

Obtaining consent to record patient sessions procedure

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Obtaining consent to record patient sessions procedure

1 Introduction

In addition to obtaining consent for treatment, it is a requirement that consent be obtained for recording clinical sessions. This document must be read alongside the Trust Policies on Consent to Treatment, and Information Governance. All staff both permanent and honorary, and clinical trainees must be aware of their responsibilities when undertaking any form of video or audio recording.

2 Purpose

The purpose of this policy is to give guidance to staff for recording and storing clinical recordings of clinical sessions.

3 Scope

- 3.1 This procedure applies to all situations when recordings in CYAF are made for clinical, clinical supervision, or training purposes; it does not include recordings made for research purposes.

4 Definitions

- 4.1 In this procedure the term 'recording' is used to refer to any recording format, e.g. audio or videotape.
- Video recording refers to the use of a camera for the digital recording of meetings
 - Audio recording refers to the use of audio recording using digital recording

5 Duties and responsibilities

- 5.1 Clinicians must ensure that written information is given to individuals/families before obtaining consent, at the point when the possibility of video/audio taping is raised; usually at the same time as informed consent to treatment is discussed.
- 5.2 Clinicians must ensure that the consent form is completed. There are 2 different forms depending on the purpose of the recording: one for training; and the other for normal clinical work where there are clinical requirements for making the recordings.
- 5.3 The clinician must ensure the recordings are stored safely and securely. Administrators are available to advise.

6 Procedures

- 6.1 Permission must always be obtained from patients before recordings are made of a therapy session. A patient's recording may not be altered in any way to achieve anonymity in order to avoid the need for consent. Patients have the right to withdraw or change their agreement to consent at any point in their treatment. If consent is withdrawn no subsequent video or audio taping may be made and, depending on the patient's wishes, any recording made earlier should be erased.
- 6.2 The uses to which such recordings may be put must be fully specified on the appropriate form having given clients a written information sheet with time to familiarise themselves with its content. Copies of information sheets and consent to recording forms are appended to this policy. The clinician has a responsibility to discuss as well as give written information on recording consent. To ensure comprehension, the clinician must describe the different uses to which this material would be used including internal supervision, teaching and professional discussion within the Trust and/or with individuals outside the Trust e.g. external supervision.
- 6.3 If material is used for teaching to non-Tavistock trainees or audiences then a different consent form must be signed (on reverse of form) and guarantees of anonymity explained and adhered to. Recording for research would require a different consent form.
- 6.4 The consent form must be signed by each patient, including children where appropriate, and only in exceptional circumstances should parental permission overrule the wishes of a child. Principles for children's consent are the same as those outlined in the general

consent policy. Having gained consent, the form should be signed by the clinician(s) and patient(s) before any recording starts.

- 6.5** Staff should explain to patients how long recordings can be held. Recordings made solely for the purpose of training clinicians can be erased after the time agreed with patients, at the completion of training, unless further consent is obtained. Recordings made during clinical sessions other than for training purposes must be kept for the same length of time as written medical records (see Records Procedure).
- 6.6** Care must be taken to respect the dignity, ethnicity and religious beliefs of the patient as there may be very specific sensitivities in some cultures or faiths.
- 6.7** Patients records, including audio and DVD's, must be stored securely in locked cupboards and catalogued. All staff must take responsibility for finding out the procedure for locking audio/video tapes in their Directorate and comply. Any personal data stored in any form, including electronically, must be completely safe and confidential, in accordance with current legislation. Staff must familiarise themselves with these requirements.
- 6.8 Teaching**
If a staff member decides to use a recording for teaching, it is necessary obtain consent from all participants in the recording. An explanation should be given about how the material will be used and how confidentiality will be maintained with the audience being trained. If consent is obtained then this needs to be recorded on the consent form (reverse side) and stored in the patient's notes.
- 6.9 Clinical Supervision**
If recordings are made solely for the purposes of clinical supervision, then the visual recording must be limited to the clinician, though the audio recording will be made of both the clinician and the patient/family. Consent is required for this purpose and is recorded on the form in appendix B. Recordings for this purpose must be erased following the clinical supervision session at which the recording was viewed.

7 Procedure for viewing recordings

7.1 Viewing sessions within the clinic

Clinical sessions recorded onto DVD can be reviewed in the clinic. DVDs containing clinical sessions must not be taken outside the clinic.

7.2 Viewing sessions outside the clinic

Sessions which students need to review outside of the clinic should be delivered to the Trust Videographer who will transfer the recordings to a restricted shared drive. Only members of TEL and the M6 teaching staff will have access to this shared drive. The DVDs must be labelled with the student's initials, the date and the session number. Once the transfer is complete, the Trust Videographer will return the DVD to the M6 Organising Tutor, who will have responsibility for archiving and destroying the DVDs. Recordings held on the restricted drive can be transferred to an encrypted memory stick for students to take outside the clinic. Encrypted memory sticks will be distributed to students at the start of the course and their return will be monitored on completion of the course, when their contents will be wiped and the sticks reformatted.

8 Training Requirements

All new staff and clinical trainees will be alerted to the recording consent form at Clinical Induction in the first instance, and all staff will be advised of any changes in policy by their manager

9 Process for monitoring compliance with this Procedure

Through audit of files/storage arrangements.

10 References

Data protection Act
Records Management NHS Code of Practice

11 Associated documents¹

- Data Protection Procedure

¹ For the current version of Trust procedures, please refer to the intranet.

- Consent to Treatment Procedure
- Information Governance Policy
- Records Retention Schedule
- Health Records Procedure

Appendix A : Consent pro formas

Patients Name:
Patients File No:

Consent for video/audio tape recording (Training)

This form is to be used for clinical recordings where individuals/families/groups are recorded to assist the families and therapists in their work. The Tavistock and Portman NHS Foundation Trust has adopted a policy in line with the Data Protection Act and NHS Patient Records. The consent limits the use of the recordings to those specified by you. If at a later date the clinician would like to use the recording in any other way they must seek your specific permission to do so. Also, at a later date, if you wish to change your consent, please discuss with your clinician.

In view of the explanation given to me by:.....(CLINICIAN PRINT NAME)

I/We consent that these recordings may be used as follows:

To share with your professional colleagues working within the Tavistock and Portman NHS Foundation Trust for your ongoing training as therapists

To share with our professional colleagues for supervision and consultation

To enable the clinician to review their work

I understand that the recordings will be kept in a safe and secure place by the Trust and will be erased:(SPECIFY DATE)

Please indicate when an adult is signing consent on behalf of a child

Full Name:
Signature:.....

Full Name:
Signature:.....

Full Name:
Signature:.....

Full Name:
Signature:.....

Clinician Name:
Signature:.....

Date:

Consent for video/audio tape recording (Teaching Purposes)

This form is to be used to obtain consent to show confidential tapes/excerpts for tapes for teaching purposes to groups of professional colleagues, inside and outside the clinic for the purpose of demonstrating and illustrating our work.

I/We (CLINICIAN PLEASE PRINT NAME)

will ensure that agreement to maintain confidentiality is undertaken by the professional audience.

I/We will ensure that the material is kept safe.

Signature:
Date:.....

Having discussed with my clinician, I/we agree that tapes/excerpts of tapes may be used for training purposes:

a) for a single use

b) for multiple use as required

Full Name:
Signature:.....

Full Name:
Signature:.....

Full Name:
Signature:.....

Full Name:
Signature:.....

Date:

Patients Name:

Patients File No:

Consent for Video/Audio Tape Recording (Clinical)

This form is to be used for clinical recordings where individuals/families/groups are recorded to assist the clients and therapists in their work. The Tavistock and Portman NHS Foundation Trust has adopted a policy in line with the Data Protection Act and NHS Patient Records. The consent limits the use of the recordings to those specified by you. If at a later date the therapist would like to use the recording in any other way they must seek your specific permission to do so. Also, at a later date, if you wish to change your consent, please discuss with your therapist.

In view of the explanation given to me by:.....(CLINICIAN PRINT NAME)

I/We consent that these recordings may be used as follows:

To enable therapist to review their work with you

To share with our professional colleagues working within the Tavistock and Portman NHS Foundation Trust for our ongoing development as therapists for supervision and/or consultation

To share with professional colleagues working outside the Tavistock and Portman NHS Foundation Trust for the purpose of clinical supervision/consultation.

This Colleague is:(PRINT NAME AND ADDRESS)

.....

I understand that the recordings will be kept in a safe and secure place by the Trust and will be kept in the same way as medical records

Please indicate when an adult is signing consent on behalf of a child

Full Name:

Signature:.....

Full Name:

Signature:.....

Full Name:

Signature:.....

Full Name:

Signature:.....

Clinician Name:

Signature:.....

Date:

Consent for video/audio tape recording (Teaching Purposes)

This form is to be used to obtain consent to show confidential tapes/excerpts for tapes for teaching purposes to groups of professional colleagues, inside and outside the clinic for the purpose of demonstrating and illustrating our work.

I/We (CLINICIAN PLEASE PRINT NAME)

will ensure that agreement to maintain confidentiality is undertaken by the professional audience.

I/We will ensure that the material is kept safe.

Signature:Date:

Having discussed with my clinician, I/we agree that tapes/excerpts of tapes may be used for training purposes:

a) for a single use

b) for multiple use as required

Full Name:

Signature:.....

Full Name:

Signature:.....

Full Name:

Signature:.....

Full Name:

Signature:.....

Date:

Appendix B : Consent for recording clinical sessions for the purposes of clinical supervision

WHY RECORD?

Recording allows us to look over the clinical session in detail so that we can support our supervisors and tutors in their family and about our work. The recording is of the clinician, not of patients, and aims to help develop the practice of clinicians.

CONSENT

Although we find recording helps us in our work, we also want to make clear that everyone has the right to refuse permission for recording. A parent or guardian will be asked to give permission on behalf of children who do not have the capacity and understanding to give consent for themselves. We will not record a session unless we have your permission. Even if you agree to recordings being made, you have the right at any time to ask that all the recordings, or a particular one, or one piece of the recording be erased.

We ask family members to sign a consent form at the end of the first interview when you know what has been discussed. You will be invited to stipulate any special conditions for its use, which will be written on the form. After recording has taken place you will be asked whether you are still happy for the recording to be used..

These recordings are erased once they have been viewed by the clinical supervisor.

CONFIDENTIALITY

Recordings are treated as confidential material. All staff members undertake to safeguard recordings at all times. Recordings will be stored securely within the Trust and your clinician is responsible for ensuring that they are used appropriately and only for supervision. All clinicians will ensure that arrangements are made for the erasure of material if they leave the Trust's employment.

Recordings are the property of the Trust and cannot be taken out by our clients. They can be reviewed with the family's therapist. We can only review recordings with family members who were present at the session.

**The Tavistock & Portman
NHS Foundation Trust**

CONSENT FOR RECORDING

I/We confirm that we have been given a copy of the information sheet and that I/we have read and understand the contents

I/We agree to the recording of the consultations and/or therapy sessions in which I/we take part, and understand and agree that these recordings may be shown as follows:

- To supervisors working within the Tavistock and Portman Trust for our on-going training as therapists
- For the purpose of learning within the CYP- IAPT training

I/We understand that the recordings will be kept in a safe place by the Trust and that they will not be used as part of or retained with our medical records

FULL NAMES:

SIGNATURES:

Please indicate when an adult is signing consent on behalf of a child

DATE:

NAME(S) OF THERAPIST:

SIGNATURE:

Equality Impact Assessment

1 Does this policy, function or service development affect patients, staff and/or the public?

YES (*go to Section 5.*)

2. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

NO

3. *Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:*

Negative / Adverse impact:

Low.....

(i.e. minimal risk of having, or does not have negative impact on equality)

Positive impact:

Low.....

(i.e. not likely to promote, or does not promote, equality of opportunity)

Date completed Dec 2015

Name Karen Partridge