

**RECORDING AND OBSERVATION OF 3D CONSULTATION –
HEALTH PROFESSIONAL CONSENT FORM**

Title of Project: The 3D Study: Improving whole person care
Principal Investigator: Prof Chris Salisbury, University of Bristol

As part of the 3D study, we would like to observe and/or make audio or video recordings of some of the 3D consultations between patients and health care professionals. This is to see how practices are addressing the management of people with several long-lasting health problems both with and without the 3D intervention. The recording and observation is ONLY of doctors/nurses talking with their patients. No intimate examinations will be recorded or observed and you or the patient can switch off the recorder and/or ask the researcher to leave at any time.

All recordings are carried out according to General Medical Council guidelines, and will be stored securely at the University of Bristol in accordance with the Data Protection Act.
 The patient will be asked separately for their consent to be recorded and/or observed.

If you agree to your consultation being recorded / observed please complete the form below:

Delete options 1a, 1b, or 1c as applicable and only initial those you agree to

Please Initial
EACH box

- | | |
|--|---|
| 1a. I confirm that I have read and understood the above information and the health professional information sheet v1.0 (26-05-16) and give my permission for my consultation to be audio-recorded. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 1b. I confirm that I have read and understood the above information and the health professional information sheet v1.0 (26-05-16) and give my permission for my consultation to be video-recorded | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 1c. I confirm that I have read and understood the above information and the health professional information sheet v1.0 (26-05-16) and give my permission for my consultation to be observed by the researcher. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 2. I understand that my participation is voluntary and that I am free to stop the recording any time without giving any reason and without there being any negative consequences. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 3. I understand that sound files from the recording will be transcribed by a transcription company approved by the University of Bristol. Files and transcripts will be stored securely at the University of Bristol. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 4. I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports that result from the research. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 5. I give permission for anonymised quotes and observations taken from the consultation to be used in reports, publications and journals. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |
| 6. I give permission for clips of the audio or video recording to be used in presentations to researchers and health professionals for demonstration and training purposes. | <div style="border: 2px solid black; height: 30px; width: 100%;"></div> (Your Initials) |

Please turn page

7. I am willing to be interviewed about this consultation. (optional)

(Your Initials)

Name

Date

Signature

Practice Name: _____

Position: _____

Person taking consent

Date

Signature