



**CONSENT TO RECORD CONSULTATIONS**

We would appreciate your permission to record your consultations with the doctor today.

- *The consultation may be seen by doctors who are in training, and their tutors, in a confidential setting. This is for teaching purposes.*
- *No intimate examinations will be recorded*
- *You can request the camera to be switched off at any time during the consultation.*
- *You will be asked after the consultation if you want the consultation erased.*
- *The recording will be held securely by the recording doctor at all times on a media file.*
- *To facilitate assessment of the doctor on your consultation the encrypted media file may be uploaded to a secure web based site hosted through the ICGP.*
- *The recording will be erased by the recording doctor not later than six months from the date of recording.*

I agree to my consultation with my doctor today being recorded for educational purposes. The recorded consultation will be erased on or before, **date**.....

**Patients Name (print) :** \_\_\_\_\_

**Signed before consultation:** \_\_\_\_\_

**Signed after consultation:** \_\_\_\_\_

**Date of recording:** \_\_\_\_\_

**Registrar signature & MCRN:** \_\_\_\_\_

**Trainer/PD Signature & MCRN:** \_\_\_\_\_

Date of erasure	Date scanned to patient file	Registrar signature