

# PHIA Guidance

## AI Scribe

### Purpose

This guidance is to assist custodians who are using, or are considering using, Artificial Intelligence (AI) scribe technologies; OIPC has also produced an [AI Scribe Self-Assessment](#) as a companion piece for clinicians using or planning to use AI scribe technologies. Custodians should use both documents to assess their use of AI scribe technologies for compliance with the [Personal Health Information Act](#) (PHIA). This guidance may also inform patients about AI scribe technologies and prompt questions they may wish to ask their custodian. AI scribe technologies are relatively new and as products evolve so will privacy considerations and guidance such as this.

### What are AI scribe technologies?

While there are many definitions out there, the Australian Institute of Digital Health offers a useful and concise one:

AI scribes are sophisticated technologies that automate the clinical documentation process by converting conversations between clinicians and patients into written medical notes, summaries, referrals, or letters for incorporation into patient health records and correspondence.<sup>1</sup>

Basically, AI scribe technologies summarize or transcribe consultations, generating a note for the clinician to review, approve, and add to the patient's medical record. Some AI scribe technologies also complete administrative tasks like drafting forms and referral letters, make follow-up calls to patients and propose follow-up tasks for custodians. The technologies are intended to assist with note taking and related activities and is intended to be used in conjunction with clinical expertise; it does not replace any of the clinician's responsibilities. AI scribe technologies are different from dictation software, as it is able to extract content from what it summarizes and apply it to appropriate fields in the patient's record. Dictation software and traditional dictation services only convert voice to text.

AI scribe technologies go by many names and may also be referred to as digital scribe, virtual scribe, ambient AI scribe, or digital assistants.

### Early experiences with AI scribe technologies

As of 2026, AI scribe technologies are becoming popular with health care professionals and providers, as they promise efficiencies, especially with regard to the administrative burden faced by clinicians. Other benefits include improved productivity, more time with patients and less time on paperwork, more information captured, and improved patient safety (as it can create a more reliable record for other clinicians). The technology also assists with work-life balance, which reduces clinician burnout and fatigue.

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<sup>1</sup> Information Sheet: Implementation of AI scribes in healthcare workflow (June 2025 Australian Institute of Digital Health)

The technology does present challenges. For example, accents can impact accuracy of the notes produced and, if inaccurate information is entered into a medical file, it can be difficult to remove; this difficulty increases as health systems become more interconnected. AI has been known to hallucinate or fabricate fictitious content, omit critical information and misinterpret information. While instances of such issues may lower as the technology improves, the consequences of errors in medical records may be very harmful to patients.

A British Columbia study<sup>2</sup> that examined the province's 2024-25 pilot program found that while the use of AI scribe technologies reduced the administrative burden facing physicians, there were errors in notes, including hallucinations<sup>3</sup> involving inaccurate information or information not discussed but included as fact. The study also identified other functionality challenges, including, "...technical issues, such as crashes, transcription errors, and formatting problems..." and "...a lack of detail for complex evaluations, specifically for specialists." Although there were challenges, 97% of study participants would recommend using AI scribe technologies to colleagues.

### How do AI scribe technologies work?

AI scribe technologies use a microphone to capture the conversation between a clinician and their patient. The audio is converted into text which is then used to create clinical documentation. This may require some clinicians to modify their work practices; for example, they may have to state where a patient is pointing for the tool to make note of the location. Clinicians should also consider how and when they will inform patients that AI scribe technologies are in use and provide them with an opportunity to ask how it works, how information will be used and protected, as well as potential risks and benefits. The text must be reviewed by the clinician for completeness and accuracy and clinicians have an opportunity to add their own notes and observations before finalizing the information in the patient's record.

Custodians may wish to determine when they will use AI scribe technologies. For example, will they use it in all encounters, or will it get turned off for particularly sensitive consultations, such as family violence discussions or delivering bad news about diagnoses? Will it be used in hectic environments, such as the ER, when it may be more difficult to accurately isolate a patient voice from other background noises?

### PHIA Considerations

The collection, use, disclosure, retention and disposal of personal health information by custodians in this province is governed by PHIA. Custodians that decide to use AI scribe technologies must ensure they have legal authority for the purpose for which they want to collect, use, and disclose the personal health information in the system, and that these activities comply with PHIA requirements.

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<sup>2</sup> AI Scribes Burden Pilot: Community Physicians' Experience with AI Scribes (Doctors of BC)

<sup>3</sup> There does not appear to be a single agreed-on definition of AI hallucinations, but it generally refers to instances where an AI generates false, inaccurate, or unsubstantiated information in response to queries: Sun, Y., Sheng, D., Zhou, Z. et al. AI hallucination: towards a comprehensive classification of distorted information in artificial intelligence-generated content. *Humanit Soc Sci Commun* 11, 1278 (2024).

For example, section 20 of PHIA requires custodians to take reasonable steps to ensure that the patient is informed of the purpose for the collection, use and disclosure. Section 23 establishes further expectations in discussing consent, including that the consent must be voluntary and knowledgeable, and the patient should be able to withdraw consent. To ensure patients are informed and knowledgeable, custodians should use a variety of methods, including signage (section 19 of PHIA), updated policies and procedures specific to AI scribe technologies (section 13 of PHIA), and staff trained and knowledgeable that are able to respond to patient questions at registration (sections 14 and 18 of PHIA).

## Conclusion

AI scribe technologies can be useful tools for custodians, and it is possible to implement the technology in a manner compliant with PHIA. OIPC's [AI Scribe Self-Assessment](#) may assist in this endeavour. Custodians need to select AI scribe technologies they can trust and to do this they must understand the tool, including its functionality, safeguards and limitations.

While a more robust list of considerations can be found in OIPC's [AI Scribe Self-Assessment](#), (a companion piece to this guidance intended to assist clinicians using or planning to use AI scribe technologies), we encourage custodians to consider:

- What challenges are you facing that you hope an AI scribe tool will address?
- If you work for a custodian, is the implementation of an AI scribe tool in compliance with established policies and best practices?
- How will you inform patients about the use of the AI scribe tool?
- How will you ensure the accuracy of the information entered into an individual's health record using an AI scribe tool?
- Have you identified the legislative authority for the collection, use and disclosure of personal health information in the context of the tool?

Custodians should note that this is general guidance on AI scribe tools and OIPC is not endorsing a particular vendor or providing legal advice.

## Resources

- Office of the Information and Privacy Commissioner of Newfoundland and Labrador
  - [AI Scribe Self-Assessment](#)
  - [PHIA Guidance](#) landing page
  - [Best Practices for Information Management Agreements](#)
  - [Reasonable Safeguards](#)
- Office of the Information and Privacy Commissioner of Alberta's [AI Scribe Privacy Impact Assessment Guidance](#)
- Office of the Information and Privacy Commissioner of British Columbia's [PIPA and AI scribes: best practices for healthcare organizations in BC](#)

- Office of the Information and Privacy Commissioner of Ontario's [AI Scribes: Key Considerations for the Health Sector](#) and [AI Scribes: Checklist of Key Considerations for the Health Sector](#)
- Newfoundland and Labrador Medical Association (NLMA) AI Scribe [webpage](#)
- College of Physicians and Surgeons of Newfoundland and Labrador's Standards of Practice, such as [Medical Records Documentation and Management](#), and Practice Guidelines, such as [Artificial Intelligence](#)

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