Consent *before you record.*

The order of operations for an ambient AI scribe, and the words to say at each step. Ten steps, most of them under fifteen seconds.

CONFIRM YOUR STATE FIRST

Recording law is not uniform, and *one-party or all-party* does not capture it. The real axis is in-person versus wire and electronic, state by state, with medical-confidentiality rules layered on top. Confirm your own requirement with counsel before you use any of this; everything below assumes you have. Asking and documenting consent from everyone present before capture begins is a conservative cross-state baseline. It is a starting point, not a solution.

What this is

Ten steps in the order a visit actually happens: three your practice decides once, seven that happen in the room, and one habit for after the visit. Every step that is spoken comes with wording written to be said out loud rather than read off a page.

How to use it

Read it once. Take the sample wording to counsel. Then agree one set of words across every clinician and use them without variation.

Permission comes before capture.

BEFORE YOU START	IN THE ROOM	AFTER THE VISIT
Steps 1 to 3. Decided once, as a practice.	Steps 4 to 10. Seven steps, most under fifteen seconds.	Read every note. Check the consent line. Log it.

Before you use it *at all*

Three decisions you make once, as a practice, not in the room. All three assume the tool is already cleared to handle patient information: **if the agreement is not signed, it does not belong in the room yet**.

1. **Confirm the requirement.** Ask counsel what your state requires for this specific thing: an ambient tool capturing a clinical conversation, processed by a third-party vendor. Write down the answer and the date you got it.
2. **Decide where it is never used.** Name the visits the scribe does not enter, in writing, before anyone has to make that call at a door. Records subject to 42 CFR Part 2, behavioral health and psychotherapy encounters, minors, patients who lack capacity, and visits with third parties present may each carry additional federal, state or professional requirements. Identify those categories with your counsel. Do not assume from a category's name that it is covered, or that it is not.
3. **Agree the words.** Every clinician says the same thing. Different words from different clinicians is how a practice ends up unable to say what any given patient was actually told. If your counsel wants the patient told more than the sample wording below, that goes into the agreed words too.

In the room

4. **Walk in with it off.** Not paused. Off. Under this protocol permission comes before any capture, which means the conversation in which you ask is not itself recorded.
5. **Greet them first.** Introduce yourself, sit down, do the human part. The tool is not the first thing that happens in the visit and should not sound like it is.
6. **Ask, plainly, before it is on.** Short, specific about what the tool does, honest that a vendor is involved, and explicit that no is a real option.

> *"Before we start — I use an AI tool that listens to our visit and drafts my notes, so I can pay attention to you instead of a screen. You can say no, and it won't change your care in any way. Is that okay with you?"*

7 **Wait for an actual answer.** A nod while reaching for a bag is not consent. Wait for a word. If they hesitate, treat that as a no and offer to explain more.

8 **Turn it on, then confirm again on the record.** The first ask is the consent. This second one is the evidence, and in an all-party state it is the part that exists afterward.

"It's [today's date], I'm with [patient name]. Just before I turned this on, I asked if it was okay to use the AI tool for my notes and you said yes — is that right? And just say the word any time you want it off, even partway through."

9 **If they say no, say what happens instead.** A decline should cost the patient nothing and should visibly change nothing about your manner.

"That's completely fine. I'll write my notes the usual way."

10 **If the visit turns.** A new person who has not been asked, or a subject from your Step 2 list. Switch it off and say why, then pick it back up when the visit is back inside what was agreed. Staff coming and going is not that.

SAMPLE LANGUAGE, NOT APPROVED LANGUAGE

The wording here is written to be said out loud by a real person. It is not approved language for your jurisdiction. Do not adopt any sample consent language or procedure from this resource until your own legal and compliance professionals have reviewed it for your practice. Once reviewed, use the same words every time. Consistency is most of the value.

After the visit, *the part that is not new*

Reading a note before you sign it is not an AI rule. It is the standard you are already held to, and your signature attests to what the note says. A scribe changes one thing: there is now a sentence in there about consent that you did not type.

So read it, on every note and not only the scribe-drafted ones. If the draft states the patient was advised of the recording and consented, that is a factual claim standing behind your signature. **Delete it if it is not true for that encounter.**

This is not hypothetical. In *Saucedo v Sharp HealthCare*, filed in San Diego County Superior Court in November 2025, the plaintiff alleges that charts recorded patients as having been advised of the recording and having consented, in encounters where the patient says that never happened.[1] The complaint attributes that language to the ambient system. That is an allegation, not a finding, and no court has determined it. Whether such a sentence comes from a tool, a note template, or a default someone configured, the exposure is the same and it is yours: a note can carry a consent statement the encounter does not support, over your name.

Document *the consent itself*

Wherever your practice records it, record it the same way every time, in a phrase you can search for later. Note that consent was obtained, that it was obtained before recording began, and who was present in the room. If a patient declines, record the decline with the same discipline you would record a yes.

REFERENCES

1. *Saucedo v Sharp HealthCare*. Super Ct Cal, San Diego County; complaint filed November 2025. Allegations only; no court has determined them.