

---

## ***Video Recording of Your Consultation with the Doctor***

In this practice we sometimes make video recordings of patients' consultations with their doctor. These videos are used for

1. assessing and improving the doctors' consultation skills
2. training junior doctors
3. teaching medical students

Confidentiality is very important, so recordings are kept secure and viewed only by doctors and medical students. Sometimes a recording is required for training doctors outside of the practice. Physical examinations carried out on the doctors' couch do not appear on the recordings. The recordings are erased after one year. No copies will be made.

With your agreement Dr.....would like to video record your consultation today for purposes (No's)..... as above. If after the consultation you would prefer to have the recording erased, please tell the receptionist before you leave.

This video may be viewed by senior doctors outside our practice to assess the doctor's performance or to teach other doctors.

.....

### ***Your Consent before the Consultation***

I (name)..... agree/do not agree to my consultation today (date)....., with Dr....., being video recorded. If I have agreed to a video recording I understand that it will only be used for the teaching and assessment purposes indicated above, and that I can ask for the recording to be stopped or erased at any time during or after the consultation, or that I can ask to view the recording before it is viewed by any third party.

Signed..... Date of Birth.....

Address.....

.....Tel.....

Accompanied by.....Countersigned by.....

---

***Your Confirmation of Consent After the Consultation***

(Patient's name) .....**does\*/does not\***  
want the video recording to be kept.

The patient left the Health Centre without making any comment\*.

Signed.....Receptionist/Doctor

\* delete as appropriate

.....

***Your Consent to Use of the video recording outside the Practice***

If the recording is to be used away from the practice, (for other than personal private study) then the patient's permission must be sought first.

Purpose of use.....

Patient contacted by **phone\*/letter\*/in person\***

on (date) ..... by (name).....

and permission **given\*/not given\***

Signed.....

\* delete as appropriate