Patient information

Clinical Psychology Audio Recording for Clinical Supervision

Clinical Psychology Service

What is the purpose of recording my sessions?

The purpose of audio recording sessions is so that the recordings can be used in the clinical supervision of the psychologist you are seeing. This means another psychologist who is supervising their clinical work, will listen to the recorded sessions. It is good practice for psychologists to receive clinical supervision, and listening to recorded sessions can be a useful part of this.

Why do you need my written consent?

The person doing the recording must make sure that you understand why it is being made, how it will be used and how long it will be kept.

What if I decide not to agree to having audio recordings of my sessions, or change my mind later?

Agreeing to be recorded is entirely voluntary. If you agree to having a recording made, you are still free to change your mind at any time and without giving a reason. Deciding not to agree to a recording being made, or changing your mind after agreeing, will not affect the care you receive in any way.

Any recordings of you will be stored securely at all times as required by the Department of Health.

This form **must** be photocopied and filed in patients case notes.

Patient Agreement to Audio Recording

Patient's surname/family name……………..... …………………………………………………… Patient's first names…………………………. …………………………………………………… Date of birth.............. / .... / .... NHS Number (or other identifier) ……………………………………………………	Put patient ID label here. If no label available, please print details on left in **black** ink.

Discussion with patient

I have explained the recording to the patient. I have also discussed how the recordings will be used.

Name of Therapist………………………………………………………

Signature…………………………………………………………………

Date………………………………………………………………………

Statement of Patient

I am entirely free to refuse to have the session/s recorded ☐
Please tick to confirm you have read this information

I can withdraw my consent at any time, including during a session. I can ask for the recordings to be erased
(wiped away) at any time.

Please tick to confirm you have read this information ☐

I agree to have my session recorded as I have indicated above. This procedure has been explained to me and I understand fully what this involves.

Please tick to confirm you have read this information ☐

Signature of patient……………………………………………………………………………

Date……………………………………………………………………………………………

Full name of patient……………………………………………………

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Liverpool Psychology Service for Cancer
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Text phone number: 18001 0151 706 3126

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、 易讀閱讀軟件、大字體、音頻、盲文、穆恩體（Moon）盲文和電子格式，敬請索取。

در صورت تمایل میتوانید کلیه اطلاعات تصویب شده توسط اتحادیّه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاریی پێوهندیدار بهو نهخۆشانهی لهلایهن **تراستهوه** پهسهند کراون، ئهگهر داوا بکرێت له فۆرماتهکانی تردا بریتی له زمانهکانی تر، ئیزی رید (هاسان خوێندنهوه)، چاپی گهوره، شریتی دهنگ، هێڵی موون و ئهلێکترۆنیکی ههیه.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.