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**PRACTICE INFORMATION LEAFLET**

Dr ……………… is making a video recording of their consultation with patients today. This will be used for the doctor’s own medical education.

We thank you for your help with this important part of the doctor’s education and hope that you will agree to your consultation being videoed; but we also recognise your right not to take part. If you do not want to record your consultation, then all you have to do is tell the receptionist. This will **not** affect your consultation or treatment in any way.

If you agree to be recorded you will be asked to sign a consent form. No intimate examinations will be recorded and the camera will be switched off whenever you wish.

The video is as confidential as your medical records and will be kept with the same security. The doctor making the recording will ensure that the recording is only used for educational purposes and that it is erased. The recording will be used for assessing the doctor’s skill in the consultation, to teach the doctor how to improve, and for research - all of which help improve patient care.

If, after you have left the surgery, you change your mind and wish the consultation to be erased, please contact us in writing, by telephone or in person to ensure that this is done.