

Patient Consent Form

Please read the practice's Privacy Policy before signing. The Privacy Policy is available at kaliper.com.au/privacy-policy and at reception on request.

By signing, I confirm and consent to:

- I have read or have been given access to the practice's Privacy Policy.
- Collection, use, and disclosure of my personal and health information as set out in the Privacy Policy.
- Communication via SMS and email at the numbers and addresses I have provided, including appointment reminders and clinical correspondence.
- De-identified use of my clinical information (notes, photographs, videos) for case discussion, teaching, and surgical training.
- I understand I can withdraw or alter my consent at any time by writing to the Privacy Officer (Angela Kennis, reception@kaliper.com.au).

AI clinical documentation (opt-out)

Dr Piper uses an AI tool (**Kanary**) during consultations to generate clinical notes from audio. The audio is processed by Anthropic's Claude API in the United States and is not retained by the practice beyond what is needed to write the note. Tick the box if you do **not** want this used. There is no consequence for declining.

I OPT OUT of AI recording. I do not wish audio of my consultations to be captured and processed by Kanary.

Patient details and signature

Patient name (printed):

Signature:

Date:

If signing on behalf of a minor or other person, also complete:

Patient name:

Relationship:

Signatory's name (printed):

Signature:

Date: