

ACKNOWLEDGEMENT AND CONSENT FORM

As part of our commitment to providing the best possible care for our customers and their pets, _____ and any of its affiliated hospitals (collectively the “Hospital”) may, with your consent, use an automated notetaking technology application utilizing artificial intelligence (the “Application”) to record and transcribe notes from conversations during veterinary appointments. This AI-powered scribe system assists our veterinary team by recording and transcribing veterinary consultations to enhance the accuracy and efficiency of your pet’s medical records. The veterinarian will then review, edit, and finalize the medical records to ensure all adequate and accurate information is recorded and maintained.

Our use of the Application for veterinary appointments is **purely optional**, and we will record notes of the appointment by traditional means if you do not wish to consent to the recording and transcription of your voice. This policy explains how the Hospital collects, stores, uses, and destroys any voice recordings and/or transcripts, which may constitute biometric information in some jurisdictions, in compliance with applicable laws.

Collection and Usage of Personal Information

We may employ different vendors, such as Scribenote (provided by Scribenote, Inc.) or other similar vendors (the “System Vendor”) to provide the Application used to record and transcribe conversations between our veterinary staff and customers, with both parties’ consent, while fulfilling our customers’ pet care needs.

We do not use or disclose any information outside of what is necessary to transcribe notes relating to providing pet care, perform quality control review related to the treatment, and assert or defend claims related to providing our services. The Hospital and its System Vendor will not sell, lease, trade or otherwise profit from your information.

Retention and Destruction of Your Information

The transcript and recordings of veterinary visits are housed on third-party cloud servers that are maintained and secured by the System Vendor, and accessible by the Hospital. The Hospital and its System Vendors treat your information as confidential and exercise reasonable care to protect it from disclosure to unauthorized third parties. Your information will be destroyed by the Hospital and its System Vendor when the initial purpose for collecting or obtaining it has been satisfied or within one (1) year after the records are no longer needed for the pet’s treatment, unless required to be maintained for longer in accordance with applicable law or as necessary to defend against claims or assert the Hospital’s rights.

ACKNOWLEDGMENT AND CONSENT: By signing below, I acknowledge that I have read the Hospital’s Acknowledgment and Consent, understand it, agree to abide by it and voluntarily consent to the Hospital’s and/or its System Vendor’s recording, storage, use, transcription, disclosure, and destruction in accordance with the purposes described above.

Name

Signature

Date (DD-MM-YYYY)

Hospital Representative