

## Patient Consent Form for Consultation Recording for Training Purposes

### Pre consultation information

<b>Patient's name:</b>		<b>Place of Recording:</b>	
<b>Name of person(s) accompanying patient</b>		<b>Date:</b>	

We are hoping to make 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 to review their consultations with their supervisors. Anonymised data about the doctor's part in the consultation may be used in research to improve GP training. Recordings are taken on a secure platform called Clinitalk. The recording is **ONLY** of you and the doctor talking together. Intimate examinations will not be recorded, and the recording 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 21 days of the recording taking place ([clinitalk.co.uk/privacy-notice](http://clinitalk.co.uk/privacy-notice)).

You do not have to agree to your consultation with the doctor being recorded. If you want the recording 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, please sign below.

#### TO BE COMPLETED BY PATIENT

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

#### Signature of patient BEFORE CONSULTATION:

.....Date.....

#### AFTER the consultation, please fill in this section:

After seeing the doctor, **I am still willing** for my consultation to be used for the above purposes.

After seeing the doctor, **I no longer wish** my consultation to be used for the above purposes.

#### Signature of patient AFTER CONSULTATION:

.....Date.....