



PATIENT CONSENT FORM

Our Family Practice office is a teaching clinic. We teach medical doctors training to become family doctors in the Residency Program of the Department of Family Practice, Faculty of Medicine, University of British Columbia. Our doctors in training are also known as residents.

Video-recording patient interviews is a vital part of training residents to become competent family doctors.

By signing below, I consent for the Department to make a video recording of my interview with a resident. At no time will any part of a physical exam be recorded. I understand that the video recording will only be used by the Department to help resident improve their interview skills to become competent family doctors. I understand that the original video recording will be erased no later than _____ weeks after the interview.

I understand that the video recording will be viewed only by the resident who interviewed me and by his or her supervisors or faculty. I am aware that the recording may be viewed by other residents in the Department for training purposes.

I understand that privacy of all information given during the interview will be protected.

I agree that my consent to this video recording is freely given. I understand that I may withdraw consent at any time during or after the recording.

I understand that I may ask to view the video recording at a time convenient to myself and the resident.

I further understand that refusal to consent to video-recording will not affect the medical care I will receive.

I confirm that this form has been explained to me in terms I understand.

I hereby consent to the video-recording of my interview with _____, a resident in the Department, and that use of the recording is limited to the terms listed above.

I am 19 years of age or older and am competent to sign this consent in my own name. I have read and understood this form prior to signing it. I am aware that by signing this consent I am giving permission to record my image and my voice.

 Date

 Patient name (please print)

 Patient signature

 Witness signature

 Parent or guardian name, if patient is under 19 years of age (please print)

 Parent or guardian signature

 Witness signature

Thank you for taking part in the training of future family doctors.

Consent has been re-confirmed verbally after recording. _____ (MD to initial)

Privacy notification: UBC collects your personal information under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act. For more information about the collection of this information, contact access.and.privacy@UBC.ca.