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School of Psychology

Faculty of Business, Justice, and Behavioural Sciences

# Information for clients about the use of video and audio recordings…

### Why record psychology sessions?

Where possible, <Provisionally registered > Psychologists make video and audio-recordings of their clinical work, as it can be very helpful in assisting us to improve our practices. Video and audio-recordings allow us to look over or listen to an interview in detail, so we can think more about the clients and about our work with them. Recording and reviewing sessions assists in ensuring that a high quality of professional service is being provided by your <Provisionally registered> Psychologist. We also sometimes use recordings for supervision and teaching purposes. <Provisionally registered> Psychologists who are undertaking further study are often required to record their sessions so that their professional supervisor may review their sessions with them and help them to learn and improve their skills. Recordings submitted for supervision purposes are only seen/heard by the professional supervisor. The professional supervisor is a Registered Psychologist who also respects your privacy and understands confidentiality.

### Consent

Although video and/or audio-recording helps us in our work, we want to make it clear that you have the right to refuse to have your sessions recorded. This will not impact on the treatment you receive in any way. If you agree to a recording being made, we will ask you to sign a consent form. That consent will only apply to one session being recorded. If further recording is to occur, you will be asked for consent to record on every occasion. You can withdraw your consent at any time during the session, and the recording will be stopped.

### Confidentiality

Video and audio-recordings are treated the same as other clinical records. We undertake to safeguard your privacy and store recordings securely at all times.

[THIS INFORMATION SHEET IS FOR YOU TO KEEP]

# Consent form for video/audio recording of clinical sessions

I hereby give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (<Provisionally registered > Psychologist’s name) to audio and/or video record (cross out as appropriate) our clinical session. I understand that the recording will only be seen or heard by my <Provisionally registered > Psychologist’s clinical supervisor who is also a Registered Psychologist. I understand that the recordings will not be released to any other person without my written consent. The name and status of the clinical supervisor is:

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I understand that the purpose of the audio or video recording is to assist in ensuring that a high quality of professional service is being provided to me by my <Provisionally registered > psychologist. I also understand that, having given my permission for recording on one occasion, my permission will be asked again if any further recording is to occur. I also understand that I can withdraw my consent for recording at any time, and the recording will be stopped at my request.

I have been assured that the usual level of confidentiality will be preserved and that the recordings will be stored securely. I also understand that this permission covers one clinical session only and that I can decline any further requests to record my clinical sessions without experiencing any disadvantage with regard to the service being provided to me.

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| Name: |  |
| Signature: |  |
| Date: |  |
| Name of <Provisionally registered >Psychologist: |  |
| Signature: |  |
| Date: |  |

Staff: Please make a copy of the signed form and give it to the client.