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**Consent Form (Young Person)**

**Digital Video Recordings & Case Reports**

**CYP-IAPT**

**Information**

Your therapist is doing some training which will make them even better at helping you. They are already very good at working with children and young people and their families. This course will help them learn more and increase their skills in helping.

The course is taking place at the University of Exeter. We have to be sure your therapist is working to the highest standards of quality and competence. The University does this by asking your therapist to regularly record sessions using digital video. These are used for supervision and assessment. Many therapists record their work on a regular basis. It is a very common thing to do.

Supervision means meeting with small groups of other therapists doing the same sort of work. Another more senior therapist discusses what your therapist is doing. They will look at recordings of therapy sometimes to help do this. They will give feedback and advice to your therapist on how to fine-tune your therapy and develop their skills. Sometimes your therapist will meet just with their supervisor one to one. They still get feedback and advice about making sure their work is as good as it can be.

Some recordings of therapy sessions are used by the University for assessment. Digital video recordings are securely stored on encrypted memory devices or computers at all times. They are kept by the university for no longer than 6 years from the date they are received.

Your therapist will also have to write some “case reports” for assessment. These describe details of the treatment you are receiving so we can make sure your therapist is doing this well and can get even better at it. Nothing that could identify you will be in the report – all names will be changed so that nobody will know it’s you in the report. Anyone seeing the case reports or therapy recordings will keep their contents confidential. Recordings and case reports will be stored separately under secure conditions.

You can take away your consent at any time if you want without giving a reason. Your treatment will not be negatively affected in any way if you decide to do this.

Please read the statements below and sign for each one you agree with and add the date.

**Consent for digital video recordings**

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently undertaking specialist post-graduate training and as part of this, his/her supervisor and/or course tutor will view recordings of therapy.

I am happy for my sessions to be digitally video recorded and for the recordings to be used for supervision and to be submitted to the course tutors for assessment purposes.

I understand that I can take away my consent at any time without giving a reason and that this will not negatively affect my treatment in any way.

*Signed Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**Extra consent for teaching**

It is very helpful sometimes to use real life examples of therapy sessions for training other therapists. The contents of any sessions shared in this way would be kept confidential.

I am happy for recordings of my sessions to be used for teaching at the University.

I understand that I can take away my consent at any time without giving a reason and that this will not negatively affect my treatment in any way.

*Signed Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*All recordings will be stored in accordance with the Data Protection Act (DPA), 1998. I give my consent on the understanding that the recording will be kept confidential and will be stored securely. I am aware that the recording will be erased once the teaching purposes have been fulfilled (six years from the date of submission) at which point the recording will be erased or securely destroyed. However, I may take away my consent at any time and have the recording erased.*

**Consent for Case Reports**

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently undertaking specialist post-graduate training and as part of this training that written case reports are sometimes required.

I am happy for my treatment to be written about and understand that nothing in any report can be used to identify me or my family

I understand that I can take away my consent at any time without giving a reason and that this will not negatively affect my treatment in any way.

*Signed Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Signed Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

**Therapist Statement**

*“I certify that I have conducted this clinical work in line with appropriate professional practice guidelines, Codes of Ethics [e.g. BABCP Standards of Conduct, Performance and Ethics] and workplace Policies, which have been strictly adhered to in terms of making the recording and seeking permission for its use. This signed consent form will accompany the recording or case report.”*

*Signed: ....................................................................................*

*Therapist Name: ............................................................................. Date: ..............................*