

**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*