

Patient Name _____ MR# _____

Virtual Scribe Consent Form

At Cape Fear Eye Associates, we are committed to providing the best possible care for you, and as part of this commitment, we are continually looking for ways to enhance our services.

We would like to inform you about a new technology that we are using called Virtual Scribe. Virtual Scribe is an assigned medical professional who works remotely to assist your physician in real-time by documenting patient visit and maintaining electronic medical records.

Virtual Scribe provides more flexibility, allows more privacy in the exam room, and allows the provider to focus more on you (the patient) and less on computer documentation. The virtual scribe does not interact with you directly. All documentation is reviewed and approved by your provider to ensure the accuracy and completeness of your medical record.

Data Privacy and Confidentiality

We want to assure you that your privacy is our utmost priority. The Virtual Scribe adheres strictly to Health Insurance Portability and Accountability Act (HIPAA) compliance guidelines to ensure your data is secured and protected. Only the healthcare professionals involved in your care will have access to these notes.

Your Consent

Please read statement below and sign to indicate your consent.

I hereby consent to the use of Virtual Scribe during my visit today as well as any future visits.

Print Name Patient/Guardian

Date

Signature Patient/Guardian

Relationship to Patient

*If you have any questions or concerns, please feel free to discuss them with us.