



**PATIENT VIDEO CONSENT FORM**

Place of video recording.....Date.....

Patient's name.....

**Consent to Video Recording for Medical Student Training Purposes**

We are hoping to make video recordings of some of the consultations between patients and

Medical student.....

Supervising doctor.....whom you are seeing today.

The videos are undertaken to help train senior medical students at the Royal Free and University College Medical School.

The video is ONLY of you and the student talking together. No intimate examination will be done in front of the camera. All video recordings are carried out according to guidelines issued by the General Medical Council.

The video will be brought back by the student to the Medical School where it will ONLY be seen by members of the academic staff and a small group of Final Year medical students (approx 30). The tape will be subject to the same degree of confidentiality and security as medical records.

Dr.....is responsible for the security and confidentiality of video recording in the practice. It will be brought back to the Medical School personally by the Medical Student the tape will be erased as soon as practicable and in any event within one month.

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 anyway.

But if you do not mind your consultation being recorded, we are grateful to you. Improving the training of Medical Students should lead to a better service to patients.

If you consent to this consultation being recorded, please sign below. Thank you very much for your help.

Signed..... Date.....

Signature(s) of any accompanying person(s).....

Date.....

**After** you have finished seeing the doctor, please sign below to confirm that you are still happy to have the recording used

Signed..... Date.....