



2026 Privacy Impact Assessment

Corti Assistant(Pilot)

Seattle Fire Department

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Privacy and AI Impact Assessment Overview

What is a Privacy Impact Assessment?

A Privacy Impact Assessment (“PIA”) and AI Impact Assessment (AIA) is an analysis of how personal data is gathered, processed, and used for a particular program, project, data initiative, or technology implementation (the terms may collectively be referred to hereafter as “effort”). The document covers questions about the collection, use, sharing, security and access of data involved in a City department effort. It also requests information about policies, training and documentation that govern use of the data and any associated technology. The responses are used to determine privacy risks and mitigation measures to reduce those risks. To ensure transparency about personal data collection and management, the City of Seattle has committed to publishing all PIA/AIAs on an outward facing website for public access.

When is a PIA or AIA required?

A PIA/AIA may be required when a project, program, or other data processing activity has been flagged through the [privacy review process](#) as having a high privacy and/or AI risk.

How to complete this document?

As department staff complete the document, they should keep the following in mind.

- Department Subject Matter Experts (SME) are responsible for providing responses to the questions. *Please do not edit the questions or question descriptions that are part of the template.*
- All content in this report will eventually be published to the public. Therefore, avoid using acronyms, slang, or other terms which may not be well-known to external audiences. Additionally, responses should be written principally using non-technical language to ensure they are understood by audiences unfamiliar with the topic.

1.0 Overview

1.1 Description: Please describe the effort.

Include high level descriptions of any technology and its intended use, the data collected or processed, and all third parties involved in the effort.

The scope of the pilot is based on the current practice which is that EMT/Paramedics take handwritten notes during a patient interaction. Corti is an app that transcribes discussion between EMT/Paramedics during a patient interaction. This will be used to validate the notes that are taken in the field to ensure record accuracy and save time.

This transcribing software outputs what EMTs/Paramedics are already discussing and (typing) entering for patients during medical assessments.

Currently the pilot is scheduled to run at least six months commencing in August, 2026.

1.2 Business Need: What business need/problem does this effort address?

Please describe why the department is undertaking this effort.

Presently, EMT/Paramedics are directly typing answers during a patient interview/interaction and or usually take notes on paper when they take vitals so this effort would support the dispatched EMT/Paramedics while capturing the same information.

The software will transcribe the live conversation between a caregiver and the patient. The transcript would be reviewed and corrections made as needed, the transcript would be fed into a Large Language Model (LLM) and pre-determined, medically relevant information would be surfaced for the EMT/paramedic to cut and paste into ESO.

Validation occurs in multiple ways:

1. Source of truth is documentation written by EMT/Paramedic during interaction
2. Transcription is then reviewed by the EMT, and corrections are made to the transcript prior to large language model (LLM) analysis.ⁱ
3. Predetermined medically relevant information is then surfaced in a template and this is once again validated by the EMT/Paramedic for accuracy and can be corrected as needed.
4. Information is cut/pasted and transferred into ESO.
5. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot.

The app is expected to better capture time stamps (e.g. critical information like WHEN a blood pressure or pulse was taken) versus estimates - EMTs cannot record vitals at the same time they are taking them. The app will also correct for spelling of medications, medical conditions, etc. The intent is to save time and support accuracy of record keeping.

This is an app that would run on the phone or tablet device carried and used by a responding EMS individual.

1.3 Benefits: What are the anticipated benefits of this effort and how does it relate to departmental and/or City mission?

What is the intended outcome, goal, or benefit? Please provide any data or research demonstrating the anticipated benefits of the effort (e.g. academic studies, etc.).

Presently EMTs and Paramedics manually record and then type content derived from patient interviews into appropriate fields of the medical records software (ESO). This results in a slow process, errors, estimates on time denotations vs. actual/confirmed times, etc. Since this software has been in use in the hospital/doctor's office setting for many years, SFD will pilot a scoped use of this app to support their administrative workload.

The app is expected to better capture time stamps (e.g. critical information like WHEN a blood pressure or pulse was taken) versus estimates - EMTs cannot record vitals at the same time they are taking them. The app will also correct for spelling of medications, medical conditions, etc. The intent is to save time and support accuracy of record keeping.

Because of time constraints, EMTs excessively abbreviate, frequently leading to misunderstood or unknown communications (e.g. personal abbreviations vs. more widely accepted abbreviations). Spelling errors often lead to misunderstood or mistaken information regarding items like medications and/or medical conditions. Inaccurate time stamps for recording of vitals or procedures can lead to mistaken/missed awareness of improving/decreasing health.

While the emergency response record cannot be edited once in ESO, doctors are able to work with the person receiving care to update/amend/correct any records pertaining to a patient file.

1.4 Technology Details: Describe all technologies that support or will be used as part of the effort.

What systems interact with the data involved in this effort? This includes hardware and software throughout the data lifecycle (e.g. creation, collection, use, storage, disclosure, and destruction). Describe, by name and functionality, all technologies associated with the effort. For example: high-level Microsoft Forms to collect the data, Microsoft Excel to extract the data.

Corti Assistant is a Medical Transcription Software application that transcribes discussion between an EMT/Paramedic and patient. Transcription technology is used to generate transcripts. Once the transcript is generated and validated, an LLM that runs within app processes the transcript and surfaces medically relevant information. The information is linked back to and grounded in the transcript. Once the EMT has validated for accuracy, they cut and paste the content into Seattle Fire's existing medical records software (ESO).

The software has both browser and app options. Corti assistant is only approved to be used on City of Seattle managed devices.

City of Seattle AI contract language clearly defines data access and sharing limitations. No personal information aside from EMT contact details are accessed by Corti except in the case of troubleshooting. Corti does not train on data entered into the app.

All data is stored and processed in Corti's cloud. It is not sent to any 3rd party models for processing. All data will be deleted after processing is completed in accordance with SFD pilot parameters.

Corti Employees cannot access deleted data. More information is available here: <https://www.corti.ai/safety>

1.5 Scope of Involvement & Use: Who is involved in the implementation or use of the technology, project, and associated data?

For example, what other departments, if any, are involved? Are external partners (e.g. community-based organizations) or vendors/consultants involved?

Seattle Fire Department, and Corti AI, the vendor. Collected information is shared with and stored in separate medical records software (ESO) that has already been vetted and is used by SFD, our partner Ambulance Company (AMR), and Seattle's receiving hospitals.

All information is protected by HIPAA (Health Insurance Portability and Accountability Act). Other vendors are aware and comply. Patient information is limited to those in the chain/line of direct patient care and with a need to know.

2.0 Data Details & Collection Practices

2.1 Data Subjects: Whose data will be collected or processed as part of this effort?

Please provide all categories of data subjects (e.g., members of the public, City employees, contractors, etc.) as well as any sub-populations that might be involved (e.g., children, older adults/elderly, incarcerated or formerly incarcerated persons, unhoused persons, etc.)

Data subjects are all the members of the public calling for emergency services - those declaring, directing, or requesting medical care either for themselves or on behalf of another.

The Corti app will be used once an EMT arrives at the call and will assist in transcribing basic information into the patient file so that EMT can focus fully on patient. The aim is to reduce errors. Corti is a standalone software and there are no integrations with patient files in ESO.

There are generally two types of patient consent: when EMT makes first contact there is a direct consent (person getting treatment able to give consent). The other type of consent is implied consent (unconscious patients). In unconscious or altered mental status patients, the courts have determined that if person could ask for help, they most likely would. Additionally, EMTs have a duty to respond.

Based on the complexity of the call at least two EMTs are dispatched. One person is a designated lead and is responsible for charting statements, actions/interventions, etc.

A city/department phone is assigned to a unit and prior to launching Corti, patients are informed that transcription software will be used to validate EMT notes taken during examination.

Consent:

Prior to starting the transcription, first responders will alert patients, as applicable, with language such as:

“We will be using a transcription technology to supplement our record taking. None of your information will be stored or accessed outside of where your official medical record exists”.

If patients request that transcription not be used, then it will not be used. EMT will make a note if that is the case.

2.2 Data Fields: What are the data fields and data types that are involved in this effort?

Please describe all data collected, stored, generated, analyzed, used, and/or shared, etc.

Information collected can include: patient’s pertinent medical history, present incident history/circumstances, chief complaint(s), nature of injury, medications taken and/or given, vital statistics, applied therapies, symptoms, allergies, units/personnel involved, patient’s name, associated addresses, phone numbers, etc.

Corti will not have access to any of this data. Corti employees will only access data with explicit permission from SFD. Corti employees cannot access deleted data.

2.3 Data Collection: How is the data collected for this effort? What are the data sources for the data used or processed as part of this effort?

Please describe the methods of data collection (e.g., first-party collection which is collection directly from an individual; third-party collection which is collection through another entity, etc.). Also include the mechanism by which the data is collected (e.g., online form/survey, data purchase, data shared/provided by another department, etc.).

The Corti app is a medical transcription software that transcribes the discussion between EMT/Paramedic and patient, it will be used to support information collection and the EMT will manually add the content into Seattle Fire's existing medical records software (ESO). Dictated information comes from EMT/Paramedic and Patient interaction/dialogue.

2.4 Data Flow: Describe how data collected flows through the data lifecycle including the assets used to store and process the data. (“Assets” are things that support the information-related activities, such as software systems, appliances, databases, etc.)

In other words, after data is obtained, where will it go? Where will it spend most of its time? Will it stay put, or will it go somewhere else?

This is a cloud hosted transcribing software. Once data is processed in Corti Assistant, the EMT will then cut and paste medically relevant information into ESO that remains in the patient record (as is the case with all EMT data entries).

- No integrations are in scope for this pilot. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot.

In addition to cutting and pasting the transcribed information into ESO, accuracy performance will be reviewed and adjusted by SFD to improve the outcome of the application.

Collected information is shared with and stored in separate medical records software (ESO) that has already been vetted and is used by SFD, our partner Ambulance Company (AMR), and Seattle's receiving hospitals.

2.5 Notice: At the point of data collection, how are individuals notified about the City's use, sharing, and disclosure of their personal data?

Please include all methods, processes, or mechanisms for notification. This may include the City's standard disclosure, use, and sharing notice.

Within EMS, consent takes many forms. For normal, healthy, properly mentating patients, consent for treatment is requested by EMS personnel (e.g. "Can we examine you," "Can we check you out," etc.). For individuals that have a decreased or altered level of consciousness, or who are unconscious, statutes allow for inferred or implied consent. Keeping/recording of actions is part of consent.

There are different types of consent: when EMT makes first contact there is direct consent (person getting treatment able to give consent). The other type of consent is implied or inferred consent (unconscious patients). The courts have determined that in some circumstances, if person could ask for help, they would. In accordance with the above, EMTs have a duty to respond and provide care.

A phone is assigned to a unit and prior to launching Corti, patients are informed that transcription software will be used to validate EMT notes taken during examination.

Prior to starting the transcription, first responders will alert patients, as applicable, with language such as:

"We will be using a transcription technology to supplement my record taking. None of your information will be stored or accessed outside of where your official medical record exists".

If patients request that transcription not be used, then it will not be used. EMT will make a note if that is the case.

3.0 Data Use & Processing

3.1 Authorized Data Uses: What are the authorized uses of the data associated with this effort?

In addition to describing all authorized uses of the data, list any data use limitations and unauthorized data uses.

Data is protected by HIPAA during its entire lifecycle and is NOT shared with other city departments, government, etc. HIPAA data is only shared with those in the direct lines of patient care and with an established need to know in alignment with HIPAA requirements.

The data is not shared with anyone except for when the EMT copies it to ESO. EMTs will not have access to other EMT's data.

Corti will host the data in the Corti cloud Data. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot.

3.2 Authorized Technology Uses: What are the authorized use cases for the technology associated with this effort? How may the technology be used?

In addition to describing all authorized use cases for the technology, list any technology use limitations and unauthorized technology uses.

This technology will support transcription and documentation efforts during emergency services/SFD call out. Data collected during the pilot will be analyzed by SFD and be used to determine pilot efficacy and improve quality of care.

Corti assistant will not be used in any other way.

3.3 Use & Management Policies: What policies (City or department-specific) apply to the use and management of the data *and* technology (if different than the data) associated with this effort?

The Seattle Fire Department operates in alignment with HIPAA law requirement, RCW 70.02 "Medical Records". As well as in alignment with Washington State Department of Health data handling practices.

SFD will share guidelines and recommendations with City employees participating with the pilot prior to use.

3.4 Data Processing & Analytics: Please describe how the data will be processed and analyzed in support of the intended business goal/outcome. Please include metrics.

Describe the scale of processing and analysis to the best of your ability, as well as whether analysis involves matching or combining datasets. Describe the fields required for joining, and the metrics the business will use for the analysis.

Corti will process audio taken from the device running Corti Assistant. Corti Assistant will be installed on City managed devices used by SFD staff.

Corti will generate a transcript and extract relevant medical information, both of which will be reviewed by the EMTs. The final resulting document generated by Corti will also be reviewed and edited by the EMTs.

To measure and support pilot outcomes, Corti and SFD will partner on any analysis conducted on data collected and processed. Analysis would support app improvement as well as quality of care improvement for SFD.

No other information is processed or stored other than from the recording and any of the user edits.

4.0 Legal Scope & Compliance

4.1 Governing Laws: What laws, regulations, rules, or contracts govern (a) the data, (b) the data processing activities, (c) the data sharing?

HIPAA (Health Insurance Portability and Accountability Act) is a U.S. federal law that protects the privacy and security of individuals' health information while ensuring access to healthcare.

HIPAA, enacted in 1996, was designed to improve the portability and continuity of health insurance, reduce healthcare fraud, and establish standards for electronic healthcare transactions and identifiers for providers, health plans, and employers. It also prohibits discrimination against individuals with pre-existing conditions and ensures coverage renewability in multi-employer health plans. HIPAA is commonly associated with the Privacy Rule, Security Rule, and Breach Notification Rule, which govern how health information is protected and shared.

Key Rules and Protections

Privacy Rule: Sets standards for the use and disclosure of protected health information (PHI) by covered entities, including healthcare providers, health plans, and healthcare clearinghouses. It also gives patient's rights to access and control their health information

Security Rule: Requires covered entities to implement administrative, physical, and technical safeguards to protect electronic PHI (ePHI). Recent 2026 updates emphasize enforceable, testable cybersecurity controls rather than flexible "addressable" safeguards

Breach Notification Rule: Mandates that covered entities notify affected individuals, the Department of Health and Human Services (HHS), and sometimes the media in the event of a breach of unsecured PHI

Who Must Comply

HIPAA applies to covered entities and their business associates:

Healthcare providers who electronically transmit health information in connection with certain transactions.

Health plans including group health plans and health insurance issuers.

Healthcare clearinghouses that process nonstandard health information into standard formats.

Business associates that perform services involving PHI on behalf of covered entities

Patient Rights

HIPAA ensures patients can:

Access and obtain copies of their health records.

Request corrections to their records.

Receive an accounting of disclosures of their PHI.

Control certain uses and disclosures of their information.

Recent Updates

The 2026 HIPAA Security Rule changes require healthcare organizations to demonstrate technical enforcement of security controls, standardizing cybersecurity practices across the sector and removing previous flexibility for “addressable” safeguards. This shift emphasizes accountability and measurable compliance.

In addition to the HIPAA rule, SFD is also subject to [RCW 70.02](#): Medical records – health care information access and disclosure. SFD also operates in alignment with [Washington State EMS reporting requirements](#).

4.2 Compliance Measures: What are the compliance measures associated with the use of the technology or data? Who is involved with oversight of requirements defined in 4.1?

Please explain any departmental, City, and/or third-party oversight.

Compliance is enforced by all involved (e.g. City/SFD, software providers, other care providers, etc.). It is the vendor’s job to ensure their tool maintains/meets and is compliant with HIPAA requirements.

4.3 Records Production Compliance: How is the data and/or associated records (e.g., reports, derivatives, etc.) retrievable in support of public disclosure requirements?

Please describe the method and process for extracting/retrieving/producing the data.

Patient care records are NOT subject to public disclosure requests. Per HIPAA, patients are able to request copies of their OWN records and can make amendments, corrections, etc.

5.0 Data Security, Protection, & Storage

5.1 Data Access: Who will have access to the data? Who will have access to the technology (if different than who has data access)?

Per standard practice, medical records information is shared with a patient's direct line of care (e.g. responding EMT/Paramedic, Emergency Room, Patient's Primary Care Physician, etc.). The final record is stored in ESO.

Corti will host the data in the Corti cloud Data. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot. Corti employees will not access data without explicit permission from SFD and Corti employees cannot access deleted data.

All data is processed in accordance with HIPAA requirements.

5.2 Access Authorization: What processes are prerequisites to a user’s access of the data or technology (e.g., user authentication, business approvals/sign-off, documentation, etc.)?

As part of your response, include who (by City title) is responsible for authorizing data access.

All access is role-based and secure. This applies to Corti, ESO, and any other system involved in Emergency Medical Services (EMS).

The use of Corti will allow EMS personnel to use Corti to transcribe information gathered during the interaction in addition to the standard documentation practice, then validate and transfer information transcribed by Corti into the LLM. The LLM will then surface medically relevant information into the pre-defined form, paramedic will then transfer this information into ESO.

Corti will host the data in the Corti cloud Data. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot.

5.3 Secure Storage: Where will the data be stored, and what security measures are in place for the storage of the data?

Seattle Fire, King County EMS, and area hospitals have been using the software platform ESO (<https://www.eso.com/ems/>) the last several years for patient medical records. Role based access is in place in every instance of where this data is stored.

As above, all access is role based and secure. Corti hosts transcripts and data generated from the use of the Corti platform. Corti employees will not access any data without explicit permission from SFD (for example in the case of troubleshooting). Data can be deleted at any time and Corti is not able to access deleted data. Corti does not have access to ESO data.

5.4 Auditability of Data Access & Data Processing: How will the department ensure that data access and data processing activities are logged and auditable?

This could be conducted manually (e.g., business process), by technology/technical functionality, or a combination of both.

Corti app has role-based access and the following controls in place to ensure data is handled in alignment with laws and policies.

A standard part of creating, entering, editing, etc. any patient care report is the recording of the medical person providing the care (e.g. EMT, Paramedic, Nurse, Doctor, etc.). Once an individual provider has completed their portion of such care, records are locked - additions and corrections can be added, but traditionally, information isn't or can't be deleted.

Patients don't have access to the direct emergency record as they are a subset of the interaction, so these notes become available to doctors, and the patient is able to discuss this in depth and amend and adjust accordingly.

6.0 Data Sharing & Disclosure

6.1 Data Sharing Partners: Which entities (internal and external to the City) will be data sharing partners, if any?

Please describe all parties that will have access to both the data and data derivatives (including other City departments).

Corti Assistant is a cloud hosted dictation/transcribing software. All information is manually transferred by the EMT to ESO. Corti does not share data with any other parties and is solely working with SFD on this pilot with these data.

Collected information is shared with and stored in separate medical records software (ESO) that has already been vetted and is used by SFD, our partner Ambulance Company (AMR), and Seattle's receiving hospitals.

Per HIPAA, patient medical records are only shared with those who have a need to know, typically those in the line of patient care (e.g. 9-1-1, EMT, Paramedic, Nurse, Doctor, etc.).

6.2 Purpose for Data Sharing: What is the purpose of sharing data with the identified parties in the context of this effort?

Patient records are shared with subsequent medical providers who need to know pre-existing conditions, circumstances surrounding patient's chief complaint, therapies that have been undertaken, results/impacts of therapies, etc.

While the record itself can't be altered, it can be adjusted and amended by the medical providers in alignment with any corrections or updates that should be made to reflect accurate patient information.

6.3 Sharing Restrictions: Describe any restrictions on data use and data access and identify the sources that impose those restrictions.

Data sharing agreements/contracts, department policies and procedures, department rules, laws, regulations, and other authorities may impose data restrictions.

HIPAA is a federal regulation (ref. 4.1 previously) restricting patient medical data/records sharing to those who have a need-to-know, for current treatment/therapy. (Example: an EMT would be restricted from looking up current patient care/status information for someone they responded to/treated months previously.) Data is also governed by RCW 70.02.

Data use and access between the City of Seattle and Corti is governed by City of Seattle contract language. Data sharing and usage restrictions aligning with HIPAA requirements are outlined in contracts with partner medical service providers.

6.4 Agreement Updates: Please describe the process for reviewing and updating data sharing agreements.

Please describe the processes for initial development, agreement review, new uses of the data, and new access to the data (including internal and external to the City) as well as how often the agreement gets updated.

SFD data sharing agreements are traditionally reviewed and/or updated where there is any change in such agreements. Examples may include changes to contract provisions, significant changes to amount/type of data collected, new parties to workflow process(es), cessation of need for data/data collection, etc.

6.5 Records of Data Disclosure: How are records that document data disclosure/sharing maintained by the department?

Please describe how these records are documented either by technical functionality or business practices/processes.

SFD Public Disclosure Officer(s) maintain all records of inquiries received by the department, whether fulfilled or not, inquiring party, disposition of request, type of information requested, date/time of request and associated actions, etc. Data sharing records are maintained by and according to contract provisions with associated partners.

7.0 Data Retention & Destruction

7.1 Data Retention: What are the record retention schedules that govern both the raw data and any derived outputs (e.g., analyses, reports, transformed/cleaned datasets)?

Data handling by Corti will be configured in alignment with City of Seattle retention requirements.

Data in ESO is governed by HIPAA, RCW 70.02 and other applicable laws and regulations that pertain to official medical records.

7.2 Data Destruction: What mechanisms (technical or process-oriented) are in place to destroy improperly collected data?

Corti records will be automatically deleted and destroyed in accordance with determined retention requirements.

ESO records are governed by HIPAA, RCW 70.02 and other applicable laws and regulations that pertain to official medical records. ESO is managed outside of the City of Seattle.

SFD will not retain any data or records after transferring into ESO. The original transcript and handwritten document is stored in accordance with City requirements.

7.3 Responsible Staff: Who is responsible for ensuring compliance with data retention and data destruction requirements?

Please respond with City title(s)/roles only.

Data exists in multiple environments:

EMT is responsible for managing the data in partnership with Corti. Corti will also have auto-delete retention periods to ensure data is kept in accordance with retention timelines set.

ESO: managed by medical organizations housing patient data (i.e.: AMR/hospital/patient portal).

7.4 Purge Verification: What mechanisms (technical or process-oriented) are in place to ensure that data is properly destroyed after data retention periods have been met?

ESO is managed by healthcare providers and is subject to all laws and regulations for medical data handling. This consists of but is not limited to HIPAA, RCW 70.02 and possibly My Health My data.

Corti Assistant data will be set to autodelete in accordance with retention timelines set by the City of Seattle and Corti. All actions are logged by Corti on their backend.

8.0 Privacy and AI Principles, Risks, & Controls

8.1 Privacy and AI Risks, Harms, Mitigations, & Controls: What risks exist for the effort, and what are the potential impacts on Seattle residents and/or other data subjects?

The City's Privacy and Responsible AI team will help in completing this section.

AI Definition: Artificial Intelligence (AI): a system that is designed to operate with a certain level of autonomy and that, based on machine and/or human-provided data inputs, infers how to achieve a given set of human-defined objectives using machine learning and/or logic and knowledge based approaches, and produces system-generated outputs such as content (generative AI systems), predictions, recommendations or decisions, influencing the environments with which the AI system interacts.

Description of the AI system or solution used and use case:

Corti assistant uses the following types of AI to provide the services:

Transcription technology and LLM to analyze and offer pre-defined insights into information transcribed during paramedic call out.

Based on consent type, responders will inform patients that they are using transcription software to support accuracy of record keeping. Corti Assistant will be activated by responders during interaction. In addition to the responder taking notes, Corti will transcribe the interaction. The transcription is then cross validated with the notes taken and transcript corrected as needed. Transcription is then processed by an LLM to surface medically relevant information. This is again validated and is then cut and pasted into the ESO system. **No integration between Corti and ESO is in scope for this pilot. No recording is in scope for this pilot.**

The software/application is designed to recognize certain components of a medical interview (e.g. If patient and care provider are having a conversation, the software will recognize key data points like blood pressure, pulse, respiratory rate, chief complaint, medicines, etc. and place that information in the proper form fields). These are predetermined by medical practitioners who work primarily in emergency response.

Aim: Improve quality and accuracy of medical records. The software is transcribing personal medical information to support current practice of documenting medical information. It is also using the validated transcript to surface relevant medical information. There are two humans in the loop components instead of one which supports a better quality of medical information.

9.1 AI Risks, Harms, Mitigations, & Controls: What risks exist for the effort, and what are the potential impacts on Seattle residents and/or other data subjects?

Validation/HITL: Humans (EMTs/Paramedics) are required to verify all transcribed data and attest to accuracy by their entry of the data into the official patient record.

Multiple HITL checks occur with the use of this solution.

1. Source of truth is documentation written by EMT/Paramedic during interaction.
 2. Transcription is then reviewed by an EMT, and corrections are made to the transcript prior to LLM analysis.
 3. Predetermined medically relevant information is then surfaced in a template and this is once again validated by the EMT/Paramedic for accuracy and can be corrected as needed
 4. Information is transferred into ESO.
 5. Corti will host the data in the Corti cloud Data. Data within Corti are managed in alignment with retention periods determined by City Clerk and SFD as applicable to the pilot.
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1) What tasks do you need/does the system perform?

The task of an AI system drives the choice of AI model and refers to what the system does (i.e. The function it performs):

- **Recognition:** identifying and categorizing data (e.g. image, video, audio, and text) into specific classifications as well as image segmentation and object detection.
 - **Event detection:** Connection data points to detect patterns as well as outliers or anomalies
 - **Interaction support:** interpreting and creating content to power conversational and other interactions between machines and humans (possibly involving multiple media such as voice, text, and images.)
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- 1) Please describe which type(s) of models are used (e.g. Computer vision, machine learning, deep learning, Natural Language Processing, General-purpose, Computer vision, other), including its functions and main characteristics:
 - a. Transcription technology uses natural language processing to generate a transcript.
 - b. Open sourced LLM is used by Corti to process transcript and surface pre-determined medical information from transcript. LLM links the information back to the transcript so the EMT can validate.
 - 2) Autonomy: Please describe the level of autonomy the AI system has
 - a. **System produces recommendations but cannot act without human intervention**
 - 3) Consent Mechanism: prior to use of this solution, how is consent obtained in two ways:
 1. When an EMT makes first contact, there is a direct consent (person getting treatment able to give consent).
 2. The other type of consent is implied consent (unconscious patients). The courts have determined that if person could ask for help, they would. In accordance with the above, EMTS have a duty to respond.

A phone is assigned to a unit and prior to launching Corti, patients are alerted that transcription software will be used to validate EMT notes taken during examination.

Prior to starting the transcription, first responders will alert patients, as applicable, with language such as:

“We will be using a transcription technology to supplement my record taking. None of your information will be stored or accessed outside of where your official medical record exists”.

If patients request that transcription not be used, then it will not be used. EMT will make a note if that is the case.

- 4) Displacement potential: What is the potential for the AI system to automate tasks that are or were being executed by humans?
 - a. No Displacement potential: Some AI systems execute tasks that could not be performed by humans with the same accuracy, specificity or scale (e.g. AI systems used in cybersecurity and threat detection).
- 5) Opt. Out: Is there a mechanism by which users can opt out of using/having responders use the AI system?

Yes, for those who verbally do so. Otherwise, this will be used during the pilot. Protections that are in place ensure that no PII will be retained by the AI solution or vendor.

- 6) Environmental considerations: Due to the high compute nature of LLMs, the City of Seattle and Corti have taken the following steps.
 - a. Scoped use of specific ML models. Instead of using only generative AI, which is high in compute, this solution uses a combination of well-scoped and appropriate models. Corti aims to minimize model training to reduce compute. Corti trains on only ethically sourced data. Corti uses a suite of open source, fine-tuned models.
- 2) Possible additional impacts:
 - a. Workforce
 - i. The pilot is designed to support daily activities of EMTs. It will not add to, or impact tasks but serves as a mechanism to improve patient outcomes and reduce pressure on EMTs who already perform high-stress and high-stakes work.
 - ii. It is recommended that feedback from any EMT using the solution during the pilot is collected both prior to and after the pilot to assess the value of the technology to their everyday work as well as gain insight into their professional feedback about the pilot.
 - iii. It is recommended that, as appropriate, unions are engaged in supporting workforce impacts and technology adoption in order to address concerns and improve outcomes both for EMTs and for the medical system in which they work.
 - b. Patient record: one of the foremost concerns with the use of generative AI is error rates. Depending on the context of use, errors could have low impact but in the case of healthcare they can be life impacting. Both transcription software and LLM analytics may create inaccurate records. With that information and understanding, the intent of the pilot is to improve accuracy, and as outlined above EMTs due to the nature of the time sensitivity and

dynamic nature of their work must also take notes during call outs. Presently EMTs and Paramedics manually record and then type content derived from patient interviews into appropriate fields of the medical records software (ESO). This results in a slow process, errors, estimates on time denotations vs. actual/confirmed times, etc. Since this software has been in use in the hospital/doctor's office setting for many years, SFD will pilot a scoped use of this app to support their administrative workload. The app is expected to better capture time stamps (e.g. critical information like WHEN a blood pressure or pulse was taken) versus estimates - EMTs cannot record vitals at the same time they are taking them. The app will also correct for spelling of medications, medical conditions, etc. The intent is to save time and support accuracy of record keeping.

Important to note: in addition to the multiple HITL components, a medical professional can update or add context to the patient medical record so that any possible errors can be addressed to ensure accuracy and validity.

ⁱ The order of the analysis may be slightly different and will be documented during the pilot.