

## Photography/Video and Audio Recordings of Patients or Staff

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## 1. INTRODUCTION

Any photograph/film or audio/voice recording, whether digital/analogue or on paper, may contain confidential and/or sensitive data. All such records must therefore be protected from unauthorised access/disclosure and from other potentially damaging threats.

**All** photographs or recordings of patients, which illustrate a patient's condition or an aspect of treatment are part of the patient's health record, and protected under the Data Protection Act 1998.

Recordings of staff are also deemed to be personal data as defined by the Data Protection Act 1998 and are therefore subject to the requirements of the Act.

This will also apply under the new General Data Protection Regulations when they come into force on 25<sup>th</sup> May 2018.

With the ready availability of mobile phones with integrated cameras and other inexpensive and compact digital cameras patients and staff may be vulnerable to breaches in confidentiality and staff may easily breach the Data Protection Act 1998 by using such devices inappropriately.

It must be recognised that digital recordings/photographs/films are easier to copy in electronic form and are therefore more at risk of inappropriate distribution. Particular care must be taken to control these recordings and protect storage. Therefore this policy has been introduced to protect both patients & staff.

## 2. STATEMENT OF INTENT / SCOPE OF THE POLICY

This policy applies Stockport NHS Foundation Trust, referred to as the 'Trust', and includes all hospitals, units and community health services managed by Stockport NHS Foundation Trust.

This Policy applies to **all** images/recordings of patients or staff, in possession of any member of staff at Stockport NHS Foundation Trust, regardless of how they were acquired. Recordings from other Trusts need to be controlled and protected in the same way and staff must be responsible custodians.

This policy applies to all those working in the Trust, in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment or honorary arrangement. Non-compliance may also lead to criminal action being taken.

## 3. SUMMARY

Recordings of patients may be used in the Trust for inclusion in a patient's medical records in order to maintain the process of treatment or for teaching, research, or publications purposes but are subject to certain safeguards regardless of the purpose for which they have been obtained.

This policy has been developed to protect personal data of patients and staff with specific reference to digital recordings/photographs and film.

## 4. DEFINITIONS

### 4.1 'Recording'

in this policy means originals or copies of audio recordings, photographs, video or other visual images of patients or staff, made using any recording device.

### 4.2 'Data Subjects'

are the people to which the information relates. Within the workplace, they may be current employees, people applying for jobs or former employees. Data subjects might also be customers, suppliers, clients, patients, former patients, or other people information is held about.

## 5. ROLES & RESPONSIBILITIES

### 5.1 Information Asset Owners (IAO's):

IAO's are operationally responsible at senior levels for all information assets within their business areas. IAO's should understand and address the levels of risk in relation to the business assets they own and provide assurance to the SIRO on the security and use of those assets on quarterly and annual basis of review.

### 5.2 Information Asset Administrators (IAA's):

IAA's work at local business/departmental level and ensure that policies and procedures are in place for all information assets and that these are followed, recognise and report actual and potential security incidents, liaise with the IAO on incident management and ensure information asset registers are accurate and up to date.

### 5.3 IT Services:

The IT services department is responsible for securely disposing of all IT Assets and for maintaining the hardware and software components of the IT and communications Infrastructure and, implementing all necessary technical and physical security controls.

### 5.4 Caldicott Guardian / Chief Executive:

The Caldicott Guardian is a senior person responsible for safeguarding the confidentiality of patient and service-user information and enabling appropriate information-sharing. They play a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information. The Caldicott Guardian should authorise disclosure of personal information relating to patients where the data subject has not consented to the disclosure.

### 5.5 Managers

All managers are directly responsible for implementing the policies and procedures within their business areas.

## 5.6 All Staff

It is the responsibility of each employee to adhere to the policies and procedures and undertake Information Governance training on an annual basis.

It is the responsibility of all staff to ensure that the purpose for making a recording is fully explained to the data subject / service user, consent obtained where appropriate, and that all recordings are handled with care and in line with the Data Protection Act.

It is the responsibility of staff to report all information security or confidentiality breaches in accordance with the Trust incident recording procedures and in line with the IG Security Incident Reporting & Management Procedure

## 6. THE POLICY

### 6.1 Confidentiality

Confidentiality is the data subject's right and can only be exempted by the data subject or by someone legally entitled to do so, on their behalf. Breach of confidentiality may well amount to serious professional misconduct with inevitable disciplinary consequences and could result in substantial financial and reputational damage from legal action against the Trust.

In order to ensure that the data subject's right to confidentiality is preserved, Stockport NHS Foundation Trust requires that:

- The data subject's consent is obtained in writing for the original recording and for its use as part of treatment teaching, publication or research purposes (see appendix 1 and appendix 2 for consent forms);
- Only authorised copies are made;
- Prior to publication in journals, books, internet or elsewhere or for any use other than as described above, the data subject's permission for the specific use proposed is sought **and written consent obtained**.

CCTV - Covert video surveillance will fall within the scope of the Regulation of Investigatory Powers Act 2000.

Insofar as photographs of children/young adults are concerned, a separate consent form is included as Appendix 5.

### 6.2 Copyright

Copyright is a separate but closely related issue. Stockport NHS Foundation Trust owns the copyright of all recordings made of its patients and staff. All recordings must be documented with the date that it was taken as well as the name of the person who took it. Copyright would then usually stand for 70 years from that date.

All recordings of patients or staff in this Trust, regardless of who they are taken by, should remain the property of Stockport NHS Foundation Trust and copyright of the recording must be retained by the Trust.

It is important that in any contract for publication the copyright in the recording remains with the Trust otherwise the Trust might well find itself unable to protect the data subject's interests by exercising control over further publication of the recording.

Those signing contracts with book or other publishers have a responsibility to delete from the contract any suggestion that the copyright will pass to the publishers permanently. Copyright must be given to the publishers for one publication only.

Copyright and reproduction rights at all times remain with Stockport NHS Foundation Trust.

Before leaving the employment of the Trust, staff must seek specific permission to retain recordings for any purpose from the Caldicott Guardian. Stockport NHS Foundation Trust may grant such permission subject to the retention of copyright and all reproduction rights. The data subject's consent must have been obtained for the use of the recordings for the stated purpose. In such circumstances staff wishing to retain the recordings must sign a confidentiality agreement. If staff do not intend to use the recordings and retention is not required they must return the data along with any copies or partial copies or permanently and securely delete/destroy the data.

### 6.3 Equipment & Storage

Negatives, original digital camera files and videotapes must be logged and stored securely on Trust premises; saved appropriately on either the Trust e-records system or the Trust network, if digital, with appropriate unique references for the patient e.g. NHS number. Where appropriate, patient recordings (photographs/images) must be uploaded and stored on the Trust e-records system. Advice can be sought from the Health Records Department where necessary. Patient recordings that cannot be uploaded to the e-records system and any records relating to staff must be stored on the Trust network.

Since any medical record has to be available for disclosure if required, it is essential that every patient recording is properly logged and the completed consent form must be retained in the patient's health record. Where a digital copy is not available printed images must be retained in the patients' health record and labelled appropriately in line with the Trust's record keeping standards i.e. include the patients name, DOB and NHS number and be signed and dated by the health professional.

Recordings must **not** be stored on the hard drive of a laptop computer or PC nor stored on portable storage devices (e.g. Cameras, SD cards, USB sticks, DVD's, CD's) unless encrypted to a suitable standard (Reference: Mobile Device & Removable Media Security Policy). Where such devices are used any data (i.e. photographs and video/audio recordings) must be uploaded to the Trusts e-records system or Trust network as soon as possible to ensure that the data is backed up and secure.

Recordings must not be retained for longer than is necessary, and must be destroyed in line with the NHS Records Management Code of Practice e.g. recordings forming part of a patient's health record must be retained and destroyed according to the retention period for health records and recordings made as part of a complaint must be retained and destroyed according to the retention period for complaint records.

When disposing of computers/laptops that have contained patient or staff recordings, please be aware that most deleted files can be retrieved quite easily from the hard drive. The IT

Department will advise how to permanently erase files so that they cannot be retrieved. All equipment no longer required must be disposed of via the Trust's IT services department.

Recordings must never be taken with mobile phones. It is too easy with phones to send these recordings accidentally and it does not offer any adequate security or protection.

All equipment used must be managed by the Trust, personal equipment must not be used and equipment must be stored securely at all times. Please refer to the mobile devices and removable media security policy.

#### 6.4 Dignity & Respect

Any photographs or video/audio recordings of patients must be taken by a Health Professional employed by the Trust. Non clinical staff must not be taking any recording of patients.

Photographs or video/audio recordings of staff should usual be taken by a member of the Trust's marketing team but there may also be other authorised staff members.

In all images or recordings, care must be taken to respect the dignity, ethnicity, cultural and religious beliefs of the data subject.

#### 6.5 Covert Recording

##### - Patients Recording Staff Consultations

Staff should be aware that there is nothing to legally stop patients from covertly recording consultations, nor does a patient have to seek the clinician's consent. This is because the information being recorded is almost exclusively relating to that patient and under section 36 of the Data Protection Act, there is an almost total exemption for individuals who are using personal data for their own domestic and recreational purposes. The recording would be viewed as confidential to the patient but not to the consulting clinician.

Advice suggests that if a clinician becomes aware that they are being recorded covertly, then inviting the patient to continue recording openly may positively influence the situation. It is acceptable to request that in the future, the patient alerts the clinician when recording the consultation, although it should be noted that the patient is not obliged to comply with this request.

It is acceptable, on discovering that a consultation has been covertly recorded, for the clinician to ask for a copy of the recording to enable it to be included in the patient record.

It is worth noting that covert recordings are admissible as evidence when judged as relevant to a legal case

##### - Staff Recording Patients Covertly

Covert recordings should be undertaken only where there is no other way of obtaining information which is necessary to investigate or prosecute a serious crime, or to protect someone from serious harm. This might arise in cases where there are grounds to suspect that a child is being harmed by a parent or carer. Before any covert recording can be carried out, authorisation **must be sought** from the Caldicott Guardian.



- Staff Recording Staff

It is not acceptable to covertly record staff meetings and agreement must be obtained by all those involved in advance as these are personal meetings. The Manager would be responsible for making the recording in line with this policy and a copy would be shared with the staff member.

## 6.6 Consent

In the case of medical procedures where video recording/audio recording or still photography is implicit (e.g. endoscopy, images taken from pathology slides, x-rays, laparoscopic images, ECGs and other recordings of organ functions, ultrasounds and images of internal organs), consent to the procedure provides implicit consent to photography. Therefore specific consent to photography is not needed. However when seeking consent to treatment or any procedure that involves making a recording you must explain that such a recording will be made and could be used in anonymised form for purposes such as research, teaching and training.

Recordings taken as part of a procedure that are required for any other purpose other than for the patients personal health records or that are required in identifiable form for research, teaching and training, may only be used for such purposes with the patients explicit written consent.

Valid informed consent must be obtained to make any other recording of patients and any use(s) of the recordings must be documented using the consent form at appendix 1.

The practice of obtaining the data subject's written consent only in the case of full length or facial recordings, from which the data subject can easily be identified, **is not sufficient**. It is sometimes possible for people to be identified from other views, e.g. showing a tattoo or other distinguishing mark. Nor is it sufficient to rely on the photographer's or consultant's judgement that a particular data subject is unlikely to be identified from a particular recording.

Explicit written consent is not required for photographs of staff for the purposes of producing an organisation identity badge or NHS smartcard. Written consent must be obtained for any other purpose, such as training or where it is intended that the images will be published. Staff consent must be recorded using the form at appendix 2.

Consent to digital audio recordings of patient complaint meetings can be recorded using the form at appendix 3. Covert recording of any meeting is strictly forbidden and will be subject to the Trust's disciplinary procedures.

In the case of a child, the parent or guardian must sign the consent form.

Recordings of an unconscious patient may be taken provided consent is obtained from the patient before the recordings are released. The patient must be told that the recordings have been taken and if they do not consent, then the recordings must not be used.

Explicit written consent must be obtained before making a recording for the purpose of teaching, training or research.

After making the recording the data subject must be given an opportunity to see the recording in the form in which it will be used.

The data subject has the right to withdraw consent for use of their recordings at any time. If a data subject decides to withdraw consent, the records must not be used and the data subject's wishes recorded. If consent is withdrawn by a patient, this information must be included on the Medical Alert sheet and filed in their case notes.

In the case of electronic publication, it must be made clear to the data subject that once a photograph/recording is in the public domain; there is no opportunity for effective withdrawal of consent.

If the data subject dies before a retrospective consent can be obtained, the recordings can only be released with the consent of the deceased's next of kin or personal representative. The duty of confidentiality survives the death of the data subject.

If the consenting data subject subsequently dies, permission must be sought for any new use outside the terms of the existing consent from the next of kin or personal representative.

If you judge that the data subject lacks capacity to decide about an investigation or procedure which involves a recording, or lacks capacity to decide whether to be recorded for other purposes, you must get consent from anyone who has legal authority to make a decision on the data subject's behalf (holders of lasting powers of attorney and court-appointed deputies) before making the recording.

Where no individual has legal authority to make a decision on the data subject's behalf, recordings may be made where they form an integral part of an investigation or treatment which you are providing in accordance with the relevant legislation.

Recording without consent may be carried out in certain circumstances such as, for example, suspected non-accidental injury of a child, where it is unlikely that the parent or guardian will give consent and the recording of injuries can be demonstrated to be for the patient's benefit. Consultant authority is required in such cases.

The continued use of existing collections (pre-1997) used for teaching and training is acceptable, provided they are anonymised, but they must be replaced at the earliest opportunity, should the opportunity arise, with recordings where consent can be shown to have been obtained.

Post mortems are governed by legislation in the UK. You must ensure that you comply with the law and follow any relevant Code of Practice. Recordings may form an integral part of a post mortem and separate consent is not needed for taking photographs of organs, body parts, or pathology slides. Nor is consent needed to use images for any purpose provided that the images are anonymised before use.

Recordings of telephone conversations - Anyone using a telephone is subject to licence conditions under the *Telecommunications Act 1984*. They require you to make every reasonable effort to inform callers that their call may be recorded, and maintain a record of the means by which callers have been informed.

With regard to taking photographs/recordings for publicity purposes, the Communications & Marketing Team are able to provide advice and guidance, together with the appropriate consent forms.

## 6.7 Social Media

Where a patient has recorded a consultation, either openly or covertly, and subsequently the recording is posted to a social media platform the Trust or the individual staff member can ask the patient to remove information from social media. However, unless the recording breaches confidentiality of another patient or otherwise puts someone in harms way, there is little that either the Trust or the staff member can do to require that the information is removed, either by approaching the individual or approaching the social media provider.

## 7. IMPLEMENTATION

- 7.1** The responsibility of implementing this document, including training and other needs that arise shall remain with the author. Line managers have the responsibility to cascade information on new and revised policies/procedures and other relevant documents to the staff for which they manage.

Line managers must ensure that departmental systems are in place to enable staff including agency staff to access relevant policies, procedures, guidelines and protocols and to remain up to date with the content of new and revised policies, procedures, guidelines and protocols.

- 7.2** This document has been compiled by the Information Governance Team in consultation with Governance Leads for each Business Group by means of the Information Governance Steering Group.

Once finalised, the document will be presented to the Performance and Finance Committee. The document will then be displayed on the Information Governance & Security microsite on the Trust's intranet and on the Trust's website. Managers and Governance leads must ensure the information is cascaded to all staff.

This policy will be reviewed regularly to ensure it remains appropriate for Stockport NHS Foundation Trust and its ability to serve the community and its patients.

## 8. MONITORING

The Trust will regularly monitor and audit its Information Security practices for compliance with this policy.

The audit will:

- Identify areas of operation that are covered by the Trust's policies and identify which procedures and/or guidance should comply to the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to processes, and use a subsidiary development plan if there are major changes to be made;

- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance, and
- Highlight where non-conformance to the policy is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of audits will be reported to the Information Governance Steering Group, Performance & Finance Committee and the Audit Committee, as appropriate.

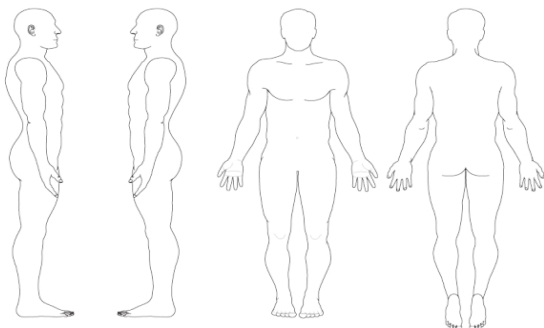
Failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary procedure.

Monitoring Arrangements	Responsibility / Process / Frequency
Process for monitoring e.g. audit	<ul style="list-style-type: none"> <li>- Internal Audit</li> <li>- External Audit</li> <li>- Information Governance Toolkit</li> </ul>
Responsible individual/ group/ committee	<ul style="list-style-type: none"> <li>- Information Governance Steering Group</li> </ul>
Frequency of monitoring	<ul style="list-style-type: none"> <li>- Information Governance Toolkit and External Audit to be completed annually</li> </ul>
Responsible individual/ group/ committee for review of results	<ul style="list-style-type: none"> <li>- Information Governance Steering Group</li> </ul>
Responsible individual/ group/ committee for development of action plan	<ul style="list-style-type: none"> <li>- Information Governance Steering Group</li> </ul>
Responsible individual/ group/ committee for monitoring of action plan	<ul style="list-style-type: none"> <li>- Information Governance Steering Group</li> </ul>

**APPENDIX 1: PATIENT CONSENT TO PHOTOGRAPHY/VIDEO/AUDIO RECORDINGS  
FORM  
PLEASE PRINT CLEARLY**

Surname: ..... Forename: .....  
D.O.B: ..... / ..... / ..... Male / Female (delete as applicable) NHS No:.....

Specify views / special requirements



**Recordings:**  
Still Photography / Video / Audio (delete as applicable)

**Recording(s) required for:** Patient Record: ☐ Teaching: ☐ Publication: ☐ Other:.....

**Health Professional's Declaration:** I confirm that I have explained what recordings will be made and the reason for making the recording(s) as indicated above. I confirm that the recording and the storage of the resulting images will take place in line with the Trust's photography/video and audio recordings of patients and staff policy.

Name: (print) ..... Job Title: .....  
Department: .....

Signature: ..... Date: ..... / ..... / .....

**Consultant Authority** (where an adult patient lacks capacity to give or withhold consent and has no personal representative or it would be inappropriate to obtain consent e.g. suspected non-accidental injury of a child): I confirm that the recording is for the medical care and treatment of the patient and is in their best interest.

Name: (print) ..... Signature: ..... Date: ..... / .....

**Data Subject's Consent:** I understand what recordings are being made and the intended use of the recordings. I understand I can withdraw consent at any time, however if the recordings are released into the public domain with my consent e.g. for training purposes there is no opportunity for effective withdrawal of consent and it may not be possible to control their future use. Please sign one of the consent agreements below:  
In view of the explanation given to me by Prof/Dr/Mr/Miss/Mrs .....

**Consent A – Patient Record Only:** I consent to photographs/recordings being taken and used for my medical care and treatment and held as part of my health record.

Signature: ..... Date: ...../...../.....

If signing on behalf of the data subject

Print Name: ..... Relationship .....

**Consent B – Patient Record and Teaching/Training:** I consent to photographs/recordings being taken and used for my medical care and treatment and held as part of my health record; and made available for teaching, training and research in a healthcare context. I understand that efforts will be made to ensure my anonymity in any recordings used but complete anonymity cannot be guaranteed.

Signature: ..... Date: ...../...../.....

If signing on behalf of the data subject

Print Name: ..... Relationship .....

**Consent C – Patient Record, Teaching/Training and Publication:** I consent to photographs/recordings being taken and used for my medical care and treatment and held as part of my health record; and made available for teaching, training and research in a healthcare context and; for my recordings to be published/released for the specific purpose described below (state any limitations). I understand that efforts will be made to ensure my anonymity in any recordings used/published but complete anonymity cannot be guaranteed.

Signature: ..... Date: ...../...../.....

If signing on behalf of the data subject

Print Name: ..... Relationship .....

This consent does not extend to any further publication(s). The data subject must be offered a copy of this form.

Date recording(s) made:

Time recording(s) made:

**Statement of Interpreter:** I have interpreted the information on this form to the patient or guardian to the best of my ability and in a way in which I believe he / she understands.

Print Name:..... Signed:..... Date:...../...../..... Relationship:.....

**PLEASE PRINT CLEARLY**

Surname: ..... Forename: .....

D.O.B: ..... / ..... / ..... Male / Female (delete as applicable)

**Images required:** Still Photography ☐ Video ☐ Audio ☐

**Images required for:** Teaching/Training: ☐ Publication: ☐

Other:.....

**Staff Declaration:**

I confirm that I have explained what recordings will be made and the reason for making the recording(s) as indicated above. I confirm that the recording and the storage of the resulting images will take place in line with the Trust's photography/video and audio recordings of patients and staff policy.

Name: ..... Job Title: ..... Department: .....

Signature: ..... Date: ..... / ..... / .....

**Data Subject's Consent:**

**I understand what recordings are being made and the intended use of the recordings. I understand I can withdraw consent at any time, however if the recordings are released into the public domain with my consent e.g. through publication there is no opportunity for effective withdrawal of consent and it may not be possible to control their future use.** Please sign one of the consent agreements below:

In view of the explanation given to me by Prof/Dr/Mr/Miss/Mrs .....

**Consent A –Teaching/Training:** I consent to photographs/recordings being taken and made available for teaching, training and research in a healthcare context. I understand that efforts will be made to ensure my anonymity in any recordings/images used but complete anonymity cannot be guaranteed.

Signature: ..... Date: ..... / ..... / .....

**Consent B –Teaching/Training and Publication:** I consent to photographs/recordings being taken and made available for teaching; training and research in a healthcare context and; for my recordings to be published/released for the specific purpose described below (state any limitations).

.....  
.....  
.....

Signature: ..... Date: ..... / ..... / .....

This consent does not extend to any further publication(s).

The data subject must be offered a copy of this form.

Date recording(s) made:

Time recording(s) made:

### APPENDIX 3: CONSENT TO DIGITAL AUDIO RECORDING OF COMPLAINT MEETING

#### **Recording / Meeting Details:**

Complaint meeting held on (date) ..... / ..... / ..... (time) ... : ... to ..... : .....

With (list attendees)

.....  
.....

The purpose for the recording being made is to maintain an accurate record of the meeting to be held by the Trust for quality and future use. A full copy will also be made available to the complainant if required.

#### **Confidentiality Statement (for complainant):**

The recording itself and the storage of the recording will take place in line with the Trust's photography/video and audio recordings of patients and staff policy and will comply fully with the Data Protection Act.

The copy of the recording sent to you will be encrypted with a password, to ensure your patient information is secure. Please ensure that you maintain the security of the information as the Trust cannot be held responsible for this, once you have received your copy.

Any copy of the recording that is provided to you is only for your personal use and remains confidential. You are not permitted to:

- Make any copies of the recording;
- Broadcast or play the recording in public
- Pass the recording to the media

You are permitted to share the recording with a lawyer acting on your behalf in a professional capacity.

Both parties (complainant and Trust) reserve the right to take action if confidentiality is breached.

#### **Declaration (for all attendees):**

I accept the terms on which the recording is made and hereby give / do not give\* my consent for the above complaint meeting to be digitally recorded

I wish / do not wish\* to receive a digital copy of the recording and I agree/ do not agree\* that it must be provided in an encrypted format and if I refuse to have the information encrypted, I accept responsibility for the security of the information.



If consent is not provided please indicate why you have declined to have the meeting digitally recorded:

.....  
.....

Name: ..... Signature: ..... Date: ..... / .....  
/ .....

Job Title: ..... Department: .....

\*Delete as appropriate. All parties' (staff and complainant) must complete and sign a copy of this form. Recordings must not be made unless all parties have consented. This consent does not extend to any further recording(s). The complainant must be offered a copy of this form.

## APPENDIX 4: CONSENT TO DIGITAL AUDIO RECORDING OF STAFF MEETING

### **Recording / Meeting Details:**

Staff meeting held on (date) ..... / ..... / ..... (time) ... : ... to ..... : .....

With (list attendees)

.....

.....

The purpose for the recording being made is to maintain an accurate record of the meeting to be held by the Trust for quality and future use. A full copy will also be made available to the member of staff if required.

### **Confidentiality Statement (Member of Staff):**

The recording itself and the storage of the recording will take place in line with the Trust's photography/video and audio recordings of patients and staff policy and will comply fully with the Data Protection Act.

The copy of the recording sent to you will not be encrypted. It is your responsibility to make sure that the recording is kept safely and securely and protects the data rights of all the people involved. You can ask for an encrypted copy if you wish.

Any copy of the recording that is provided to you is only for your personal use and remains confidential. You are not permitted to:

- Make any copies of the recording;
- Broadcast or play the recording in public
- Pass the recording to the media

You are permitted to share the recording with a lawyer acting on your behalf in a professional capacity.

Both parties (staff member and Trust) reserve the right to take action if confidentiality is breached.

### **Declaration (for all attendees):**

I accept the terms on which the recording is made and hereby give / do not give\* my consent for the above complaint meeting to be digitally recorded

I wish / do not wish\* to receive a digital copy of the recording and I agree/ do not agree\* that it must be provided in an encrypted format and if I refuse to have the information encrypted, I accept responsibility for the security of the information.

Name: ..... Signature: ..... Date: ..... / ..... /  
.....

Job Title: ..... Department: .....

\*Delete as appropriate. All parties' (Trust and member of Staff) must complete and sign a copy of this form. Recordings must not be made unless all parties have consented. This consent does not extend to any further recording(s). The complainant must be offered a copy of this form.

**If you would like this policy in a different format, for example, in large print, or on audiotape, or for people with learning disabilities, please contact:**

Patient and Customer Services, Poplar Suite, Stepping Hill Hospital. Tel: 0161 419 5678.  
Email: [PCS@stockport.nhs.uk](mailto:PCS@stockport.nhs.uk).

This information can be provided in other languages and formats if you are unable to read English. Please contact the Patient and Customer Services department and inform them of your preferred language. The department telephone number is 0161 419 5678. You could also email [PCS@stockport.nhs.uk](mailto:PCS@stockport.nhs.uk).

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如果您不能閱讀英語，這些資料是可以其他語言和格式來提供。請致電患者及客戶服務部門，並告知他們您的首選語言，該部門的電話號碼是 0161 419 5678，您還可以發送電子郵件至 [PCS@stockport.nhs.uk](mailto:PCS@stockport.nhs.uk) –

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