



# Patient Consent Form for Voice and Health Information Capture

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v.6/25/25

## Purpose of Consent

This form authorizes Bola Technologies, Inc. (“Bola AI”) to capture and use your voice and certain personal health information during your dental visit. Bola AI Scribe is an artificial intelligence system used by your dental care provider to document clinical notes efficiently and accurately.

## What Information is Collected

By signing this form, you consent to the collection of the following during your dental exam:

- Your spoken voice and conversations with your care provider.
- Health-related information shared during the dental visit, including but not limited to symptoms, medical history, diagnoses, and treatment plans.

## How Your Information is Used

The information collected is used exclusively to:

- Automatically generate clinical documentation (e.g., exam notes, summaries).
- Assist your provider in delivering efficient and accurate dental care.
- Improve service quality and support operational needs of your care provider.

## Data Security and Privacy

Bola AI follows strict security protocols and is committed to protecting your privacy. All captured data is:

- Handled in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Encrypted and stored securely.
- Only accessible by authorized personnel and your dental care provider.

Bola AI does not sell or share your data with third parties for marketing or unrelated purposes.



## Your Rights

- Participation is voluntary. You may decline or withdraw your consent at any time without affecting your care.
- You have the right to request access to the documentation created through this process.
- You may request deletion of any captured data in accordance with legal and regulatory guidelines.

## Consent

I have read and understand the information above. I hereby authorize Bola AI to record my voice and process my health information for the purposes stated.

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

Date of Birth: \_\_\_\_\_

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

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