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PATIENT CONSENT FORM FOR RECORDING FOR TRAINING PURPOSES

Patients Name:		Place of Recording:	
Name of person (s) Accompanying patient to the consultation:		Date:	

We are hoping to make video/digital recordings of some of the consultations between patients and Dr whom you are seeing today. The recordings are used by doctors training to be a GP for training, educational or assessment purposes. The recording is **only** of you and the doctor talking together. Intimate examinations **will not** be recorded and the camera/recorder will be switched off on request.

All recordings are carried out according to guidelines issued by the General Medical Council and will be stored securely in line with the General Data Protection Regulation (GDPR). They will be deleted within one year of the recording taking place.

You do not have to agree to your consultation with the doctor being recorded. If you want the camera/recorder turned off, please tell Reception – this is not a problem, and will not affect your consultation in any way. But if you don't mind your consultation being recorded, please sign below. Thank you very much for your help.

CONSENT FORM

Before Consultation

This consultation will be recorded for training and assessment purposes. All video recordings are carried out according to guidelines issued by the General Medical Council and will be encrypted and stored securely. They will be deleted within one year of the recording taking place.

You do not have to agree to your consultation with the doctor being recorded.

I have read and understood the above information and give my permission for my consultation to be recorded

Yes, I agree

I have read and understood the above information and **do not** give me permission for my consultation to be recorded

No, I do not agree

After Consultation

Please confirm that you are still happy to have given consent for the recording of your consultation.

Yes, I agree

No, I do not agree

If you do not select an option then we will assume your response at the beginning of the consult is your preference. We will destroy this recording within one year and you are able to withdraw your consent at any time, in which case we will immediately destroy your data. Please contact us at the practice should that be case.