past health problems, symptoms, and treatments now or in the future;
- Information about your family, money, or legal situation;
- Details that identify you, like your name, address, phone number, health insurance number, or insurance information;
- Notes and observations from your professional, prescriptions, exam requests, or referrals.

How your personal information is handled?

The information recorded is not added to your medical file right away. Your professional has a limited time to review and finish the note, then add it to your medical file. Later, your information may be changed so no one can tell it is about you, and it can be kept in the app.

Usually, the information in medical files is kept for at least five years

Use of anonymous information

The app may change your information so no one can identify you. This anonymous information may be used only for certain reasons, like improving the AI. Some apps erase your information quickly and do not use it to train the AI. It depends on the tool.

Your rights

You have the right to privacy and to access your information. You can also ask to correct your information or change your mind about your consent. If you have questions, please contact the Medical Records department at the institution.

Nom : _____

Prénom : _____

Installation : _____

N° de dossier : _____

Consent

- ☐ I agree to let my healthcare professional use an AI-based speech recognition tool to record my voice and what we say to make a note for my medical file. I understand I can say no or change my mind anytime, even by speaking directly to my professional.
- ☐ I do not agree to let my healthcare professional use this tool.

User or legal representative
(in print letters)

Signature

Date
(yyyy/mm/dd)

Professional's name
(in print letters)

Title

Signature

Date
(yyyy/mm/dd)