DOTHAN Hematology + Oncology

Patient Acknowledgement of Technology Assisted Services

As part of our commitment to providing high quality, efficient patient care, our practice may use secure technology assisted tools, including artificial intelligence (AI) supported systems, to help support certain administrative and clinical processes.

These tools may be used to assist with functions such as:

- Appointment scheduling and patient communications
- Insurance and billing workflows
- Medical documentation and note preparation
- Review and organization of health information
- Operational efficiency and quality improvement efforts

AI supported tools are used to assist our staff and providers and do not replace independent clinical judgment, decision making, or personalized care from your healthcare team.

All patient information remains protected and handled in accordance with applicable privacy and security laws, including HIPAA, as required.

By signing below, I acknowledge that I have been informed that the practice may use secure technology assisted tools, including AI supported systems, as part of routine operations and patient care support services.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Relationship to Patient (if signed by representative): _____