

## Patient Consent: Use of AI Documentation Service (Nixi AI)

Please review this form before your consultation.

### Part 1: Consent to Process Health Data (GDPR)

I consent to my treating practice/clinic (Data Controller) using the AI documentation service provided by Nixi AI (Data Processor) to support medical documentation.

How it works: A temporary audio stream of the consultation is used to create a written transcript and a draft medical note. The audio stream is deleted shortly after transcription. The transcript and draft note are stored securely for up to 30 days to allow the doctor to finalize documentation and are then deleted.

Your rights: Consent is voluntary and may be withdrawn at any time. Refusing consent has no impact on your treatment. To exercise your data protection rights (e.g. access or deletion), please contact your treating practice/clinic.

**I consent to the processing of my health data (audio stream, transcript, draft note) for the purpose of medical documentation as described above.**

### Part 2: Waiver of Professional Secrecy (§ 203 German Criminal Code)

To use this service, German law requires your permission for your doctor to involve an external technical service provider.

I hereby release my treating doctor/therapist from their professional duty of confidentiality under § 203 of the German Criminal Code solely for the purpose of enabling Nixi AI to generate a medical note for this consultation.

**I agree to this limited waiver of professional secrecy.**

### (Optional) Part 3: Consent for Anonymized Product Improvement

This consent is optional and separate from Parts 1 and 2.

I consent to an anonymized version of the text transcript (with personal identifiers removed) being used by Nixi AI for research and service improvement.

This decision has no effect on my medical treatment or today's documentation.

**I voluntarily consent to the use of anonymized transcript data for product improvement.**

**Patient Confirmation:** I confirm I have understood this form.

**Patient Name:**

**Signature:**

**Date:**



Scan for more information on data protection and our FAQ.