LHA TRUST FUNDS

Notice of Ambient Listening Technology Use in Healthcare Services

I. Purpose

This notice is to inform you that ambient listening technology ("Technology") may be used during your clinical encounters. The purpose of this Technology is to capture verbal exchanges between you and your healthcare provider as an assistive device to the medical provider in the exercise of the medical decision-making process. This notice complies with applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other relevant data protection regulations.

II. What Is Ambient Listening?

Ambient listening passively and continuously captures audio conversations within the clinical setting between you and your healthcare provider. This may involve the use of artificial intelligence (AI) or natural language processing (NLP) technologies as an assistive device to the medical provider in the exercise of the medical decision-making process.

- The technology does not actively record or transmit conversations for unrelated purposes.
- Recordings are not part of the medical record.
- The technology may be managed by a third-party vendor under a Business Associate Agreement (BAA), as required by HIPAA.
- All data processed through this technology will be treated as Protected Health Information ("PHI").

III. How Your Information Will Be Used

- Conversations between you and your provider may be captured and transcribed in real time to support clinical documentation.
- The transcribed information will assist your provider in the medical decision-making process. It will not be used for any non-clinical purposes.

IV. Acknowledgment of Notification

By signing below, you acknowledge the following:

- You have read and fully understand this notice regarding the use of ambient listening technology.
- You understand that you may decline to sign this notice and should speak with your healthcare provider about available alternatives if you have concerns.

V. Patient Acknowledgment

I have read (or explained to me) the above information and understand that ambient listening technology may be used during my visit. I have had the opportunity to ask questions, and all my questions have been answered.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

If signed by a parent or legal guardian:

Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____