ROSC AI Patient's Consent Form

Patient Information

Name: _____
Date of Birth: _____
Doctor's Name: _____
Date: _____

Purpose of the Consent Form:

ROSC AI (Real-time Oral Speech Capture) is owned and operated by 1486013 B.C. LTD., an AI-powered medical transcription tool designed to assist healthcare providers in documenting and managing patient interactions efficiently. This form outlines how ROSC AI collects, processes, and protects your personal health information (PHI) and seeks your consent to use our service.

Data Collection:

ROSC AI will record, transcribe, and store audio conversations between you and your healthcare provider. The data collected may include your health history, symptoms, diagnoses, and treatment plans, as shared during consultations.

Use of Data:

The data will be used solely for medical documentation, treatment planning, and communication between healthcare professionals. Your healthcare provider may use ROSC AI to create medical summaries and reports based on your consultations.

Data Security:

ROSC AI ensures the security of your data through encryption of recordings, transcriptions, and stored data. Audio files will be deleted immediately after transcription unless you or your healthcare provider choose a retention period (1 day, 7 days, 14 days, 30 days, or 90 days).

Confidentiality and Privacy:

ROSC AI complies with privacy laws such as HIPAA and PIPEDA. Your PHI will not be shared with third parties without your consent, except when required by law or necessary for your treatment.

Patient Rights:

You have the right to:

- Request access to your data.
- Request correction or deletion of inaccurate data, subject to legal requirements.
- Withdraw consent at any time, though this will not affect previously collected data.

Consent to Use AI Technology:

ROSC AI uses artificial intelligence for transcription and summaries. All transcriptions are reviewed by your healthcare provider for accuracy.

Limitation of Liability:

ROSC AI, its developers, and healthcare providers are not liable for any errors in transcription or documentation caused by technical malfunctions.

Acknowledgment and Consent:

By signing below, I confirm that I have read and understood this form, and I consent to the use of ROSC AI for recording, transcribing, and storing my medical consultations as described. I understand my rights and responsibilities and acknowledge the limitation of liability.

Signature: _____

Date: _____

ROSC AI 患者同意书

患者信息

姓名:_____
出生日期:_____
医生姓名:_____
日期:_____

同意书目的:

ROSC AI (实时语音捕捉) 由1486013 B.C. Ltd. 所有和运营，是一款基于人工智能的医疗转录工具，旨在帮助医疗提供者高效记录和管理患者互动。此表格详细说明了 ROSC AI 如何收集、处理和保护您的个人健康信息(PHI)，并寻求您对我们服务的同意。

数据收集:

ROSC AI 将录制、转录并存储您与医疗提供者之间的音频对话。收集的数据可能包括您的健康史、症状、诊断和治疗计划等内容。

数据用途:

这些数据仅用于医疗记录、治疗计划和医疗专业人员之间的沟通。您的医疗提供者可能使用 ROSC AI 根据您的咨询内容生成医疗摘要和报告。

数据安全:

ROSC AI 通过加密录音、转录和存储数据来确保您的数据安全。音频文件在转录后立即删除，除非您或您的医疗提供者选择数据保留期限(1天、7天、14天、30天或90天)。

保密性和隐私:

ROSC AI 遵守 HIPAA 和 PIPEDA 等隐私法律。未经您的同意，您的个人健康信息不会与第三方共享，法律要求或必要的治疗情况除外。

患者权利：

您有权：

- 请求访问您的数据。
- 请求更正或删除不准确的数据，但需符合法律要求。
- 随时撤回同意，但这不会影响之前已收集的数据。

同意使用 **AI** 技术：

ROSC AI 使用人工智能进行转录和总结。所有转录内容将由您的医疗提供者进行审核，以确保准确性。

责任限制：

ROSC AI、其开发者和医疗提供者不对任何因技术故障引起的转录或文档错误承担责任。

确认与同意：

通过在下方签名，我确认已阅读并理解此表格，并同意使用 ROSC AI 记录、转录和存储我的医疗咨询内容，如上所述。我理解我的权利和责任，并确认责任限制。

签名：_____

日期：_____