



Patient Consent for Recordings

I, (the "Patient"), understand that my healthcare provider has contracted with Greenway Clinical Assist to provide audio transcription and related services. I hereby give my permission to be audio recorded during my medical visits (the "Recordings").

I consent to using Greenway Clinical Assist medical scribe services for Greenway Clinical Assist to use these recordings and personal information collected during the recordings, including health information, in connection with the following limited purposes: medical documentation, medical transcription, quality assurance, training, software improvement, voice analytics purposes, and as otherwise necessary to provide services to my provider. I acknowledge that the recordings will not be included in or maintained as part of the Patient's medical record.

I understand that any or all the information provided by me or my care team during the recordings may be used and disclosed for the above-indicated purposes, including personal and health information about myself.

I also understand and agree that my participation in the recordings is entirely voluntary, that I will have no rights to and interests in the recordings, and that I will not receive any payment or royalties in connection with the collection and use of the recordings.

Signature of Patient or Patient's Legal Representative

Date

Print Name or Print Name of Legal Representative /Relationship to Individual