

Consent Form for Video Recording for Assessment Purposes

Patient's Name		Place of Recording	
Date		Name of person(s) accompanying patient to the consultation	

We are hoping to make video recordings of some of the consultations between patients and Dr, whom you are seeing today. The videos are part of an assessment procedure for doctors who are seeking membership of the Royal College of General Practitioners. The videotape is ONLY of you and the doctor talking together. Intimate examinations will not be recorded and the camera will be switched off on request. All video recordings are carried out according to guidelines issued by the General Medical Council.

Only those persons who have legal access to your medical records will see the videotape and doctors and advisers involved in assessment. Its use will be limited to the assessment of the doctor whom you are consulting, and possibly for research, learning and teaching purposes, and quality control. The videotape will be stored in a locked cabinet and is subject to the same degree of confidentiality and security as medical records. The videotape will be erased as soon as practicable and in any event within three years.

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

TO BE COMPLETED BY PATIENT

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

Signature of patient BEFORE CONSULTATION

..... Date

Signature of person accompanying patient to the consultation:

..... Date

After seeing the doctor I am still willing / I no longer wish (*delete as applicable*) my consultation to be used for the above purposes

Signature of patient AFTER CONSULTATION:

..... Date

Signature of person accompanying patient to the consultation:

..... Date