**CBT Centre: Patient consent for recording (PG Dip & Cert in CBT)**

**Recording therapy sessions**

All staff providing psychological therapies receive regular supervision to monitor the quality of their work and ensure that patients are receiving appropriate therapy. One way of achieving this is for therapists to video record sessions so that their supervisor / trainer can observe the session and provide useful feedback.

**Do you agree to your sessions being recorded? Please answer Yes or No**

**Who supervises?**

University of Southampton (UoS) supervisors are experienced CBT practitioners and have BABCP accreditation

**Do you consent to your recordings being shared with UoS supervisors? Please answer Yes or No**

**Assessment of my therapist**

As part of their training, your therapist submits recordings to be assessed for competence to UoS. These are viewed by a marker and external examiner who are employed by or contracted to UoS. All external reviewers are signed up to the UoS terms and conditions, including adherence to the University’s Data Protection Policy. These recordings are kept securely as encrypted files until the therapist has completed their course, and are then erased (typically after 12 months).

**Do you agree to your recordings being assessed and securely stored by UoS? Please answer Yes or No**

**Using recordings to aid teaching of other therapists in training**

One of the most valuable ways a therapist learns is by observing other therapists in practice. We use therapy session recordings to aid this training. These recordings are shown to trainee therapists in lectures and typically stored for up to five years.

**Do you agree to your recordings being used for therapists in training? Please answer Yes or No**

This agreement has been discussed with me by (therapist name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that I may withdraw consent at any time and have the recording erased: Tick to confirm**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_