

Consent Form

Template for Healthcare Professionals

 **IMPORTANT NOTICE**

*This is a consent template that you can use as part of your patient consultation. We remind you that even if you use this template provided by Plume IA, **the obligation to obtain express consent from your patient before using the application is entirely your responsibility**, as you are the one collecting personal information from your patient. Plume IA cannot under any circumstances be held responsible for failure to obtain consent.*



Use of Ambient Scribe - Consent Form

We use an application called Plume IA to record medical interviews and automatically create your medical notes using artificial intelligence tools.

Why do we use Plume IA?

- To better focus on you during the consultation
- To create more accurate medical notes
- To improve the quality of your care by reducing administrative burden

Your agreement is necessary for us to use this technology. Your personal information is protected at all times.

What you need to know

1. Purpose of Plume IA

- Plume IA records the audio of your consultation and automatically transforms it into structured clinical notes. These recordings may contain your personal identification and medical information.
- Plume IA supports but does not replace the professional judgment of your clinician. All medical decisions are made solely by your healthcare professional.

2. Protection and management of your data

- All data undergoes a rigorous de-identification process to remove personal identifiers.
- Your data is protected by various technological measures including encryption and regular audits to ensure compliance.
- Recordings are securely stored for a maximum of 24 to 48 hours, then automatically deleted.
- Data is used solely for the purpose of creating clinical notes for your healthcare professional.
- None of your data is used to train an artificial intelligence model.
- Your data is processed and stored in accordance with applicable privacy protection laws.
- Plume IA holds TGV certification, guaranteeing the highest standards of security and quality.

3. Your rights:

- You can choose to refuse the use of Plume IA during your consultation.
 - You can withdraw your consent at any time without affecting the quality of care you receive.
 - You have the right to be informed about the use of this technology and its objectives.
 - You have the right to confidentiality and access to your information.
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Declaration of Consent

By signing this consent form, you acknowledge that:

1. You have been informed about the use of Plume IA and its purpose.
 2. You understand how your information will be processed, stored, and protected.
 3. You agree that your healthcare professional may use Plume IA to record and document your consultation.
 4. You understand that data is hosted in Quebec and automatically deleted after 24 to 48 hours.
 5. You understand that you can withdraw your consent at any time without affecting the quality of care you receive.
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Signature

Patient name : _____

Patient signature : _____

Date : _____

For more information, discuss with your healthcare professional or consult our privacy policy.

SCAN
the QR code to access
our privacy policy.

