Policy:	Artificial Intelligence (AI) Scribe for Health
Originating Branch:	Digital Health
Original Approval Date:	August 12, 2025 ***Effective Date:*** August 12, 2025
Approved By:	Dana MacKenzie **Deputy Minister Health and Wellness**
Version Draft # 1.0	

1. POLICY STATEMENT

1.1. The Department of Health and Wellness (DHW) supports the integration of AI scribe technology to enhance clinical documentation and complement healthcare professionals' workflow within the healthcare system. By utilizing AI scribe technology, a healthcare professional can:

1.1.1. Improve accuracy and timeliness of patient documentation, leading to enhanced patient and provider experience.
1.1.2. Improve the delivery of safe, efficient, and patient-centered care by reducing administrative burden.
1.1.3. Strengthen overall health outcomes by providing consistent and comprehensive medical records across healthcare teams.
1.1.4. Deliver better value and resource efficiency by optimizing clinical documentation processes.
1.1.5. Enhance provider satisfaction and focus on patient care by streamlining documentation tasks.

2. DEFINITIONS

2.1. **Artificial Intelligence (AI) Scribe** means a tool that can automate parts of the clinical documentation process for a medical practitioner.

2.2. **Electronic Medical Record (EMR)** means a computer-based patient medical record, which is supported by the clinical and practice management system.

2.3. **Express Consent** means permission provided by the patient in oral or written form that has not subsequently been revoked by the patient.

2.4. **Healthcare Professionals** means regulated health professionals as defined in the *Regulated Health Professions Network Act*, including but not limited to, family physicians, nurse practitioners, pharmacists, and specialists (medical and surgical).

2.5. **Knowledgeable Implied Consent** means the implied voluntary consent of the patient as it relates to their own personal health information, where it is reasonable under the circumstances for a healthcare professional to believe that the patient understands the purpose for which their information will be collected, used, and/or disclosed and that they may choose to give or withhold consent. The patient's knowledge should include that the

collection and use will be undertaken with assistance from AI scribe. For examples on how this can be addressed, please see Section 5.4.

2.6. **Personal Health Information (PHI)** means identifying information about an individual, whether living or deceased, and in both recorded and unrecorded forms, as defined in the *Personal Health Information Act*.

2.7. **Recording** means the act of capturing and storing audio data from a clinical interaction for documentation purposes. Express consent is required to record with AI scribe.

2.8. **Streaming** means the real-time transmission of audio or video data during a clinical interaction without indefinite storing the audio or video data for future use. Knowledgeable implied consent is suitable for streaming.

2.9. **Vendor** means external providers or technology partners that supply AI scribe tools to healthcare facilities and providers.

3. POLICY OBJECTIVES

3.1. To promote AI scribe services so they can be integrated into healthcare delivery in a manner that is safe, equitable, and sustainable.

3.2. To enhance access to quality care by reducing the documentation burden on healthcare professionals, facilitating patient-focused interactions, and improving the timeliness and efficiency of clinical documentation.

3.3. To provide clear directives that will help guide and align healthcare regulatory bodies as they build out their own professional guidelines for AI scribe use.

4. APPLICATION

4.1. This policy applies to the DHW, the Nova Scotia Health Authority (NSHA), and the IWK Health Centre as they exercise their interdependent statutory mandates under the *Health Authorities Act*.

4.2. All healthcare regulatory bodies whose members use AI scribes are expected to develop their own policies and guidelines for the use of AI scribes and are encouraged to refer to DHW's policy directives in the development of their policies and guidelines.

4.3. All healthcare professionals who are using AI scribes in the delivery of healthcare are encouraged to refer to the DHW policy directives and to follow any guidance provided by their regulatory body.

5. POLICY DIRECTIVES

5.1. All data generated by AI scribes must be stored and processed within data centres located in Canada, ensuring compliance with all applicable federal and provincial privacy laws and regulations.

5.2. When considering an AI scribe vendor, the vendor must demonstrate compliance with recognized privacy and security standards, including but not limited to:

- ISO/IEC 27001 Certification for information security management.
- AICPA SOC 2/Type 2 Auditing for service organization controls related to security, availability, and confidentiality.
- CSA Level 2 STAR Certification.
- HITRUST Certification for managing risk and meeting compliance requirements.

5.3. Access controls must be in place to prevent unauthorized access to patient information.

5.4. Knowledgeable implied consent is required for a streaming AI scribe.

5.4.1. The NSHA and IWK must provide information describing the purpose of AI scribes and how the AI scribe will be used with the individual prior to the appointment. Some examples to meet this standard include, but are not limited to:

- Printed materials such as signs, posters, brochures displaying the use of AI scribe information in a waiting area.
- Digital signage or screens showing AI scribe information.
- Brochures that explain how AI scribe will be used during the appointment.
- Adding information within patient onboarding process or during appointment check in.
- Sharing news release(s) from Nova Scotia Government or the NSHA or IWK on the AI Scribe program.

5.5. Express consent is required for a recording AI scribe.

5.5.1. Consent of the patient, whether given orally or in writing, must be documented.

5.5.2. Audio must be deleted following completion of charting and cannot be stored on personal devices.

5.5.3. Patients must be informed of their right to withdraw consent at any time, with assurance that such a decision will not impact the quality of care or access to care.

5.5.4. The withdrawal of consent must be recorded in the patient's health record and the previous approval must be kept for record purposes but stricken from use.

5.6. Healthcare professionals should review, edit, and finalize AI scribe outputs to ensure patient records are accurate, complete, and contextually appropriate.

5.7. Healthcare professionals should ensure temporary audio or text data processed by AI scribes is encrypted and promptly deleted following completion of charting.

5.8. Clinical notes created by streaming AI scribe are recommended to be charted and deleted in real time, with a maximum retention period within streaming scribe of seven days.

5.9. Clinical notes created by recording AI Scribe are to be charted and deleted in real time, with no retention period.

5.10. All users accessing the AI Scribe platform must use strong, unique passwords and enable multi-factor authentication (MFA) to ensure secure access in compliance with organizational cybersecurity standards.

6. ROLES & RESPONSIBILITIES

6.1. DHW is responsible for the overall effectiveness of this policy in alignment with DHW's standards for data security, privacy, and data quality/completeness.

6.2. NSHA and the IWK are responsible for the communication of this policy to employees and the implementation of this policy throughout their organizations. NSHA and IWK are responsible for providing information to DHW on the overall effectiveness of this policy when requested.

6.3. Healthcare regulatory bodies are responsible for the development and effectiveness of their own policies and are encouraged to refer to the DHW policy directives as guidelines.

6.4. All healthcare professionals who are using AI scribe in the delivery of healthcare are encouraged to refer to the DHW policy directives and to follow any guidance provided by their regulatory body.

7. REFERENCES

- Health Authorities Act
- Nova Scotia Health Protection Act
- Nova Scotia Regulated Health Professions Act
- Freedom of Information and Protection of Privacy Act
- Personal Health Information Act
- Personal Health Information Regulations
- Electronic Health Records Regulations
- Personal Information Protection and Electronic Documents Act
- Personal Information International Disclosure Protection Act
- Nova Scotia Department of Health and Wellness Privacy Policy
- Nova Scotia DHW Privacy Breach Protocol
- NSH Privacy Policy
- IWK Privacy Policy
- Privacy Review Officer Act
- Nova Scota Government Records Act
- Nova Scota Privacy Statement
- Nova Scotia Administrative Policy and Procedure
- The First Nations OCAP Principles
- The CARE Principles for Indigenous Data Governance.
- The COVID Data Authorization Agreement (signed by all 13 First Nations).
- The Nova Scotia First Nations Client Linkage Registry (NSFNCLR)

8. VERSION CONTROL

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