



# Patient Informed Consent

## Notice:

Before we proceed with your appointment, I want to inform you about an important aspect of how we document our consultations. We utilize a note taking tool called Heidi to accurately and efficiently capture the details of our discussions and the outcomes of our appointments. Heidi ensures that we can focus more on our conversation and less on manual note taking, enhancing the quality of care you receive.

Your consent is crucial for us to use this technology. Please understand that your information will be handled with the utmost care, and Heidi's use is aimed solely at improving your healthcare experience.

## What you need to know

### Purpose of Heidi

- Heidi is used to assist with documenting your consultation, capturing only what is necessary for accurate medical records.
- Heidi supports but does not replace your clinician's professional judgment. All medical decisions are made solely by your clinician.

### Your data

- Your data is processed and stored in your jurisdiction and in accordance with applicable privacy laws.
- None of your data is used for secondary purposes.
- Data undergoes a rigorous de-identification process to remove personal identifiers.
- Data is handled securely, with encryption and regular audits to ensure compliance.

### Your rights

- You can choose to opt-out of the use of Heidi during your consultation.

## By signing this consent form, you acknowledge that:

1. You have been informed about the use of Heidi and its purpose.
2. You understand how your information will be handled, stored, and protected.
3. You agree to allow your clinician to use Heidi to assist with documenting your consultation.
4. You understand that you can withdraw your consent at any time without affecting the quality of care you receive.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For more information  
[heidihealth.com](https://heidihealth.com)