

Patient consent to be videotaped

I, the undersigned, authorize the medical student to today’s visit with my physician videotape). I understand that the tape will only be used for educational purposes and will be erased following its educational use. I understand that I can change my mind at any time and the taping will be stopped and/or erased.

Patient Signature: _____

Date: _____

Witness: _____

Please return the signed copy to the medical student and keep an extra copy for yourself.

Dear Patient,

Today your physician has a student from the University of Wisconsin School of Medicine and Public Health. The student is here as part of their two month, third year course, the Primary Care Clerkship. Part of the course involves learning how to improve their doctor-patient communication skills.

Students find that it is very helpful if they can observe themselves in their interaction with patients. One way to do this is to actually watch how he/she interacts with patients by videotaping the visit and receive feedback from faculty and other students.

The tapes will only be reviewed by a small group consisting of 6 to 12 medical students and one or two University of Wisconsin School of Medicine and Public Health faculty members. The tape will be in the possession of the student during his/her clerkship. The tape will be erased at the end of the student’s clerkship.

You are completely free to refuse to be taped. Saying no will not influence the care you receive from your medical provider. If a tape was made of your visit, you can at any point ask that it be erased.

If you have any questions, please feel free to ask your medical student, physician or course coordinator.

Thank you,

David Deci, MD
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