

Patient consent form

Observation of consultation by a medical educator

Dear patient,
As part of their professional development as a specialist GP, Dr will have some of their consultations observed by and discussed with a GP medical educator, Dr
The medical educator will either:
 directly view the consultation, either face-to-face or 'sitting in' via remote telecommunications (Option A) OR view the recorded consultation later with your GP (Option B).
Option A:
It's important to note that if the medical educator is present in the room or 'sitting in' via remote telecommunication, they will not participate directly in the consultation. Your privacy will also be protected, with the content of the consultation kept confidential, and no audio or video recording of the consultation will be made. If you would prefer no to have another doctor present for all or any part of the consultation, you can let the receptionist or your doctor know.
If your consultation is conducted via telehealth, your doctor will ask for your verbal approval and it will be noted in your medical record, along with the name of the GP or medical educator that is present.
I consent to having a medical educator present today (please tick): Yes No
Option B:
The consultation will be recorded so it can be viewed by the doctor and medical educator at a later date. In Victoria, New Sound Wales, and the Northern Territory, the recording forms part of your health record and will adhere to state laws regarding storage of such recordings. Your privacy will still be protected, with the content of the consultation remaining confidential. If you would prefer not have parts of your consultation recorded, you can let your doctor know.
If your consultation is recorded, your doctor will ask for your verbal consent on camera at the commencement of the video consultation, and it will be noted in the records of the medical educator who will be reviewing it later.
I consent to having my consultation recorded today and for it to be viewed by a medical educator at a later date (please tick): Yes No
Patient's full name
Signature Date
Practice Location: