

**FORM EDF 021**  
**Consent Form for Video Recording a Consultation**  
**for Doctor Professional Development and GP Training Medical Educator Review**

Dear Patient,

Dr \_\_\_\_\_ is video recording some consultations today as part of his/her ongoing professional development. He/she will review the video recording with his/her GP supervisor at the practice and possibly with a medical educator who is part of a GP training team. The video will only be seen by the doctors mentioned above and only for the training and professional development of the doctor involved in the consultation.

The review of a doctor's own consultations is an extraordinarily valuable training experience and we appreciate your consideration of providing this doctor with that learning opportunity.

The video camera will only be focused on you while you are seated at the desk talking to the doctor. No images will be recorded of you on the examination couch.

As required by law, the original copy of this recording will be kept at the medical practice and form part of your medical record. If a copy is forwarded to a medical educator it will be destroyed once the educational process is completed with the doctor involved. Your name will not be attached to any copy of the recording which is shared with a medical educator. The recording will never be uploaded to the internet or used for any purposes other than those mentioned above. For more information you can ask to see our Privacy Policy.

If you feel unable to give your consent to record this consultation, this will not affect the care you receive.

**Having given your consent, if at any time during the consultation you decide that you want the video recording to stop, please tell the doctor.**

If you agree to have your consultation recorded, please sign the consent below.

I <b>consent</b> to have my consultation video recorded and used only as outlined above.			
<b>Name of the patient (please print):</b>			
<b>Signature:</b>		<b>Date:</b>	

<b>Office Use Only</b>			
The practice _____ will keep the video recording as part of the patient's medical record.			
<b>Name:</b>		<b>Role:</b>	
<b>Signature:</b>		<b>Date:</b>	
Where a copy is made for use outside the practice, the doctor will undertake, store and transport the video recording as per the requirements of the GP Training Organisation's procedure.			
<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	