

## Audio and Video Recording Policy

This policy safeguards all patients, staff, contractors, and visitors to Ropata Health from unauthorised recordings and photographs taken without prior consent.

### The purpose of the policy is:

- To prevent staff from unwanted/unsolicited recording from a patient, staff member, contractor or visitor to the practice.
- To protect a patient and staff from the potential for misuse of recordings used for unintended purposes, potentially causing harm or distress.
- To promote a therapeutic relationship: where patients can speak freely and openly with their healthcare providers, where the presence of recording devices may create an uncomfortable or intimidating environment, hindering the patient's willingness to disclose information.

This policy applies to all consultations, whether in person, by telephone, or through telehealth platforms, as well as in meetings and waiting areas. Any attempt to record or take photos without prior consent is a violation of this policy and may result in the termination of the consultation and/or the visit to the practice.

### This policy should be read in conjunction with Ropata Health's:

- Code of Conduct
- Security Access Agreement
- Social Media Policy
- Relevant employment agreement or contract for services.

### Recording of consultations:

Ropata Health Ltd prohibits recording of consultations and sharing sensitive and personal information without the consent of all parties; doing so will be seen as a direct breach of this policy.

Consent to recording (agreed or declined) should be documented in the patient's records.

**Enforcement:** If a patient violates this policy, the healthcare provider should terminate the consultation and report the incident to the Privacy Officer or Managing Director. If a patient attempts to record a consultation without consent, they will be informed that this action violates the policy, and the consultation will be terminated. Additional actions, including termination of services, may be taken if the patient continues to violate the policy.

Document Name	Audio and Video Recording Policy (1)
Document Number	Doc_
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Exceptions: In exceptional circumstances, a healthcare provider may agree to allow the recording of a consultation for the purpose of education and training. Informed consent must be obtained from both the patient and the provider, and the purpose of the recording is clearly defined and documented. A consent form must be completed will this be practical can it be a decision made at clinicians' discretion, signed by all attending parties and scanned into the patients' notes.

### **Recording of non-clinical staff/premises:**

Enforcement: All patients, staff, contractors, and visitors must obtain approval from the Practice Manager or General Manager before taking any recordings or photos of the premises or staff members. This policy is in place to protect the well-being, privacy, and confidentiality of everyone involved. Violating this policy may lead to disciplinary action, which could include termination of services. Any violation must be reported to the Practice Manager or General Manager.

### **Breaches of Policy:**

Any failure to abide by this policy may lead to disciplinary action, up to and including termination of employment, or in the case of contractors, immediate termination of engagement.

Any employees, contractors, patient or visitor suspected of committing a breach of this policy will be required to co-operate with any investigation that Ropata Health decides to undertake and disciplinary action.

I have read and understood the above policy:

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

Employee Signature: \_\_\_\_\_

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

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**Outbox Consent Form for Audio and Video Recording**

By signing this form, you consent to the recording of your participation in consultations and interactions at Ropata Health, in accordance with our Audio and Video Recording Policy.

I \_\_\_\_\_ hereby give my consent to Ropata Health to record my image, voice, and/or likeness during consultations, meetings, and other interactions.

Purpose of Recording \_\_\_\_\_

I understand that the recordings will be used for specific purposes (state purpose here)

\_\_\_\_\_  
\_\_\_\_\_

**3. Voluntary Participation**

I acknowledge that my participation is voluntary. I understand that I can withdraw my consent at any time by notifying Ropata Health in writing.

However, I am aware that this withdrawal will not affect recordings made prior to the withdrawal.

**Acknowledgment and Agreement**

By signing below, I confirm that I have read and understood the Audio and Video Recording Policy of Ropata Health, and I agree to the terms outlined above

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Dr: \_\_\_\_\_

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

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