



# improve

CONSENT FORM

# CONSENT TO PARTICIPATE

**NAME:** .....

**STUDY ID:** .....

**PLACE OF VIDEO RECORDING:** .....

**DATE:** .....

We are hoping to make video recordings of some of the consultations between patients and ....., whom you are seeing today. The videos will be used by researchers and GP assessors to review their consultations and compare their observations with patients' responses to questionnaires. The video recording is ONLY of you and the doctor talking together. Intimate examinations will not be recorded and the camera will be switched off on request.

All video/digital recordings are carried out according to guidelines issued by the General Medical Council, and will be stored securely in line with practice guidelines and data protection requirements.

You do not have to agree to your consultation with the doctor being recorded. If you want the camera turned off, please tell the GP—this is not a problem, and will not affect your consultation in any way. Equally, you can ask for the camera to be turned off half way through your consultation and we will delete anything that has been recorded. But if you do not mind your consultation being recorded, please sign below. **Thank you very much for your help.**

## TO BE COMPLETED BY PATIENT:

I have read and understood the above information and give my permission for my consultation to be video recorded.

### Signature of patient BEFORE CONSULTATION:

..... Date .....

After seeing the doctor I am still willing/I no longer wish my consultation to be used for the above purposes (delete as applicable).

### Signature of patient AFTER CONSULTATION:

..... Date .....

## YOUR CONTACT DETAILS

If you are happy to, please fill in your contact details below. This will enable us to contact you about possible further studies organised by the University of Cambridge and the University of Exeter Medical School. These would be future studies to build on results generated from the IMPROVE study, to further understand what happens in consultations between patients and GPs. It is completely up to you if you would like to take part in further studies.

**Please note—these details will be stored in a secure location and separately from the study data.**

Name: .....

Address: .....

.....

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Telephone: .....

Mobile: .....

Email: .....