

EXHIBIT 2
Patient Informed Consent to the Use of Ambient Intelligence Tools

Dear Patient,

[Provider Name] is using certain artificial intelligence (AI) enabled ambient listening (ambient intelligence) tools at our locations to support our providers when providing care to you.

This consent provides you with information regarding ambient intelligence used in the clinical setting.

- ***What are Ambient Intelligence Tools?*** Ambient intelligence tools use AI to “listen” to clinical conversations during your provider visit and write draft notes or summaries of the visit in real-time – like as if there was another person in the room scribing your visit. This helps providers focus more on you, the patient, instead of entering information into the computer during your visit. Some ambient intelligence tools do other activities to help support providers to help them make diagnoses or decisions regarding your care and treatment.
- ***How Will Use of [Tool Name] Affect You?*** You will not know the ambient intelligence tool is being used; you will not interact with it. The ambient intelligence tool will be working behind the scenes to draft a draft clinical note or summary of your encounter for your provider to review after your visit. This allows the provider to focus more of their time and attention on you during your visit, rather than documenting what occurs during your visit.
- ***How Do Ambient Intelligence Tools Impact the Privacy and Security of Your Health Information?*** [Provider Name] assures you that your privacy is our utmost priority and that [Provider Name] keeps your health information private and secure,. [Provider Name] complies with all applicable laws, including without limitation the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).
- ***Who Do You Contact with Additional Questions?*** If you have any questions about ambient intelligence, or this consent form, please ask the front desk or your provider.

I, [Patient Name] , acknowledge the use of and agree to [Provider Name]’s use of ambient intelligence technology during my visits

Patient Signature: _____

Date: _____