

## Consent form for Home Video telemetry

**To be completed by the Clinical Physiologist performing the test:**

**Patient Details:**      **Name:** \_\_\_\_\_

Please affix patient label here

I confirm that I have explained to the patient in terms which in my judgement are suited to his / her understanding (and / or to one of his / her guardians) the nature of Home Video Telemetry.

**Name & grade (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Contact details (Phone):** \_\_\_\_\_

**To be completed by the patient (or guardian if appropriate)**

- 1) Please read this form and the accompanying information sheet very carefully.
- 2) If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.
- 3) Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.

I am the patient / guardian (delete as appropriate).

I have received, read and understood the leaflet, 'Home Video telemetry':

yes  no

**I agree:**

- To what is proposed, which has been explained to me by the Clinical Physiologist named above.
- To a video being taken in my home and used for the purposes of understanding and treating my condition.
- To the temporary collection and storage of clinical data within my home environment for the period of the recording.
- That the data being recorded in my home is my sole responsibility and whilst in my home, access to it will be limited to myself and/or my guardian. That NHS Lothian will not be liable for the loss of any data whilst it is in my home.

**To be completed by the patient (or guardian if appropriate)**

- That it is my responsibility to inform relatives and friends of the video recording being taken in my home and I understand that the video recording may incidentally show my relatives/visitors if they are near me during the recording.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date** \_\_\_\_\_

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