

**PATIENT CONSENT AND INFORMATION FORM:  
RECORDING OF THERAPY SESSIONS (OTHER THAN THE PWC)**

Thank you for allowing a registrar who is in training to become a fellow of the local College of Psychiatrists to record one or more therapy sessions. The Auckland Psychiatric Training Programme is grateful for your assistance and would like to provide you with the following information.

The session or sessions will be recorded solely for training purposes, so that the registrar can receive feedback from their supervisor. Your participation in allowing this recording is voluntary and you may withdraw your consent for the recording to continue if you change your mind at any stage.

The utmost care will be taken to guard your personal privacy. Once the recording has been reviewed with the registrar's supervisor as part of their training, it will be erased.

If you have any concerns about the process you can write to the local Director of Training at: the Registrar Training Centre, Building 14 Level 6, Greenlane Hospital, Pvt Bag 92189, Greenlane, Auckland.

Thank you, your participation is very much appreciated.

**I have read the information as above about allowing a therapy session or sessions to be recorded, and I consent to this.**

**Patient Name:** \_\_\_\_\_

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

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

**Registrars please note:** this consent form is NOT to be used for the PWC which requires a specific consent form to be downloaded from the RANZCP website.  
This is for the other therapy modalities required by the College.