

Policy and Consent Form for Recording of Consultations

Grand Plaza Drive Doctors

This document contains both the full policy for obtaining consent for recording consultations and the standard patient consent form.

Policy on Consent for Recording and Storage of Consultations

Grand Plaza Drive Doctors

1. Purpose

This policy outlines how clinicians at Grand Plaza Drive Doctors obtain, record, and manage patient consent for the audio/visual recording, duplication, and storage of consultations. It ensures compliance with privacy laws, professional standards, and ethical obligations.

2. Scope

This policy applies to all doctors and clinical staff at Grand Plaza Drive Doctors who record patient consultations, whether:

- In-person
- Via Telehealth
- Conducted remotely through digital platforms

It also covers duplication and secure storage of such recordings.

3. Principles

- Voluntary Consent: Patients have the right to refuse recording without it affecting their care.
- Transparency: Patients must be fully informed of the purpose, use, storage, and retention period of recordings.
- Confidentiality: Recordings are considered part of the medical record and must be handled with the same level of privacy and security.
- Minimality: Recordings must only be made when clinically necessary, legally required, or with explicit consent for teaching, training, or research purposes.
- Right to Withdraw: Patients may withdraw consent for recording at any time, unless required by law.

4. Process for Obtaining Consent

Step 1 – Inform the Patient

Doctors must explain clearly, in plain language:

- The purpose of the recording (e.g., clinical care, teaching, medico-legal documentation).
- Who will have access to the recording (e.g., treating team, external specialists if referred).
- How and where the recording will be stored.
- How long it will be retained.
- That refusing consent will not affect the patient's right to care.

Step 2 – Obtain Consent

- Verbal Consent may be sufficient if the recording is part of standard medical documentation, but it must be noted in the patient's medical record.
- Written Consent is required if the recording is for teaching, research, external sharing, or

duplication.

Step 3 – Confirm at Start of Recording

If a consultation is being recorded, the clinician must reconfirm consent on the recording itself. Example:

“Do you consent to this consultation being audio/visually recorded for [purpose]? You understand it will be stored securely as part of your medical record, and you may withdraw consent at any time.”

Step 4 – Document Consent

Consent (verbal or written) must be recorded in the patient’s medical record.

5. Storage and Duplication

- Recordings are stored securely in line with privacy and data protection requirements.
- Duplication is permitted only for clinical sharing, research, or teaching with appropriate consent.
- Access is restricted to authorised staff only.
- Recordings must not be shared via personal devices or unsecured platforms.

6. Responsibilities

- Doctors must obtain and document patient consent.
- Practice Management must maintain secure systems for storage and ensure compliance with retention laws.
- IT Support must ensure technical safeguards, encryption, and restricted access.

7. Review

This policy will be reviewed annually, or earlier if legislation or professional standards change.

Patient Consent Form for Audio/Visual Recording of Consultations

Grand Plaza Drive Doctors

This form seeks your consent to the audio and/or visual recording of your consultation. The purpose of recording, how the recording will be used, stored, and who will have access to it has been explained to you. Your care will not be affected if you decline.

Purpose of Recording

- For inclusion in your clinical record
- For referral or sharing with other treating specialists
- For teaching/training purposes
- For research (ethics approval required)
- Other (please specify): _____

Patient Acknowledgment

By signing this form, I confirm that:

- The purpose and use of the recording has been explained to me.
- I understand who will have access to the recording.
- I understand how long the recording will be kept and that it will be stored securely.
- I understand I can withdraw my consent at any time (except where recording is required by law).
- I have had the opportunity to ask questions and they were answered to my satisfaction.

Consent

- I CONSENT to the recording of my consultation for the purposes described above.
- I DO NOT CONSENT to the recording of my consultation.

Signatures

Patient Name: _____

Patient Signature: _____ Date: _____

Doctor Name: _____

Doctor Signature: _____ Date: _____