

Consent form visual and audio recording of a patient



WRITTEN CONSENT MUST BE OBTAINED FOR EACH SEPARATE VISUAL OR AUDIO RECORDING OF A PATIENT

NOTE TO PATIENT: Your osteopath may wish to make and use visual and/or audio recordings of you. Before s/he does so, s/he will give you a full explanation of:

- the reasons why the particular form of recording is necessary or desirable
- his/her intention for its use
- who will see and/or hear the recording
- how and where the recording will be used and stored, and for how long.

Your osteopath should use the least intrusive method of recording. For example, still photography should be used rather than videoing if it is not vital to record your movement. Your modesty should be protected and your identity masked, as far as possible; other than this, recordings should not be altered.

You are entitled to withhold or withdraw your consent for your osteopath to make, use or keep the recording* at any time, even after signing this form. You may require the osteopath to destroy any such recording* or give it to you.

* includes any copies of the recording

The osteopath must obtain further written consent from you if s/he wishes to keep, use or disclose the recording beyond the limits of your original consent.

Your osteopath will seek your consent in two stages.

STAGE 1 OF 2 – MAKING THE RECORDING

(full name of osteopath, in block letters)

My osteopath _____

(full name of patient, in block letters)

has explained to me _____

(osteopath to describe the format and the nature of the recording – such as audio, still paper or digital photograph (state number of photographs), video or other moving image, etc)

that s/he will make the following recording(s) of me: _____

(osteopath to describe the reason(s) for the recording and particular format – such as monitor patient's progress, teaching aid, research, etc)

The reasons for requiring this recording(s) and particular format are: _____

(osteopath to list all persons or classes of persons likely to have access to the recording, now and in the future – such as students, colleagues, freely available on website, etc)

The persons likely to have access to the recording(s) are: _____

(osteopath to state, as accurately as possible, the date or event after which the use of the recording will be discontinued. If there is no end date, this should be stated)

The recording(s) will be used until: _____

(osteopath to state how and where the recording will be stored – such as in the patient's own records, available on internet, etc)

The recording(s) will be stored: _____

(osteopath to state when the recording is to be destroyed, if possible)

The recording(s) will be destroyed on: _____



I understand the above and hereby give my consent for the recording(s) mentioned above to be made.

(patient's signature)

Signed: _____ Date: _____

STAGE 2 OF 2 – USING/KEEPING THE RECORDING

* includes any copies of the recording

NOTE TO PATIENT: Your osteopath will show you the recording s/he has made. You are entitled to withhold or withdraw your consent for your osteopath to keep or use the recording*, at any time, even after signing this form. You may require the osteopath to destroy the recording* or give it to you.

(full name of osteopath, in block letters)

My osteopath _____

has shown me the recording identified above in the way in which it will be used and I hereby consent to its use as described above.

(patient's signature)

Signed: _____ Date: _____

* includes any copies of the recording

NOTE TO PATIENT: Each time your osteopath seeks your consent to use or keep a new recording, s/he will review with you any visual and/or audio recordings of you that s/he holds from previous occasions, so that you can decide whether you wish to withdraw your consent for their continued use and/or possession by the osteopath. You may require your osteopath to destroy such recordings* or give them to you.

(full name of patient, in block letters)

I _____ have reviewed, with my osteopath,

(full name of osteopath, in block letters)

_____ the following recording(s) and I consent to

its/their continued possession and/or use: _____

(osteopath to list the current recordings of this patient held by him/her)

(patient's signature)

Signed: _____ Date: _____

WITHDRAWAL OF CONSENT

NOTE TO PATIENT: If you wish to withdraw your consent for the possession and/or use of any of the recording(s) mentioned above you should sign below. The osteopath should then sign this form to say that s/he has destroyed the recording(s) or given it/them to you.

(patient's name)

I _____ hereby withdraw my consent for the above

(osteopath's name)

_____ recording(s)* to be kept and/or used by my osteopath

* includes any copies of the recording

(patient's signature)

Signed: _____ Date: _____

(osteopath's name)

I _____ have today destroyed the recording(s)

* includes any copies of the recording

mentioned above/given the recording(s)* to the patient. _____

(osteopath's signature)

Signed: _____ Date: _____