



## Autoscribe Patient Consent

Your healthcare providers may use a technology called AutoScribe to help them with their clinical documentation. AutoScribe uses speech recognition software and artificial intelligence to help reduce the amount of time that healthcare providers spend filling out their patient charts by hand or on their individual computers. The goal of AutoScribe is to allow healthcare providers to spend more time with their patients and to improve quality of care.

The purpose of this Patient Consent is to tell you more about AutoScribe, and to ask if you consent to your healthcare provider using AutoScribe during your appointments with them. It is completely up to you whether to consent to your healthcare provider using AutoScribe. If you say yes to your healthcare provider using AutoScribe, you have the right to withdraw that consent at any time, for any reason.

AutoScribe is owned and operated by Mutuo Health Solutions Inc. (“Mutuo Health” or “we”). Mutuo Health is committed to protecting the privacy and security of your Personal Health Information (“PHI”). Your PHI is identifying information about you that relates to your health or to the provision of health care to you. For example, during your appointment, you and your healthcare provider might discuss your health history, current problems and symptoms, and medication use; all of this information would be considered your PHI.

**Please read this Patient Consent carefully before deciding whether to sign it,** as it describes how Mutuo Health collects, uses, stores, discloses, and protects your PHI when it operates AutoScribe.

### **How is your PHI collected through AutoScribe?**

Through AutoScribe, Mutuo Health will collect your PHI in three ways:

- It will create a word-for-word transcript of the dialogue between you and your healthcare provider during your appointment, using voice recognition software and other technologies.
- It will create an audio recording of your appointment with your healthcare provider.
- It will collect limited PHI directly from your healthcare provider and/or their office staff for the purposes of verifying your identity.

### **How does Mutuo Health use your PHI after AutoScribe has collected it?**

The appointment transcripts generated by AutoScribe are used in the following ways:

- At the conclusion of each appointment, AutoScribe uses the transcript from that appointment to generate an information handout for you, the patient. The information handout summarizes the discussion between you and your healthcare provider during the appointment, including any action items that were discussed. The information handout can be printed and given to you, or sent to you by email with your consent.
- Mutuo Health analyzes each appointment transcript using machine learning, in order to automate and support the healthcare provider’s clinical documentation of the appointment.
- Appointment transcripts are also used to maintain and improve the quality and effectiveness of AutoScribe and to develop new services and features for its users.



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Mutuo Health uses the appointment audio recordings generated by AutoScribe solely to confirm the correctness and completeness of appointment transcripts. After that, the audio recordings are securely destroyed.

### **Does Mutuo Health share your PHI with others?**

Mutuo Health may share PHI with entities that provide services to us. Our service providers are permitted to use PHI only on our instruction and only in order to provide their services to us. They are also required to take appropriate measures to protect the PHI.

Mutuo Health will not disclose your PHI to anyone else, except with your consent or as required or permitted by law. We will never sell or rent your PHI.

### **How does Mutuo Health protect your PHI?**

While Mutuo Health uses appropriate safeguards to protect PHI against loss, theft, and unauthorized access, disclosure, copying, use, disposal, and modification, it cannot guarantee the security and confidentiality of your PHI. Security measures include restricting access to PHI to authorized employees who need access in order to carry out their job functions, training our employees on their privacy obligations and requiring them to sign confidentiality agreements, encrypting PHI while at rest and in transit, and storing PHI securely using cloud storage provided by Amazon Web Services. Despite these security measures, there is still risk of privacy breach including from cyberattack. [NOTE: with more information about steps taken or not taken by Mutuo in relation to the recommendations in the PIA and the Threat and Risk Assessment, more detail about specific risks may be included.]

### **Retention of PHI**

Mutuo Health will retain PHI only for as long as necessary to fulfill the purposes for which it was collected, unless otherwise permitted or required by law. For example, we will retain each audio recording of an appointment only for as long as necessary to confirm that the accompanying transcription of the appointment is correct and complete. This duration is currently set at 30 days. After that, the recording will be securely disposed of. We will retain each appointment transcription only for as long as necessary for your healthcare provider to complete their clinical documentation for that appointment. After that, the transcript will be securely destroyed, erased, or made anonymous.

Note if your healthcare provider selects “AutoScribe Express” rather than standard AutoScribe in their encounter with you, then in that case Mutuo Health securely destroys all captured data within 48 hours.

### **Access to and correction of PHI**

You have the right to access and to request the correction of your PHI that is stored in Mutuo Health’s information system. If you wish to exercise this right, please ask your health care provider directly.

### **Questions**

If you have any questions about this Patient Consent or Mutuo Health’s handling of PHI, please contact our Privacy Officer at [privacyofficer@mutuohealth.com](mailto:privacyofficer@mutuohealth.com).

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By signing below, you acknowledge and confirm that:

1. You have read, understand, and agree to the information contained in this Patient Consent;
2. You understand the privacy risks associated with the use of AutoScribe and you accept those risks;
3. You have had the opportunity to get answers to any questions you might have about AutoScribe;
4. Your healthcare provider may use AutoScribe during your appointment with them; and
5. If you no longer wish for your health care providers in this office to use AutoScribe, you will tell your health care provider or the front desk staff person.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_