**Client Information & Consent Form**

**Video/audio recording of clinical work for skill development and assessment purposes**

**Why does the trainee clinical psychologist want to record our work together?**

The trainee clinical psychologist is a student at Lancaster University. As part of their training course, they are required to have recordings of work they undertake (video or audio) to show their Clinical Supervisor (who is a qualified Clinical Psychologist) who helps them to develop their skills.

You are being asked to consent to the recording of your sessions with the trainee so they can show their Clinical Supervisor in supervision sessions to help them to develop their skills.

The trainee also needs to submit a recording to the university so that it can be assessed. The trainee may decide that your work together demonstrates their skills and learning to the university. If they do, they will ask for your consent to submit a recording of your work together to the university. They will also need your permission to write a short report about the work you have done together based on the recording.

**What if you don’t want a session to be recorded?**

You do not have to agree to clinical sessions being recorded, and your treatment will not be affected if you choose not to give your consent.

Or, if you change your mind and withdraw consent for the recording of therapy sessions this is OK too and your treatment will not be affected.

**What if you don’t want a recording to be used for assessment?**

You do not have to agree to any recordings of your work with the trainee being submitted to the university for assessment.

**What if you don’t want to be on camera?**

You can choose not to be video recorded if you prefer. The trainee can focus the camera on themselves and keep you out of shot. Alternatively, you can ask the trainee to make an audio recording of the session. You can discuss your preferences with the trainee before they make a recording.

**What if I say yes to a recording of work being submitted to the university but then I change my mind?**

The trainee will give you the date when they are due to complete their placement. If you wish to withdraw your consent we ask that you do this before the date given, as after this date the assessment process will have begun.

**How will the recording be used if it is submitted to the university?**

The recording will be seen and assessed by two trained markers, who are qualified clinical psychologists. The markers will use the recording to make a judgement on the therapy skills of the trainee clinical psychologist.

The markers will not be assessing you as the client, or making any judgement about the things you discuss. Their focus will only be on how the trainee clinical psychologist performs during the recording.

The trainee will also type up a transcript of 10 minutes of the session, and write a report on how they think they showed their therapy skills during the session which will also be submitted to the university for assessment. Your details will be kept confidential, and no identifying information (e.g. name, age, address, etc.) will be included or passed onto the university. The written report is kept for five years on the password protected Lancaster University computer system after which it is deleted.

**What will happen to the recording once it is made? How will the recording be protected?**

The trainee clinical psychologist has to treat any recordings made with care and with attention to storing them securely. Recordings are securely transferred and stored on the password protected Lancaster University computer system within the trainee’s individual storage area. This area can only be accessed by the trainee. The recording is only stored on the university system and does not form part of any patient notes/clinical record.

The trainee will delete all recordings after they have been viewed as part of the clinical supervision process unless they have consent from you to retain the recording for possible submission to the university. Any recordings selected for submission are submitted securely to the training programme.

No-one apart from the trainee, their clinical supervisor and (if you have given your consent) the markers/examiners will be able to view or listen to any recording made.

**How long are recordings kept for?**

Recordings are kept for the minimum amount of time possible. If the recording has been used for supervision purposes only, the trainee is asked to delete it once it has been viewed. If the trainee would like to submit the recording to the university for assessment, they are asked to delete it from their individual storage area on the main Lancaster University system once submitted to the training programme. The training programme will retain the recording whilst it is being assessed and until the outcome of the assessment process is known and has been verified. This is typically no more than six months following submission. The recording will then be deleted.

**What if I want to see the recording of me which is stored on the Lancaster University system?**

You are entitled to ask to view information stored about you. This can be requested using a process called a ‘Subject Access Request’. Details about how to do this are set out below:

Any subject access request should go to the university compliance team. You can make a request using the [online subject access request form](http://preview.lancs.ac.uk/privacy/subject-access/).

You may also make a verbal request for subject access by telephoning 01524 593247.

You can also write to the compliance team to make a request at: -

The Compliance Team

Secretariat

University House

Lancaster University

Lancaster LA1 4YW

compliance@lancs.ac.uk

**Who can I contact if I would like further information about the assessment and recording process?**

More information about the process can be found on the [Lancaster Doctorate in Clinical Psychology online Handbook](http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/onlinehandbook/pals/). The specific assignment is the ‘Placement Assignment –Live Skills’ or PALS for short.

You can also speak to the trainee’s Clinical Supervisor or to their Clinical Tutor from the training programme. Their contact details are below:

Clinical Supervisor

Name……………………………………………………………………………………………………………………………….

Telephone number…………………………………………………………………………………………………………..

E-mail………………………………………………………………………………………………………………………………

Clinical Tutor

Name………………………………………………………………………………………………………………………………….

Telephone number……………………………………………………………………………………………………………

E-mail………………………………………………………………………………………………………………………………….

**Client Consent Form for Recording of Clinical Work**

This form must be used in conjunction with the local NHS Trust guidelines (where available) for recording of clinical work and trainee clinical psychologists are responsible for ensuring compliance with these guidelines. This form will be added to the clinical records and will not be seen by anyone at the university. Clinical supervisors are asked to confirm directly with the university that appropriate consent has been gained).

**PART 1**

Your therapist is a trainee clinical psychologist at Lancaster University. As part of their training they must show recorded examples of their clinical work to their clinical supervisor.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name) confirm that I give my consent for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trainee clinical psychologist) to make a

recording of our work together for the purposes of Clinical Supervision and skill development.

I also understand that:

**1. I have read the *“Client Information Sheet – Video/Audio Recording of Clinical Work”* and have been given time to ask questions and discuss the information with the trainee clinical psychologist.**

**AGREE □ DISAGREE □**

**2. The recording will be only used for skills development and will not form part of the clinical record of our work together unless I also give my consent for the trainee psychologist to use a recording of our work to submit to the university for assessment.**

**AGREE □ DISAGREE □**

**3. The recording will be viewed/listened to by trained markers at Lancaster University and will be used to evaluate the work of the trainee clinical psychologist that I am seeing.**

**AGREE □ DISAGREE □**

**4. I understand that the trainee clinical psychologist I am seeing is responsible for the safe storage and transit of these recordings. And, if I have agreed to the recording being submitted to the University that the training course administration staff and markers will all be responsible for the safe storage and transit of these recordings.**

**AGREE □ DISAGREE □**

Client agreement of the above Signature: ………..……………………………………… Date: ……………………………

Trainee Clinical Psychologist Signature: ……………………………………………… Date: ……………………………

Countersigned by Supervisor of

Trainee Clinical Psychologist: ………………………………….……………… Date: ……………………………