# Clivora

## Instructions for Use

Version 1.1 · Issued: 2026-10-22 · EN

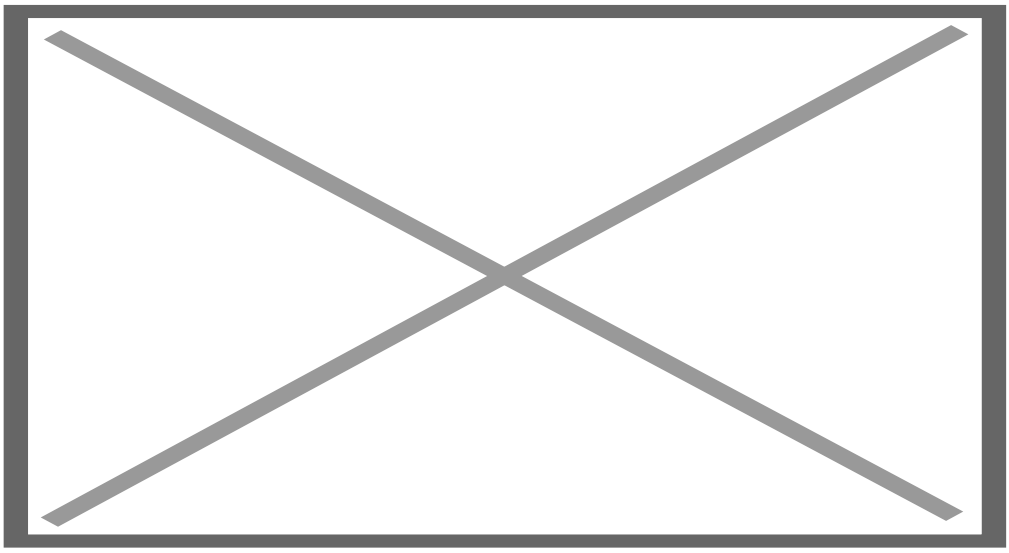
## Quick start

Version 1 · 2026-06-09

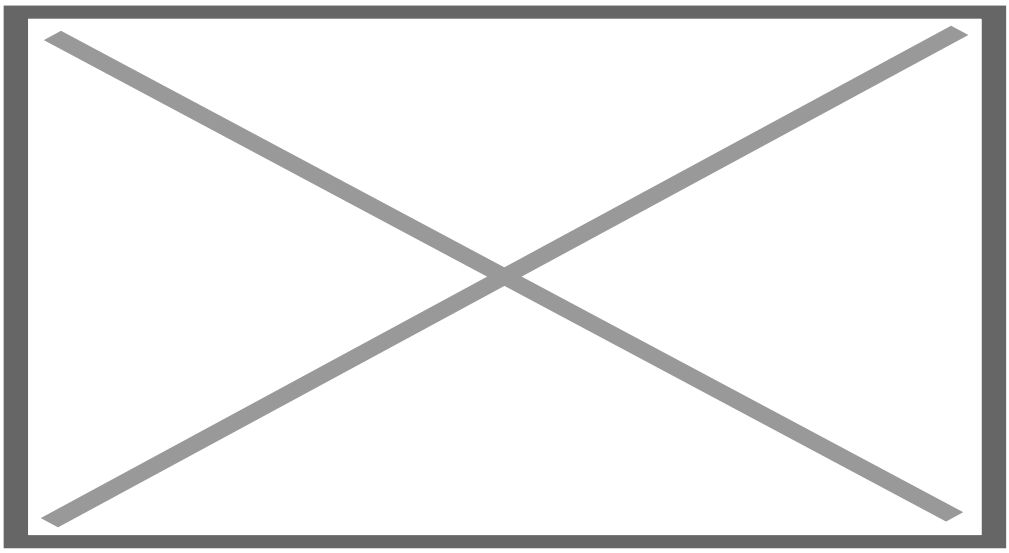
Clivora is an AI-powered medical scribe system: it records the doctor–patient conversation, transcribes it in real time, then turns it into a structured report, which the Bridge app automatically pastes into your EHR system.

### Getting started

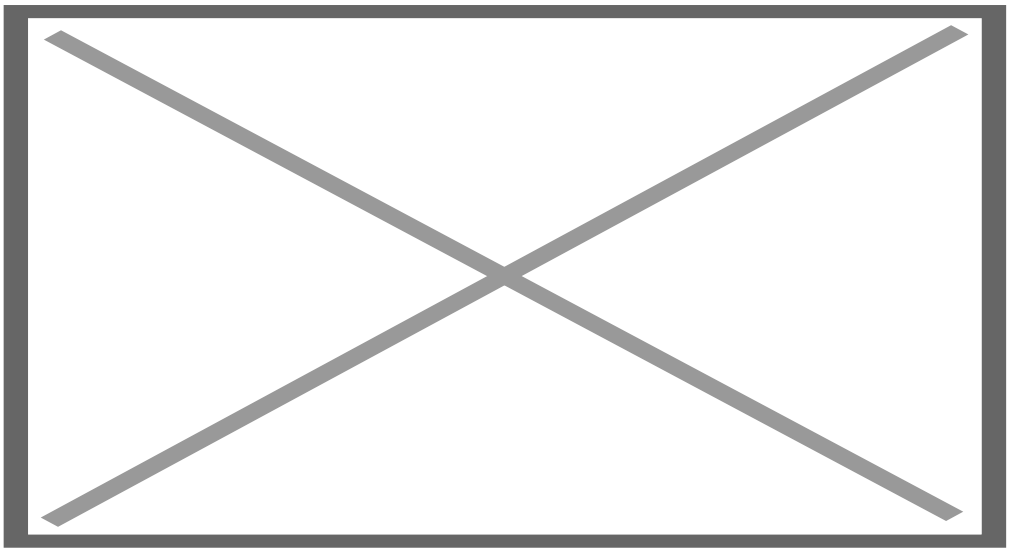
1. Sign up at www.clivora.hu and set your preferences (specialty, mode, etc.) on first sign-in.
   You can register with a Google account or with an email and password:



2. Start recording and carry on your usual conversation with the patient.



The system runs in the background; you don't have to stay on this page. If you want to use another application — for example your EHR system — while recording, it's worth using floating mode:



3. Stop the recording – Clivora produces the structured report.
4. Review and edit the report as needed.

## Main features

- **Live transcription** and automatic, structured reporting.
- **Templates and snippets** tailored to your specialty.
- **Customizable** to the doctor's preferences.

- **Modes** for different workflows.
- **EHR integration** via the local Bridge app.

### For the best experience

- Use an external microphone.
- Download the Bridge app so the system can communicate with your EHR.
- Upload your personal templates and schemas so the system produces documents tailored to you.

These are covered in detail in the following chapters of the guide.

**Important:** always review the report before pasting. Clivora is an assistive tool and does not replace professional judgement.

## Intended purpose

Version 2 · 2026-10-22

### Intended purpose

Clivora is a documentation aid for healthcare professionals that transcribes speech captured during patient care and turns it into a structured medical report, in order to speed up clinical documentation.

### Intended users

Trained healthcare professionals (physicians, specialist assistants) who are responsible for reviewing and for the content of the documentation produced.

### Intended patient population and environment of use

No patient-specific restriction applies, as the device processes documentation rather than the patient. Environment of use: outpatient, inpatient and clinic settings, telemedicine.

### Clinical benefit

Reduces documentation time and administrative burden while the final content is always approved by the professional. It standardises the structure and quality of reporting and helps incorporate the latest professional protocols.

**Clivora is not a diagnostic device, does not provide therapeutic recommendations, and does not replace the clinician's judgement.**

## Customization

Version 5 · 2026-10-22

Clivora is tailored to your work with three building blocks that fit inside one another. A **template** is the skeleton of the report and consists of **sections**. Every section has a **section type** that determines how the system treats the section's text. And **snippets** can be attached to the sections: frequently used, pre-written pieces of text (e.g. a Helicobacter eradication regimen) that are added to the report only when the recording calls for them. The system comes with ready-made templates and snippets, but these can be modified and saved to your user account.

### Templates and sections

- A template is made up of sections (e.g. History, Status, Impression); the report is produced in the same structure, under the same section headings.
- You edit a template on the **Template content** tab of the settings: add sections there (**Add Section**) and change their order and content.
- Each section has its own **content** and **type**, and snippets can be attached to each section separately (see below).

### Section types

The section type decides what the text written into a section means:

- **Structural** — the section content is a pattern or skeleton: it describes *what to write and in what form* (e.g. “Medications:” or “CAVE:” lines). The system fills it from the recording; if the recording contains nothing for the section, the section is left out of the report. Typical uses: history, complaints, impression.
- **Negative finding section** — the section content is the finished, default (negative) report text itself. It goes into the report word-for-word; the system rewrites only the part affected by a positive finding or a meaningful difference in the recording, and every other sentence (normal values, negative findings) stays unchanged. The section appears in the report even when the recording does not touch it. Typical uses: physical status, a normal ultrasound or endoscopy description.

When you create a template (**New personal template** or **Create personal copy**), the **Template Mode** choice sets the default type of sections added later (Structural or Negative finding sections). Afterwards, any section's

type can be changed individually under **Section mode** in the section editor, so types can be mixed within one template (e.g. a structural history and a negative status). In the template list, the **Negative** badge shows that every section is a negative finding section, and **Mixed** that only some are.

In Remote reporting mode, the finished report highlights where a negative finding section differs from the template text and shows the left-out template text struck through, so you can see at a glance what the system changed.

### Snippets – text blocks attached to sections

- A snippet is a pre-written, frequently recurring piece of text (e.g. a medication regimen or a treatment protocol). Snippets always belong to a particular **section**: in the section editor's **Associated Snippets** area, use **Add Snippet** to choose an existing one, or create a new one (**Create New Snippet**) that is attached to that section straight away.

- A snippet is **not** added to every report. When the session stops, the system decides from the recording whether it is needed in this case; by default it is left out. If it is added, it goes into its own section. The snippet's wording is the starting point, not fixed text: when the recording indicates something different (e.g. another dose, another product or additional details), the system adapts the text accordingly.

- Give each snippet the title you would use when speaking about it (e.g. “Helicobacter eradication”). If the title, or a natural spoken variant of it, is said in the recording, the system treats it as an explicit request and inserts the snippet; mere topical similarity or a mention of a past treatment is not enough. Because the system makes this decision, always check in the finished report that the snippets you need are there that none was added unnecessarily, and that the inserted snippets were adapted correctly to the recording.

### Snippet or negative finding section?

Both put pre-written text into the report, and the system can adapt both to the recording, so they are easy to confuse. The essential difference: a negative finding section is **always** included in the report and changes only where the recording captures a difference; a snippet is included **only when** it is needed in that case.

| | **Negative finding section** | **Snippet** |
|---|---|---|
| **What is it?** | A section type: the full text of the section | A separate text block attached to a section |
| **Included in the report?** | Always, even when the recording does not touch it | Only when the recording calls for it; left out by default |

| | | |
|---|---|---|
| **Can its text change?** | Yes: the part affected by a positive finding or meaningful difference is rewritten, the rest stays word-for-word | Yes: the snippet text is the starting point, but the system adapts it when the recording indicates (e.g. another dose, extra details) |
| **Typical example** | Normal physical status, negative endoscopy description | Eradication regimen, medication recommendation, routinely given patient information |
| **Where is it set?** | Section editor → Section mode | Section editor → Associated Snippets |

**Rule of thumb:** text that appears the same way in almost every report and only changes when something differs belongs in a negative finding section. Text that is needed only in certain cases, but then with largely the same content, belongs in a snippet.

## Choosing templates

To select and edit the right template, first open the settings:

Here you can filter templates by language, specialty, mode of use, institution, EHR system and source (your own templates, system templates, institutional templates):

The filtered list appears below, where you can pick the one you want to use. To modify a template, simply make the desired changes in the editor on the left. System and institutional templates cannot be modified in place: if you edit one, the system offers to save your changes as a personal copy, and the shared original remains unchanged (institutional originals are managed by the institutional administrator):

## Automated selection

The system can select the most relevant template from those available based on what is said. For example, in teleradiology use, where the system may hold hundreds of templates, it is far more convenient to use automation than to search the list for the relevant one each time. To do this, select the automatic template selection option:

## Other customization options

The settings on the **Personal preferences** tab belong to your account and apply to every template:

- **Report Detail Level** — concise reports are short documents written more for doctors, while detailed ones are longer and easier for the patient to understand.
- **Room Conditions** — mark whether the room is noisy or has echo.

- **Report behaviour** — *Name check before the report* (on stop, a popup asks you to confirm medication and protocol names), *Auto-stop when the consultation ends*, *Keep my typed text word-for-word* (text you type into a report is not rephrased), and the settings for working with your EHR system, described in the EHR Bridge chapter.

### Tips

- Keep templates concise; overly detailed style cues can be repeated in the output.
- Only put text into a negative finding section that you would sign unchanged: it goes into every report unless the recording says otherwise.

## EHR Bridge – installation and usage

Version 6 · 2026-10-22

For smooth operation, it is worth installing the Clivora EHR Bridge app, which can communicate with EHR systems.

The program's installer file is available at the link below: https://clivora.hu/dashboard/downloads

The Bridge can read data already entered in the EHR system (e.g. pre-filled by an assistant or noted by the doctor) and takes this into account when writing the report, then pastes the finished document back into the appropriate fields of the EHR system.

The Bridge communicates only locally over the `127.0.0.1` loopback address and is not reachable from any network.

### Installation

1. Download the Bridge installer to your Windows workstation by clicking the link below:
   https://clivora.hu/dashboard/downloads
   Before downloading, your browser may warn about potential risks. You can ignore this — browsers generally warn when someone downloads an installer file; you can choose to download it anyway:

2. Install the program by double-clicking the downloaded installer. Windows may warn that it protected your PC. You can ignore this too — for security reasons operating systems don't let users install new programs too easily. To install, click "More info" and then "Run anyway":

   After that you only need to click Next twice and the installation will complete.

3. Sign in with the same Clivora account you registered with. This is needed only once; afterwards it remembers the signed-in user for 400 days. The system is then ready to use:

## Usage

1. On first use each day, check that the Clivora Bridge is running among the background processes. To do this, click the arrow at the bottom right and check whether the Clivora logo is visible.
   If not, you can start the Clivora EHR Bridge from the Start menu.
   When it starts, the Bridge also opens the Clivora app window; you can reopen it any time from the tray menu.

2. Open the correct patient form in your EHR system. In Consultation or Automatic mode Clivora starts recording by itself (see below), or you can start it manually with the start-recording button.

3. Stop the recording. Clivora automatically generates the report and pastes the content into the appropriate fields (if you have switched automatic filling off, paste it with the “Fill” button). The Bridge then resets itself, ready for the next recording.

## Automatic start and stop

- In Consultation or Automatic mode, when the Bridge detects a new patient window in the EHR, recording starts by itself after a clearly visible 10-second countdown (“Auto-recording starts in …s”). If you don't want a recording, press Cancel during the countdown. Dictation mode never starts automatically, and the feature can be switched off entirely with the “Auto-start on a new EHR report window” setting (see Settings in Clivora).

- Each patient triggers an automatic start only once: the Bridge remembers recently seen patient windows. This memory can be cleared from the tray menu (“Reset patient memory”).

- A session can also stop automatically when the system detects that the conversation has ended. This is switched on or off with “Auto-stop when the consultation ends” in your Personal preferences; the setting belongs to your account and applies to every template. Switch it off if you want full manual control over closing a session.

- Before pasting, always make sure the correct patient's form is active — see the Warnings chapter.

## Multiple EHR windows

If several windows of the EHR system are open at once, the Bridge does not guess: the tray icon shows a warning and the Bridge asks you to pick which window it should work with.

### Shortcut

The Bridge is designed so that the user only needs to use a single key: **F7**, which starts, stops and then resets the application.

### The tray menu

Right-clicking the Clivora icon in the system tray opens a menu. The first line shows the current status: ● means the selected EHR system is detected, ○ that it is not open (or no EHR is selected), ⚠ that several of its windows are open. The available options:

- **Download update (version)…** — appears only when a newer version is available; downloads the installer.
- **Open Clivora** — opens the Clivora app window.
- **Open automatically when EHR detected** — when on, the Clivora window opens by itself as soon as the EHR system is detected.
- **Keep Clivora on top** — keeps the Clivora window above other windows.
- **Launch at startup** — starts the Bridge automatically when the computer starts.
- **Language** — the Bridge's own display language.
- **EHR system / Change EHR…** — which EHR system the Bridge works with; automatic detection is the default. The **Általános (kurzorhoz)** (generic, at cursor) option is also chosen here (see Supported EHR systems).
- **Expand window** — restores the full-size Clivora window.
- **Sign out (clear cookies)** — signs the Bridge out of the Clivora account.
- **Bridge running on :19532** — information line showing that the Bridge is running; not clickable.
- **Reset patient memory (auto-start)** — clears the list of recently seen patients, so automatic start can trigger again for the currently open patient.

- **Run EHR detection diagnostics… / Open log file / Open config folder / Open EHR driver config folder / Open DevTools** — diagnostic tools; usually only needed when working with our support team.
- **Restart bridge** — restarts the app (for example to apply configuration changes).
- **Quit** — exits the Bridge completely; automatic reading and pasting stop until it is started again.

The per-doctor settings that affect pasting the report (automatic filling, reading existing text, paste mode) are no longer in the tray menu: they are in Clivora's settings — see the next part.

## Settings in Clivora (per doctor)

The personal settings that affect how the Bridge works are in Clivora's settings (gear icon → **Reporting Settings**), in the **Report behaviour** part of the **Personal preferences** tab. They belong to your account, so they work the same on every workstation and with every EHR system; on a shared institutional workstation, the settings of the currently selected (active) doctor apply. The same switches are also available on your clivora.hu profile page.

- **Auto-start on a new EHR report window** — when on, a new patient window detected by the Bridge starts the recording after a 10-second countdown (see Automatic start and stop). Turn it off to always start recordings manually. Default: on.
- **Fill the EHR automatically when the report is ready** — when on, the finished report is pasted into the EHR the moment it is ready. Turn it off to review first and paste manually with the “Fill” button. Default: on.
- **Read existing EHR text into the report** — when on, Clivora reads the text already in the EHR fields (e.g. an assistant's earlier entry) before generating and builds on it. Turn it off to start every report from a blank slate. Default: on.
- **How to paste into the EHR** — *Section by section into matching fields* (default): each report section lands in its own EHR field (e.g. Anamnesis → History). *Everything into one field*: the whole report, section headings included, goes into the EHR's first text field. The choice applies to every EHR system.

The Bridge's own per-computer settings (open automatically, keep on top, launch at startup, language, EHR system selection) remain in the tray menu.

## Updates

The Bridge checks for new versions on its own. When a newer release is available, a notification appears and the tray menu shows a **Download update (version)…** item. Clicking it downloads the new installer, which you install the same way as the first time. The Bridge never updates itself silently.

### Supported EHR systems

The Bridge currently works with the following EHR systems:

- Fonix-Pro
- IXNet
- NetDoktor
- Dokumedik

In addition, choosing **Általános (kurzorhoz)** (generic, at cursor) in the tray menu's **EHR system** list makes the Bridge always paste the whole report wherever the cursor is, so it can work with any system. This option is never detected automatically; select it manually.

If your system is not on the list, please contact us.

## Modes: consultation, instrumental examination, remote reporting, dictation

Version 5 · 2026-10-22

Clivora offers four modes of use. The mode determines how Clivora processes speech. Choose the one that fits your workflow.

- **Consultation** – records the doctor–patient conversation and produces a structured report.
- **Instrumental examination** – recording during a procedure/examination (e.g. endoscopy), where the description follows the activity.
- **Remote reporting** – the doctor, sitting at the computer, speaks alone and the system inserts this into the appropriate template, for example in teleradiology use.
- **Dictation** – direct dictation: a verbatim transcript of the speech.

An **Automatic mode** is also available: select the Automatic template in the settings, and the system chooses the appropriate template — and with it the mode — based on the speech at the end of the session. While it is active, an overlay indicates that automatic template selection is on. If no confident match is found, the system lists the closest candidates so you can tap the right one, or you can choose a template manually. Automatic recognition works for templates that have recognition metadata configured (see Additional features).

# Institutional use

Version 4 · 2026-08-31

For larger partners, Clivora also supports institutional operation: shared exam-room workstations, a common set of templates and snippets, and a dedicated administrator role for the institution.

## Shared workstation

- The workstation signs in with its own institutional account — one shared login per exam room for the whole team.
- A quick picker lets you select the doctor/assistant currently working (the active member). The active member's preferences, templates and snippets are loaded, and the system uses these for reporting.

## Automatic doctor selection

- If the Bridge app is installed, the system periodically detects who is signed in to the EHR system and automatically selects the corresponding member in Clivora as well. A notification is shown for each switch.
- The EHR is the source of truth: a manual pick stands until the system detects a different signed-in user. If the automatic selection is ever wrong, simply pick the right member manually in the settings.

## Institutional administrator

- Every institution has an administrator role with its own management panel, restricted to the institution's own data.
- The administrator manages the members (doctors and assistants): a member can be created without a login, just to be selectable at the workstations; later they can be invited by email to set a password and sign in with their own account.
- The administrator also manages the workstation accounts and their passwords, as well as the institution's shared templates and snippets — and, where needed, the members' personal ones.
- Institution-level settings (language, specialties, EHR connection, member limits) and the institution-wide subscription are set up together with Clivora.

## Institutional templates

- Templates and snippets assigned to the institution are available to every user of the institution.
- A consistent documentation structure for the whole team.

## Recommended microphones

Version 2 · 2026-10-22

Transcription quality depends heavily on the microphone and ambient noise, so — although the system works with any microphone, even a built-in one — getting an external microphone is strongly recommended. Based on our internal tests, we can recommend the following:

- For **consultations**, it is important to capture both the patient and the doctor well; here an **MXL AC404** conference microphone is recommended.
- For **remote reporting or instrumental examinations**, it is important to hear the doctor, so a clip-on **DJI Mic Mini** is recommended here.
- If the environment is very noisy, or there is a lot of movement (e.g. the exam bed is far from the desk), it is worth combining a conference microphone with a clip-on microphone placed on the doctor. As this requires a more complex setup, please contact our technicians if you would like this.

### Placement

Keep the microphone close to the speaker and away from noise sources. Reduce echo and background conversation as much as possible.

## GDPR & data privacy guide

Version 4 · 2026-10-22

*The following does not replace the official Privacy Policy.*

### Principles

The two most important principles are **data minimisation** and **processing data within the EU**:

- Clivora processes patient data solely for the purpose of producing documentation, and only for the duration of that process: after the report is written it stores neither audio nor text, does not use it for training, and

does not log it.

- Sensitive personal data is processed within the European Union, both at rest and in flow.

### Security details

- Authentication tokens contain no clinical data.
- Session data is stored encrypted.

### Legal basis and responsibility

The healthcare provider is the data controller; Clivora acts as a processor under the relevant agreement.

### Data subject rights

Patients may exercise their rights under applicable law (access, erasure, etc.).

For details, see the official Privacy Policy.

## Security guide

Version 1 · 2026-06-09

Clivora protects data in several layers.

- **Encrypted transport:** all network communication runs over HTTPS/WSS.
- **Bridge runs locally:** the Bridge running on the workstation listens only on the `127.0.0.1` loopback address and is not reachable from any network.
- **Minimal token:** the authentication token contains only an identifier, email and scope – no clinical data.
- **Encrypted storage:** sensitive session data is stored encrypted.

### Recommendations for users

- Use a strong password and two-factor authentication where available.
- Lock the workstation when you step away.

- Only install the Bridge app on a trusted device.

## Additional features

Version 4 · 2026-08-31

### Reminder to fill in required fields

You can set required fields for any template (e.g. the last ophthalmology examination for a diabetic patient, drug allergies for a gastroenterology consultation). You can do this in the template settings:

When using such a template, the system checks on stopping whether the required information was mentioned. If not, instead of stopping it sends a reminder to the doctor, who can still ask about these before generating the document (or continue anyway if they are not relevant after all):

The check runs when you stop the session. It does not apply in Dictation mode, and every New Recording starts with a clean slate.

### Metadata for automatic template recognition

Automatic template recognition works for templates that have metadata configured. You don't have to provide everything, only what makes it possible to recognise from the speech which template is needed. These can be specified in the template settings:

If the recording does not produce a confident match, the system lists the closest candidate templates so you can pick the right one with a single tap — or you can choose manually.

In institutional operation, the institutional administrator can also configure recognition metadata and required fields centrally on the institution's shared templates.

### Regenerating the report

A finished report can be regenerated at any time with the report-generation button in the floating toolbar — useful if more dictation was recorded or settings were adjusted after the first generation. The current report is replaced by the newly generated one.

### Patient intake form

While waiting, the patient or the assistant can fill in the intake form, which the assistant or receptionist can create. The doctor can retrieve the completed form on their own computer, so they can both read it and have the AI system interpret and use it when generating the document.

The form can be created with an assistant or receptionist user account and then shared via a QR code:

The doctor can then load these on their own interface:

### Sending between devices

You can transfer a report or session from one device to another – for example, record on a phone and continue editing and sending to the EHR on a desktop. This is useful when the doctor works without taking their computer along: for example a GP visiting a nursing home. The generated report can be sent with a single button press to every device where the same user is signed in:

And on the other computer they can open these:

## FAQ & troubleshooting

Version 1 · 2026-06-09

We handle frequently asked questions on a separate page, which you can reach at the link below:

https://clivora.hu/faqs

## Warnings & precautions

Version 2 · 2026-10-22

- **Always review the report** before saving or pasting. The user is responsible for the final content.
- Do not rely on Clivora without review – the automatic transcript may contain errors or mishearings.
- **In noisy environments** or with distant speech, the risk of mishearing is higher; review the output with extra care.
- Make sure the correct patient's form is active before pasting the report. For data-protection reasons, Clivora does not store the active patient's identifying data, so it always pastes only into the form currently open on the computer.
- Clivora does not alert on clinical emergencies and does not provide decision support.

## Contraindications

Version 2 · 2026-10-22

Clivora is a documentation aid and therefore has no patient-specific clinical contraindications. However, use is not recommended in the following cases:

- In situations where voice-based recording is not permitted for legal or ethical reasons, or where the necessary consent is missing.
- For unreviewed, automatic documentation – the output always requires professional approval.
- As the sole source for any diagnostic or therapeutic decision.

## Limitations & residual risks

Version 2 · 2026-10-22

- **Noise and background speech:** in noisy spaces (e.g. an exam room) distant conversation may appear, incorrectly, as medical text in the transcript.
- **Recognition errors:** pronunciation, technical terms, mixed languages or a poor microphone can reduce accuracy.
- **Hallucination:** automatic summarization can occasionally generate content that was not spoken.
- **Language coverage:** quality may vary by language.

**Risk mitigation:** mandatory professional review of every report, use of a suitable microphone, and noise reduction. The vast majority of errors stem from inadequate audio capture (since the system then tries to summarise from poor source data); if you experience errors, it is always worth starting with the audio capture setup.

## Manufacturer & incident reporting

Version 1 · 2026-06-09

### Manufacturer

Clivora Kft.
1138 Budapest, Bodor utca 1.
contact@clivora.hu · 0630-780-6214

### Reporting an incident

A dedicated page is available for reporting any unexpected event or safety concern related to the device. It can be reached at https://clivora.hu/dashboard/tickets. If you prefer to report by email, you can do so at contact@clivora.hu. In case of a serious incident, also notify the competent authority.

### Support

General support: Contact.

## Symbols glossary

Version 1 · 2026-06-09

- **Consult instructions for use** – read the instructions for use before use.
- **Manufacturer** – identifies the manufacturer.
- **Date of manufacture / version** – the document's issue date and version.
- **UDI** – unique device identifier.

This document is a controlled Instructions for Use. Printed copies are uncontrolled.