Purpose
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has developed this document in relation to the use of audio-visual recording in psychiatric practice. The use of audio-visual technology is common in psychiatric practice for a wide range of purposes, including monitoring therapeutic interventions over time or training in interviewing techniques.

Scope of the Guideline
Audio-visual recordings include recordings made or used by a psychiatrist in their professional capacity, including recordings which are made or used for:
- assessing, investigating or treating a patient’s illness or treatment or
- teaching or training healthcare professionals and students [1].

Audio-visual recordings may be captured with a video camera or mobile phone.

This guideline should be read in conjunction with the RANZCP’s guidance in relation to Management of patient health records, as audio-visual records may contain health information and therefore may be ‘health records’ and subject to relevant privacy legislation.

This guideline does not apply to written records. Additionally, it does not apply to social media. Please see Position Statement 75: Psychiatrists, online presence and social media for more information.

This guideline is intended as general guidance. It is not legal advice and should not be construed as such. Practitioners should seek independent legal advice or advice from their medical indemnity insurer if they have concerns about their legal obligations or compliance.

1. General principles
1.1 When considering the use of audio-visual recording in their practice, psychiatrists should have regard to relevant ethical considerations, in particular patient confidentiality and the imbalance of power in the psychiatrist-patient relationship.

1.2 Psychiatrists should observe best practice principles for regularly obtaining informed consent in the context of audio-visual recordings.

1.3 Psychiatrists should seek to work with their patients to make decisions about the appropriateness of using audio-visual recording in assessing and treating the patient’s condition.

1.4 Psychiatrists should ensure that audio-visual recordings which contain personal and health information are kept in accordance with relevant privacy and health record legislation.
2 Obtaining informed consent to record a patient

2.1 Informed consent is ‘a person’s voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved’ [2]. Psychiatrists should observe best practice in regularly obtaining consent from patients to be recorded, including explicitly stating that refusal to give consent to be recorded will not affect their clinical care. Psychiatrists should not apply pressure to the patients to give consent.

2.2 As part of the informed consent process, psychiatrists should inform their patient of the following:
   - who will take the recording
   - how the recording will be made
   - where the recording will be stored and for how long
   - whether copies of the recording will be made
   - what the benefits and risks are of making and storing a recording
   - who else will have access to the recording and for what purpose
   - how the recording will be used (for example, for assessment and treatment only, or for both assessment and treatment and student training).

2.3 Psychiatrists should consider whether the client has capacity to give informed consent in relation to being recorded. Where a patient does not have capacity, careful consideration should be given to whether recording the patient is appropriate given their vulnerability. Psychiatrists should seek consent from a substitute decision-maker with relevant authority where a patient does not have capacity and where recording is still appropriate.

2.4 Psychiatrists should discontinue recording a patient if:
   - the patient requests that the recording be discontinued or withdraws consent
   - the psychiatrist believes that the patient no longer has capacity to consent to being recorded
   - the psychiatrist believes that the patient’s care is being compromised by recording
   - the psychiatrist believes that another person’s privacy is being compromised by the recording (for example, because the patient begins discussing a matter that requires the consent of another patient).

2.5 After recording has ended, the patient should be given the opportunity to:
   - view the recording in its entirety or in the form which it will be stored or used
   - vary his or her consent to the ways in which the recording may be used
   - withdraw his or her consent to the recording being stored
   - request that the recording be deleted.

2.6 Where a psychiatrist wishes to use the recording for a purpose to which the patient’s initial consent does not extend, the psychiatrist should contact the patient to seek an extension of their consent before using it for that secondary purpose.

2.7 Psychiatrists should seek consent at regular, appropriate intervals and patients may withdraw or vary any aspect of their consent at any time.
3 Health information and privacy
3.1 Psychiatrists should regard the information held in recordings as confidential and protect it accordingly.

3.2 Audio-visual recordings may contain personal and health information about the patient. If they do, they will be subject to relevant privacy and health record legislation. Relevant legislation creates rights for patients, and obligations of health services and health practitioners in relation to the access, storage and destruction of health records.

3.3 For further information about being compliant with relevant Australian and New Zealand health records legislation please see Management of patient health records. Psychiatrists should seek independent legal advice or the advice of their medical indemnity insurer in relation to specific compliance queries.

4 Education and training
4.1 Psychiatrists should seek consent when making recordings for the purpose of education and training.

4.2 Anonymised or coded recordings may be used for teaching or training purposes. To decide whether a recording is anonymised, psychiatrists should consider the potential for details that may appear insignificant to identify the patient.

Further information and guidance
For further information about audio-visual recording in medical practice:
Audio or visual recording patients for education in health care, American Medical Association
Clinical images and the use of personal mobile devices, Australian Medical Association
Making and using visual and audio recordings of patients, General Medical Council (UK)
Taking and using visual and audio recordings of patients, British Medical Association

For further information about health records and privacy legislation:
A quick tour of the privacy principles, Privacy Commissioner New Zealand
Code of ethics, The Royal Australian and New Zealand College of Psychiatrists
Computer and information security standards: For general practices and other office-based practices (2nd ed), The Royal Australian College of General Practitioners
Ethical Guidelines for Doctors on Disclosing Medical Records to Third Parties, Australian Medical Association
Good medical practice, Medical Council of New Zealand
Good medical practice: a code of conduct for doctors in Australia, Medical Board of Australia
Guidance for the use of audio-visual recording in child psychiatric practice, Royal College of Psychiatrists (UK)
Management of patient health records, The Royal Australian and New Zealand College of Psychiatrists
Medical Records, MDA National
Medical records: the essentials, Avant
Privacy fact sheet 17: Australian Privacy Principles, Office of the Australian Information Commissioner
Privacy in your state, Office of the Australian Information Commissioner
Professional Practice Standards and Guides for Telepsychiatry, The Royal Australian and New Zealand College of Psychiatrists
The maintenance and retention of patient records, Medical Council of New Zealand

References
