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Health IT

Should you warn patients if providers use AI? Take the safe route

A recent survey suggests patients want to be told when their health care providers use artificial intelligence (AI). That may be easy when the AI does only administrative tasks. But when physicians employ those tools to help with diagnosis and treatment options, the situation can get thorny.

In results from a survey of 3,488 U.S. adults, Pew found that 72% think it is "extremely or very important" that a doctor or other health care provider tells them if they are using AI in their health care. Another 16% find it "somewhat" important, leaving very few who were unconcerned.

This sentiment especially applies to diagnosing conditions or analyzing medical scans (81%), Pew found, though it also extends to less crucial clinical tasks such as taking notes during a medical appointment (72%).

Some administrative uses of AI present problems for which solutions are relatively straightforward. For example, it's generally understood that the AI ambient listening function many providers now use to record patient encounters is covered by the same HIPAA restrictions as other health care communications, and requires appropriate data protection and notifications (*PBN 4/1/24*).

But when doctors use AI tools to assist in patient care — by using, for example, tools like the popular AI journal review app OpenEvidence for assistance with differential diagnosis or to check on the latest treatment options — there isn't much industry guidance as to patient notification (*PBN 3/9/26*).

The AMA has a library of AI-related materials and has developed an "augmented intelligence" governance toolkit with the Manatt Health professional services firm to assist providers. The AMA acknowledges "potential liability for use of AI that ultimately performs poorly" and believes that "liability will mostly be determined by the legal system through decisions in courts of law."

But legal and regulatory guidance is currently thin on the ground. Some states have written laws related to the use of AI chatbots in mental health (*PBN 9/8/25*).

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Some also require that doctors tell patients that they're using AI in other contexts. For example, California's Artificial Intelligence in Healthcare Services Bill requires notification when AI is used "to generate written or verbal patient communications pertaining to patient clinical information." Manatt Health has a policy tracker that keeps tabs on these developments (*see resources, below*).

Legislation directly addressing the use of AI as a clinical tool, however, remains rare. A Missouri state senator recently proposed a bill that would define as a "medical malpractice claim ... when a health care provider negligently uses, selects, or implements or unduly, detrimentally, or erroneously relies upon artificial intelligence, as defined in the act, in the diagnosis, treatment, and care of a patient and such negligence or reliance directly causes or contributes to the plaintiff's injury." But it is not close to passage.

Transparency: The best policy

Still, experts who spoke to *Part B News* counsel transparency in AI use that affects patient care for both ethical and practical reasons.

"Patients shouldn't have to investigate whether the person or technology involved in their care is AI-assisted," says Chris Malone, founder of the Fidelum Partners data analytics firm in Wayne, Pa.

Practices "should not wait to be asked or refuse to explain [AI] uses," says Saravanan Thangarajan, visiting scientist at Harvard T.H. Chan School of Public Health and Ariadne Labs at Brigham and Women's Hospital, Boston. "Patients cannot reasonably ask about a system they do not know exists."

Thangarajan admits that "routine functions such as inventory management do not need the same explanation," but "the question is what the tool does to the patient's information or care, rather than whether the practice calls it administrative or clinical."

"Patients do not need a running inventory of every piece of software a practice uses," says Alexander Perrin, co-founder and CEO of health care compliance platform Patient Protect. "But they should know when AI is listening to them, handling their health information, or influencing their care."

Marschall Runge, M.D., Frank D. and Agnes C. McKay Professor at the University of Michigan and former dean of its medical school, notes that some surveys show patient faith in their health care providers' integrity declining in recent years, and "not being transparent about AI can only make it worse."

Malone agrees: "When patients discover that AI was used after the fact, such deception is far more damaging to the trust and relationships between people than if there had been no communication at all."

How to tell them

Henry Norwood, health care attorney with the Kaufman Dolowich firm in San Francisco, suggests that, in order to make sure all providers are on the same page about appropriate AI use, practices should adopt "clear guidelines for acceptable and prohibited uses of AI, with all personnel required to review and acknowledge the guidelines in writing."

Runge thinks it's a good idea to include notifications of potential AI use in a policies and procedures (P&P) that practices give patients to read and sign.

Preemptively notified or not, some patients will ask about AI, and you should be prepared to answer them. Make sure they understand that, though AI may help, the provider is still doing the work of care and treatment.

Thangarajan acknowledges that "if I use something like OpenEvidence and it brings up a diagnosis I had not considered, and that changes what I test for or what I do next, then it has influenced my clinical reasoning. I think it is better to be straightforward about that."

Thangarajan gives an example: "I'm using a medical evidence tool to check whether there are important possibilities I may be missing. It can bring diagnoses or evidence to my attention. But I still have to decide whether they actually fit your history, examination and test results, and what we should do next."

If the patient asks, "Did AI diagnose me?" Thangarajan says he might respond, "It helped me check what I might be missing. I still had to decide what the evidence meant for you."

S. Scott Graham, associate professor at The University of Texas at Austin, and author of The Doctor and the Algorithm, suggests you be specific about the tools you're using.

"There's a world of difference between a physician typing your symptoms into ChatGPT on their phone and a validated, EHR-embedded diagnostic tool that's

been through clinical trials and regulatory review," Graham says.

After all, says Michael Blackman, M.D., chief medical officer of health IT company Greenway Health, "something like OpenEvidence restricts the field of view to real medical articles as opposed to Dr. Google ... I think patients understand that we don't have everything in our heads; we look stuff up all the time."

They may say no

One downside of transparency is the implicit ethical requirement to exclude AI from your assessment toolkit if you inform the patient and they balk, just as you would to turn off ambient listening upon their request. But Blackman thinks he might interrogate that choice a bit before complying.

"If the patient is opposed to that, I would ask: 'What is your specific concern?'" Blackman says. "We use a variety of tools in the normal course of practice."

Adeel Khan, M.D., director of myeloma epidemiology research at the University of Texas Southwestern Medical Center in Dallas, says it's important that patients "understand that clinicians throughout the ages have always used the latest technologies to improve their care just as they use the latest biomedical evidence. There was a time when even the stethoscope was a new invention and needed to be trusted in clinical care." — *Roy Edroso* (*roy.edroso@decisionhealth.com*) ■

RESOURCES

- Pew Research, "Americans want transparency when AI is used in their healthcare," Aug. 25, 2026: *www.pewresearch.org/short-reads/2026/08/25/americans-want-transparency-when-ai-is-used-in-their-healthcare/*
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- AMA, "Governance for Augmented Intelligence: Establish a Governance Framework to Implement, Manage, and Scale AI Solutions," April 29, 2025: *https://edhub.ama-assn.org/steps-forward/module/2833560*
- Manatt Health, "Manatt Health: Health AI Policy Tracker": *www.manatt.com/insights/newsletters/health-highlights/manatt-health-health-ai-policy-tracker*
- Missouri State Senate, "Bill information, SB 1598; Beck, Doug; Modifies provisions relating to medical malpractice for the use of artificial intelligence by health care providers," August 28, 2026: *https://www.senate.mo.gov/BillTracking/Bills/Billinformation?year=2026&billid=2581464*