



# AUDIO AND VIDEO RECORDINGS OF PSYCHOLOGICAL THERAPY SESSIONS

Policy and Procedures

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<b>CONSULTATION AND DISTRIBUTION RECORD</b>	
Contributing Author / Authors	<ul style="list-style-type: none"> <li>• Angela Harris</li> </ul>
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<b>CHANGE RECORD</b>			
<b>Date</b>	<b>Author</b>	<b>Change</b>	<b>Version No.</b>
31/07/12	Angela Harris		0A
05/09/12	Angela Harris	<p>Feedback from TASAG received &amp; amendments as follows:</p> <p>Executive summary: NHS Scotland policy is that removable devices must be encrypted. Lothian Caldicott approval which details a risk assessment must be gained to for any other practice, on the standard proforma.</p> <p>5.1 Essential part of some trauma treatment protocols</p> <p>5.5 Recording supervision sessions as part of accreditation</p> <p>6.8 &amp; 8 Trauma treatment protocol where client uses own equipment to record – recording belongs to client</p>	0B
25/09/12	Angela Harris	<p>Feedback from Caldicott Guardian</p> <p>8.18.3 Added "In a lockable, traceable, tamper proof bag".</p>	0C

## Executive Summary of the Audio and Video Recording of Psychological Therapy Sessions Policy and Procedures

ELEMENT	DESCRIPTION
Key Messages	<ol style="list-style-type: none"> <li>1. This policy applies to all audio and video recordings of psychological therapy sessions where the patient can be identified, and applies to all types of media.</li> <li>2. This policy is a local sub-policy to <u>NHS in Scotland (NHSiS) (2010). Photography &amp; video recordings of patients.</u></li> <li>3. This policy applies to all staff employed by NHS Lothian, including agency and bank staff, all students, volunteers and agency and contractors working on behalf of NHS Lothian.</li> <li>4. There must be a fully justifiable purpose for the audio or video recording of a patient to be carried out.</li> <li>5. Permission must always be obtained from patients before audio or video recordings are made of a therapy session. The uses to which such recordings may be put must be fully specified.</li> <li>6. Specific consent forms must be signed by each patient, including children where appropriate. It is not sufficient to record consent on audio- or videotape.</li> <li>7. Members should clarify with patients how long recordings can be held. Recordings must be erased after the time agreed with patients, unless further consent is obtained.</li> <li>8. Staff must also ensure that when complying with this policy that they do not obstruct or unnecessarily delay the provision of essential clinical care to patients.</li> <li>9. NHS Scotland policy is that removable devices must be encrypted. Lothian Caldicott approval which details a risk assessment must be gained to for any other practice, on the standard proforma.</li> <li>10. Audio and video recordings must be logged and stored safely and securely, in accordance with current legislation.</li> <li>11. Loss of these recordings constitutes a breach of Information Governance and must be reported via a DATIX incident form.</li> </ol>
Minimum Implementation Standards	<p>All staff must sign a confidentiality statement in their contract of employment prior to commencing work for NHS Lothian.</p> <p>All line managers of should have local dissemination and implementation plans in place to ensure all staff are familiar and adhere to all aspects of this policy.</p> <p>Members of staff should familiarise themselves with these requirements and those maintaining electronic records will need to be registered under the Data Protection Act (1998).</p>

## **1. INTRODUCTION**

- 1.1. Audio visual recordings with patients and their families are now commonly used in mental health/learning disability services providing psychological therapies. These procedures outline the main purposes of audio visual recordings, informed consent, guidance on storage, and responsibilities under the Data Protection Act 1998 (DPA) and ethical issues.
- 1.2. Audio and visual recordings of psychological therapy sessions contain personal health information and as such are included in NHS Lothian Policy on Confidentiality of Personal Health Information and NHS in Scotland (NHSiS) (2010). Photography & video recordings of patients.
- 1.3. These procedures when implemented should reflect anti-discriminatory practice and take into account any needs arising from race, gender, age, religion and belief, communication, sensory impairment, disability and sexuality.

## **2. AIM**

- 2.1. To provide guidance on the application of principles of patients' right to confidentiality as described in NHS Lothian Policy Confidentiality of Personal Health Information to the video and audio recording of psychological therapy sessions.
- 2.2. Staff must also ensure that when complying with this policy that they do not obstruct or unnecessarily delay the provision of essential clinical care to patients.
- 2.3. To clearly identify individuals' responsibilities.
- 2.4. To identify the minimum standard required for gaining informed consent.
- 2.5. To identify the procedure and paperwork to obtain permission to make and consent to use recordings as part of the assessment or treatment of patients.
- 2.6. To identify the procedure and paperwork to obtain permission to make and consent to use recordings for use within a psychological therapy setting e.g. training/research.

### **3. SCOPE OF THE POLICY AND PROCEDURES**

- 3.1.** This policy aims to outline staff responsibilities towards patients of the Board with regard to the use of visual and audio recordings of psychological therapy sessions and to ensure that all recording that takes place is done:
- For a clear purpose
  - With full consent of all patients and staff
  - With appropriate control of use and storage.
- 3.2.** This includes video and audio recordings in all media including digital.
- 3.3.** This policy applies to all employees of the Board and must be adhered to by casual/agency/voluntary staff and educational/vocational students/health professionals on placement within the Board. University or other organisation policies relating to audio and visual recordings must be used in conjunction with this policy but do not replace the standards or processes outlined.

### **4. WHAT ARE ‘PSYCHOLOGICAL THERAPIES’?**

The following description of Psychological Therapies comes from [A Guide to delivering evidence-based Psychological Therapies in Scotland](#)

[“The Matrix – 2011.](#)

“There is a recognition that the phrase ‘Psychological Therapies’ is used to describe a wide range of practices, and that there is a degree of confusion over the meaning of the term. At the higher tiers of the matched/stepped-care system (see below), staff may be accredited to a specialist level in one of the major therapeutic approaches. Further down the pyramid they may simply be required to use circumscribed elements of any particular approach under appropriate supervision. For the purposes of this paper, the term ‘Psychological Therapies’ refers to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The skills and competencies required to deliver these interventions effectively are acquired through training, and maintained through clinical supervision and practice.

A range of different psychological models have been applied to mental health problems, and different ‘schools’ or modalities of therapy have grown up around these models. The modalities of therapy most commonly provided within the Health Service in Scotland are Cognitive Behavioural Therapy (CBT), Behaviour Therapy (BT), Systemic and Family Therapy, Psychoanalytic/Psychodynamic Psychotherapy, Inter-Personal Therapy (IPT) and Humanistic Therapy. There are a range of

other therapies on offer, many of which are offshoots or developments from the main modalities, some of which offer an integrative approach. Effective psychological interventions tend to share the following key characteristics:

- A clear underlying model/structure for the treatment being offered;
- A focus on current problems of relevance to the patient; and
- Recognition of the importance of a good therapeutic alliance between patient and therapist.”

(Page 17)

## **5. WHY RECORD PSYCHOLOGICAL THERAPY SESSIONS?**

### **5.1. Therapeutic assessment and treatment.**

Recordings are an **essential** part of some evidence-based trauma treatment protocols such as Prolonged Exposure (PE). Recording can also be used to help the patient monitor therapeutic change over the course of therapy. Recordings can provide feedback to individuals, couples and families on their interactions and behaviours. Sometimes the therapist will record themselves delivering treatment that the patient can take home such as relaxation instructions.

### **5.2. Aid to reflection on the therapy process.**

Therapy sessions are often rich with information and some patients benefit from the opportunity to replay sessions. This can be of particular benefit to patients with cognitive impairment deriving from psychological or physiological causes. Sometimes a therapist will want to reflect on a session through listening to the session.

### **5.3. For discussion in supervision.**

All staff delivering psychological therapies should receive regular clinical supervision and sharing recordings with supervisors is a way to provide direct access to sessions and enables greater objectivity. Selective recall of sessions is inevitable and recordings can provide a counterbalance. It can be less intrusive than having the supervisor sit in on the session.

### **5.4. A training course requirement.**

Recorded material may be required by the training provider for assessment of a trainee therapist's competence, or for case discussion with tutor's or peers.

### **5.5. Evidence of competence within therapeutic model used**

Experienced clinicians need to maintain their clinical skills and some accrediting bodies require recorded samples for re-accreditation. Recordings can be a way for therapists and

accrediting bodies to ensure that clinicians are faithful to the model being used. Recording supervision sessions can be part of an accreditation process for the supervisor.

**5.6. To collect data for empirical research**

Researchers sometimes wish to transcribe and analyse the content of patient sessions.

## **6. ETHICAL CONSIDERATIONS**

**6.1. Areas of potential harm.**

Although there are benefits for patients in using recordings, therapists need to consider that there could be drawbacks. Anxiety for the patient and the therapist about recording may be heightened and this could interfere with the therapeutic process. A recording also provides a verbatim report which could include sensitive information about the patient and/or third parties. The patient could also feel manipulated into consenting to the recording and this may have a detrimental effect on the therapeutic relationship.

**6.2. The patient's cognitive ability or mental ability.**

Some patients may not be able to understand the consequences of recording therapy sessions and care is required to protect patients in requesting consent. Further information on consent is available in the [NHS Lothian policy and guidance for obtaining consent](#).

**6.3. Linguistic or cultural barriers.**

When patients are using interpreters or signers or when English is a second language, care is required to protect patients in requesting consent. Further information on consent is available in the [NHS Lothian policy and guidance for obtaining consent](#).

**6.4. Fear of the consequences of refusal**

Therapists must make every effort to ensure that patients do not feel obligated to give consent to being recorded or feel that refusal will disadvantage them. When recordings are essential to the treatment protocol this should be made clear to patients and alternative protocol solutions proposed.

**6.5. Record keeping**

Audio and video recordings for reflection, research, supervision, teaching or training purposes are not part of the patient case record. The **original** consent forms must be kept in the patient file. The therapist and patient should come to an agreement about how long recorded material should be kept. The general principle is that recordings will be kept for as long as the purpose is fulfilled for which the patient has given consent and no longer. The security of the material must be maintained, and it must be destroyed at the agreed time limit if no longer used. Recordings should be kept securely electronically on secure servers or encrypted for transitional media. Where recordings are used for clinical purposes they will form part of the patient case record according to the



requirements detailed in the NHS Lothian operating procedure: retention and destruction of records.

**6.6. One-off recording for non-therapeutic purposes**

Patients and therapist can be anxious about recording and so it is advisable to either record all sessions or none in order for the patients to become used to the recording process. This would not apply in the case of recordings one session or part of a session for therapeutic purposes. However, the guidance is to introduce recording once consent is gained at the beginning of treatment and to continue until the end of therapy for situations when the purpose of recording is for research, supervision, teaching and training.

**6.7. Responding to a request from a patient.**

A patient may request to record a session and this may cause unease in the therapist. It is important that the therapist makes a considered response and discusses the purposes of the request. The Disability Discrimination Act (1995) requires providers of services to disabled people to make reasonable adjustments to prevent disadvantage. It may be in the best interest of the patient to have a recording of the session that they can replay. If a therapist has concerns about the request, it can be helpful to consult with a supervisor or professional peer.

**6.8. Patient using their own equipment as part of the treatment protocol**

Some treatment protocols such as PE an evidence-based treatment require clients to make recordings of themselves within a session using their own equipment.

## 7. RESPONSIBILITIES

Role	Responsibilities
Executive Director – Director of Public Health and Health Policy who is NHS Lothian’s Caldicott Guardian.	Has executive responsibility for the implementation and monitoring of this policy.
Service Managers and Heads of Service	Have operational responsibility for the implementation of this policy within their own areas of management accountability.
All staff including casual / agency / voluntary staff and educational / vocational students / health professionals on placement within NHS Lothian	Are responsible for implementing the guidance within this policy and for reporting to their line manager any difficulties or barriers to implementation of this policy.

## 8. PROCESS/PROCEDURE

### 8.1. Recording devices.

Audio and video recordings can be only made on encrypted devices such as digital recorders with boundary microphones. These must be purchased and owned by NHS Lothian as detailed in [NHS Lothian eHealth Security Policy v2.4.04](#) . Staff must not use their personal equipment for taking clinical audio and video recordings.

8.2. NHS Scotland policy is that removable devices must be encrypted. Lothian Caldicott approval which details a risk assessment must be gained to for any other practice, on the [standard proforma](#).

8.3. All recording equipment and portable media must be held securely on NHS Lothian premises, only removed when strictly necessary, and returned as soon as is practicable.

8.4. Details of all recording equipment and users must be held locally by an appropriate member of staff on a register to assist identification in cases of theft or loss (User/equipment registration form Appendix C). Department management need to be aware who holds these registers.

8.5. Staff removing equipment from the premises must record this in an equipment log.

8.6. When in transit with such equipment containing patient recordings, particular care must be taken. Portable media such as digital cameras, camcorders or audio recorders should:

8.6.1. never be left in a public area unattended

8.6.2. always be returned to base on the same day of use, unless special permission is given by the Head of Department

8.6.3. camera memory cards and video media (tapes etc.) should be carried separately from recording equipment; if equipment is lost or stolen, then recordings will not be lost.

### 8.7. Making the request to a patient.

It is good practice according to British Association for Counselling and Psychotherapy (BACP) (Lawton, 2010) to introduce the possibility that sessions will be recorded at the outset and at the same time not to rush the patient into making a decision. In the event that sessions will be recorded the patient will be given the information sheet as outlined in Appendix A prior to their first session. The minimum amount of time for consideration is 48 hours. It is also important for the therapist to have an inner conviction that recording is beneficial for the therapist and the patient. It can be helpful for the recording equipment to be visible to the patient and only be used once permission has been given. This is likely to occur in the second session.

**8.8. Contracting**

The therapist will take the time to explain the request for recording and to assist the patient in their decision. It is important that the therapist does not put pressure on the patient and instead explains that it is the patient's right to make a free choice. At this time, the therapist and patient can agree on the purposes for recording and the date at which the recording will be deleted.

**8.9. Consent forms**

In all cases the person responsible for the recording must gain the patient's consent using as a minimum the consent form in Appendix A which sets out the relevant conditions. The original copy of the consent form will be kept in the patient's file. A copy should be made of the consent form and given to the patient to keep for reference. If the purpose changes, a new consent form should be completed. The patient must sign the consent form and it must be countersigned by the relevant clinician. A video- or audio record of consent is not sufficient.

**8.10.** Where disability or illness prevents a patient from giving informed consent or where the patient lacks capacity, you must get agreement from the nearest relative or legal representative. You should make a note in the medical record of the factors taken into account in assessing the patient's capacity. Where group work is being recorded the consent of all participants must be obtained.

**8.11.** Where children who lack the understanding to consent are to be recorded, you must get permission from a parent or person with parental responsibility. People agreeing to recordings on behalf of others must be given the same rights and information as patients acting on their own behalf. Children under 16 who have the capacity and understanding to consent to recording may do so. You should make a note in the medical record of the factors taken into account in assessing the child's capacity. If a child is not willing for recording to be carried out, you must respect their wishes, even if a person with parental responsibility consents.

**8.12.** Once consent has been obtained consider whether the patients should be given a period to reflect and possibly reconsider before recording actually takes place. Patients must know that they are free to stop the recording at any time and that they are entitled to view or listen to it if they wish, before deciding whether to give consent to its use. If the patient decides that they are not happy for any recording to be used, it must be destroyed. It is acceptable for a patient or member of staff to request that an interview/clinical session be recorded. The process to be followed will be as described within this policy and the justification and outcome must be recorded. In this case if the individual takes the record away, they must be made aware of the risk of losing the information and a form signed to the effect that the individuals involved are aware of

the risks and that the Board will not be held responsible for any subsequent loss.

- 8.13.** Recordings which are to be used for a psychological therapist's academic assessment/examination external to NHS Lothian must be accompanied by the body's consent form, which will be signed by the patient / client. This will be indicative of the examining body's responsibility for client confidentiality under the data protection Act (1998).

**8.14. Copyright**

Normally copyright of all audio and video recordings is vested in NHS Lothian. All parties undertaking photography on NHS Lothian premises in NHS Lothian-employed time should be aware that, since the Copyright, Designs and Patents Act of 1988, full copyright and reproduction rights have been assigned to the Board, based on the level of consent obtained from the patient.

- 8.15.** An exception applies to recordings a client makes of themselves in a session using their own equipment in PE (evidence-based trauma treatment protocol). In PE, the recording is the property of the client.
- 8.16.** To protect patient interests in any contract for publication the copyright of the recording must remain with the organisation and not pass to the publisher

**8.17. Retention and Storage**

**8.17.1. File register**

NHS Lothian must be able to account for all of the audio and video recordings made of patients in case the patient withdraws consent and to ensure that it has been destroyed at the agreed time. This is done by logging recordings on the Register of digital video and audio file processing form in Appendix B. To ensure an effective audit trail, all recordings must be stored on NHS Lothian premises or computer systems using the patient's CHI number (see Appendix B).

- 8.17.2.** When possible the recording should be stored in an uncompressed file format (.wav for sound and the original file type for video).

**8.17.3. Storage on network drives**

In the case of digital recordings, the original file (with no editing) must be stored on:

- 8.17.3.1. NHSiS's medical Image management (MIM) system, managed by the Medical illustration service. See NHS in Scotland (NHSiS) (2010). Photography & video recordings of patients, or

8.17.3.2. a secure local NHS Lothian network server, but only with agreement from TASAG who will gain authorisation from IT.

8.17.4. Any desktop computer used to copy or temporarily store digital media of this type must have approved e-health encryption software installed.

8.17.5. Depending on the medium, recordings should be kept where possible with the patients' medical records. For example videos taken for the assessment or treatment should be filed within the patient's medical record in the secure pouch designed for this purpose.

8.17.6. Permanent storage should be on a non-erasable media disc (CD-R, DVD-R). The CD/DVD should be labelled with the CHI number and date in the format YY\_CHI\_DD\_MM (year\_CHI number\_day\_month) and stored in a fire-proof media safe cabinet.

**8.17.7. Removable devices**

Images or recordings of patients should not be left on the removable device. Recordings must be transferred to secure network storage at the earliest opportunity and deleted from the recording device.

8.17.8. Temporary storage media are considered to be any media or device that will not be the permanent storage medium for the recording.

8.17.9. In addition: Any temporary storage media should be stored in a secure location when not in use. Do not leave media unattended where there is potential for 3rd party access or theft from a vehicle, home or office.

8.17.10. For staff sharing digital equipment they are professionally accountable for those images/recordings and responsible for erasing images/recordings from the device as soon as the images are completed and before passing equipment to colleagues.

**8.17.11. Assessment & Therapy**

When audio and video recording is done for purposes of assessment and/or therapy, the recordings are considered to be a clinical record. In this case all audio or video files videos should be kept for the same period of time as health records.

**8.17.12. All other purposes**

Once shared, the recipient must delete/destroy the file of the recording as soon as analysis has taken place. Any data stored on NHS computers will be password protected and deleted immediately following use for supervision, education and training purposes.

**8.18. Transit**

Although NHS Lothian has a closed IT network which for the

purposes of sending email, is normally considered to be sufficiently secure to send and receive confidential information between NHSiS email addresses referring to the 'SAFE' email transmission grid contained in [NHS Lothian Safe eMail Transmission](#), it is not recommended for the transit of recordings of psychological therapy. It is too easy to make a mistake with different names and multiple emails which can be accessed by Blackberrys and Smart Phones.

The transfer of recordings must always be secured in one of the following ways:

- 8.18.1. Between colleagues in the same NHS organisation – through storage on a network drive accessible to both practitioner and trainer/supervisor.
- 8.18.2. Between colleagues in separate NHS organisations – through Secure File Transfer via the N3 SFT facility.
- 8.18.3. Between practitioner in the NHS and colleague external to NHS (e.g. a trainer/supervisor in an HEI) – Encrypted DVD sent by recorded post in a lockable, traceable, tamper proof bag.

#### **8.19. Disposal**

Hard copy records on CDs or DVDs can be destroyed in a straightforward manner in line with the NHS Lothian's policy on the disposal of confidential waste.

- 8.20. However, digital storage on network drives is less easy due to the backup procedures. It is important to remember that simply "deleting" a digital file from a server or hard drive does not destroy it. The record must be destroyed beyond any possibility of reconstruction. Where records are to be destroyed, backup copies stored on alternative media (server / microfilm / paper / CDs etc) should also be destroyed.

### **9. AUDIT**

The effectiveness of the policy will be monitored. This will be done by the following evaluation methods:

- Observation
- via the case records audit
- Consultation via focussed staff such as Clinical Psychology and other
- staff undertaking psychological therapy.

### **10. REFERENCES/BIBLIOGRAPHY/RELATED DOCUMENTS**

GMC (2002). Making and Using Visual and Audio Recordings of Patients.

Lawton, B. (2010). Audio and video recordings of therapy sessions. G14 Information sheet. Lutterworth: British Association for Counselling and Psychotherapy.

[NHS in Scotland \(NHSiS\) \(2010\). Photography & video recordings of patients.](#)

[NHS Lothian \(2012\) Policy on confidentiality of personal health information.](#)

[NHS Lothian \(2010\) Policy and guidance for obtaining consent.](#)

[NHS Lothian \(2011\) Safe eMail Transmission](#)

Royal College of Psychiatrists (April 1998) Guidance for Videotaping CR 65.

Royal College of Psychiatrists (April 2000) Guidance for the Use of Video Recording in  
Child Psychiatric Practice CR79

## APPENDIX A

Service Name:..... Service Address.....

### **PATIENT INFORMATION ABOUT CONSENT for AUDIO/VIDEO RECORDING of PSYCHOLOGICAL THERAPY SESSIONS**

There are many reasons why photographic, video or audio recording a particular condition, consultation or procedure is beneficial:

- To have a record of how a condition changes
- To assist in treatment
- To help train staff
- To help supervise the staff who are treating you
- To inform people about treatments available and what they involve

We must however, ensure the interests and well-being of our patients are paramount and we have a duty to keep information about patients confidential.

Before any recording takes place someone will explain to you the purpose of why this is being done and what the recording will be used for. You will then be asked to sign to confirm your agreement. You would normally be given at least 48 hours notice of the request to audio /video record to consider your choice. After signing the consent you will have the right to:

- Have any recording stopped if you request it or if it is having an adverse effect on the consultation.
- See the audio/video recording in the form which it is intended to be shown.
- Vary or withdraw consent at that stage – if you withdraw consent the video or audio recording will be destroyed as soon as possible.
- Agree to any proposed changes in the use of the recorded material.

If you withhold or withdraw your consent this will not in any way affect your treatment or your relationship with the clinicians treating you.

Where someone is unable to give consent, a person with parental responsibility may consent on their behalf.

All recordings will be stored securely in the same manner as a medical record.

You may withdraw your consent to the use of recording at any time, however, if published withdrawal of consent may not be possible. No fees are paid for publication.

You may ask for a relative, friend or nurse to be present during the recording.



**AUDIO VIDEO RECORDING OF PSYCHOLOGICAL THERAPIES  
CONSENT FORM**

NHS CHI Number: ..... Patient's Name: .....

DOB: ..... Patient Address: .....

---

**1 Agreement to record**

I agree to allow the taking of video recording / audio recording of me on  
(*date:*).....

---

**2 Recording as part of the clinical record**

I understand that these recordings are part of my psychological therapy.  
The recording will form part of my clinical record and will only be used in  
planning, delivering or reviewing my care. Once it is part of the clinical  
record I cannot ask for it to be removed.

*Signed:* ..... *Date:* .....

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**3 Recording of a group as part if the clinical record**

I understand that these recordings are part of my psychological therapy.  
The recording will form part of my clinical record and will only be used in  
planning, delivering or reviewing my care. Once it is part of the clinical  
record I cannot ask for it to be removed.  
I am aware that copies of the recording will also form part of the clinical  
record of other people who participate in the group. I have been made  
aware that I will not be able to access this part of my clinical record  
because it will also contain images of the rest of the group.

*Signed:* ..... *Date:* .....

---

**4 Recording as part of supervision**

I understand that these recordings will be used in the supervision of my  
therapist. I have been given written details about how these recordings  
will be used, where they will be kept and how long they will be kept for.

*Signed:* ..... *Date:* .....

---

**5 Recording for training purposes**

I understand that these recordings will be used in the training of clinical and other care staff:

\*specifically related to my care and treatment

\*as part of a wider training programme.

( \* delete as applicable)

I have been given written details about how these recordings will be used, where they will be kept and how long they will be kept for.

I understand that my consent can be withdrawn at any time but that if the recording has been submitted for as an academic assignment to an accrediting body it may not be possible to be destroyed.

Signed: ..... Date: .....

---

**5 Recording as part of a research/audit project**

I understand that these recordings will be used as part of a research project. I have received specific written information relating to what will happen to these recordings from the researcher. However, if the research is published withdrawal of consent may not be possible. No fees are paid for publication.

Signed: ..... Date: .....

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**6 Statement of NHS Board practice**

Lothian NHS Board will use the recordings only in accordance with the above consent. It will ensure that recordings are made, stored and destroyed in line with Board Policy and best practice.

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**7 Staff member signature**

This consent process was explained to:

(patient).....

by (person undertaking recording) Name: .....

Position: .....

Signed: ..... Date:.....

**APPENDIX B: REGISTER OF DIGITAL VIDEO AND AUDIO FILE PROCESSING**

Patient Name: .....

DoB: .....

CHI number .....

<b>Date</b>	<b>Image File Name</b>	<b>Image Type</b>	<b>Source</b>	<b>Action</b>	<b>New Files Produced</b>	<b>Location</b>	<b>3<sup>rd</sup> party images</b>	<b>Signed</b>

## GUIDANCE

Date:	Date the file management activity occurs.
Image File Name:	Name of the source file being used in the format YY_CHI_DD_MM (year_CHI number_day_month e.g. 12_050352113_30_07). <b>The source file must not be erased.</b>
Image Type:	Video or audio.
Source:	Where the image file being used as the source is stored.
Action:	What has been done to the file: <ul style="list-style-type: none"><li>• Copied (give full details)</li><li>• Edited (must be saved as a new file)</li><li>• Printed</li><li>• Used as a source for images for reports, presentations, etc (give full details)</li><li>• Destroyed</li></ul>
New Files Produced:	The names any new files produced during the session are stored under.
Location:	Where the new files have been stored.
3 <sup>rd</sup> Party Image	Contains images of other patients
Signed:	Signature of responsible clinician.

**APPENDIX C: USER/EQUIPMENT REGISTRATION FORM FOR AUDIO OR VIDEO RECORDING OF PSYCHOLOGICAL THERAPY SESSIONS**

<b>Section 1: About you</b>	
Name:	Job title:
Dept:	Location:
Tel no:	Email:

**Section 2: About the recordings you wish to make**

a. Outline description of what you intend to do

b. Is ethical approval required?

**Yes / No**

c. What will the audio / video recordings be used for?

d. Will you be using NHS Lothian Photography & Video Request / Consent form?

**Yes / No**

e. If the answer is 'no', please explain how consent will be recorded.

**Section 3: About the equipment to be used**

a. Who is the owner of the camera / recording equipment?

b. If the answer to the above is not 'NHS Lothian', please explain why

c. What is the make and model of equipment?

d. Where will the equipment be kept?

**Section 4: Data protection issues**

a. Is the person(s) taking the recordings fully conversant with NHS Lothian's Data protection, eHealth Security, obtaining consent, Photography & Video Recordings of Patients and Audio and Video Recordings of Psychological Therapy Sessions policies?

**Yes / No**

b. Where will the recordings be stored?

c. If not on the NHS Lothian Medical Image Manager (MIM) server, please explain why

d. Who will have access to the recordings?

e. For what purposes?

f. Will you be copying these recordings to anyone else?

g. If so, to whom and by what means?

Signed..... Date:.....

*Approved by TASAG Chair*