Notice to Patients

We care about your care!

Our practice utilizes technology designed to record and capture key details of our conversation and the care provided. This system allows us to focus entirely on you by reducing the need for manual note-taking. By streamlining documentation, this technology helps us deliver a higher level of care.

Your privacy is extremely important to us. All information recorded is used solely to support your treatment and is accessible only to authorized healthcare professionals involved in your care. Our practice follows strict privacy and security standards to protect your health information.

By signing below, you acknowledge and agree to the use of this technology for documentation purposes during your appointment.

Patient Consent

I acknowledge and consent to the use of technology for documenting clinical details during my visit. I understand that this helps support my care and that my information will remain secure.

Patient Name: _____

Patient Signature: _____

Date: _____