TITLE
HANDLING OF TRANSITORY AUDIOVISUAL AND AUDIO RECORDINGS OF PATIENTS FOR CLINICAL SUPERVISION

OBJECTIVES

- To support the use of audiovisual and/or audio recording (herein referred to as “recording[s]”) technology in a way that balances the obligation to promote quality patient care and clinical supervision, with the obligation to protect patient privacy and confidentiality.

- To assist Addiction and Mental Health (AMH) Physicians and staff to comply with Alberta Health Services (AHS) requirements for handling of recordings of patients.

Note: Recordings of patients for supervision of non-AHS staff and Physicians or for purposes other than those used for clinical supervision (e.g., diagnostic, research, external supervision, family teaching, and documentation of clinical progress) are not within the scope of this policy.

POLICY STATEMENT

AHS protects and respects the confidentiality of patients’ records and complies with the requirements of key legislation.

AMH recognizes that recordings of patients by health care providers and Physicians for clinical supervision are transitory records and are not to be used to document patient care.

AMH Physicians and staff play a key role in protecting recordings by practising in accordance to relevant AHS policies and procedures and their roles and responsibilities.
APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary) within Addiction and Mental Health.

ELEMENTS

1. Points of Emphasis
   1.1 The patient’s mental status shall always be considered by the AMH health care provider or Physician prior to requesting consent for recording. If the AMH health care provider or Physician determines that there may be a risk that obtaining consent and/or the process of recording a patient may interfere with the therapeutic function of the clinical intervention, then no recording shall be made.
   1.2 The AMH health care provider or Physician shall clinically judge whether the patient with a language barrier understands the request for consent to record and if any concerns arise, no recording shall be made.

2. Consent for the Use of Recordings for Clinical Supervision
   2.1 The AMH health care provider and/or Physician shall obtain informed, written consent from the patient or the patient’s alternate decision-maker prior to the first recording (see AHS Consent to Collection and Use of a Recording Device or Camera for Photographs, Video or Sound Recordings for Health Care Purposes Form). Written consent must be obtained every six (6) months, if clinical supervision continues.

   a) If the patient’s alternate decision-maker consents to the recording, but at the time of the recording the patient does not agree, then no recording shall be made.

   2.2 Consent forms are to be filed separately from the patient record in a location as outlined by local process.

   2.3 Consent forms are transitory records and shall be destroyed at time of destruction of the recording, unless there is reason to believe there may be a legal hold (see section 4).

   2.4 If a patient or their alternate decision-maker revokes consent to the recording, the AMH health care provider or Physician shall ensure that the existing recordings are destroyed within two (2) business days unless emergent operational circumstances dictate otherwise.

   2.5 Recording of more than one patient at a time (e.g., group or family therapy) requires the full, informed consent of each and every patient. Without consent from all patients, treatment shall still be provided but no recording is to be made.
3. **Role and Responsibilities**

3.1 Managers of programs using recordings of patients for clinical supervision purposes shall develop local processes that meet the requirement for creating, reviewing, securing and destroying records as outlined in the AHS *Handling of Transitory Audiovisual and Audio Recordings of Patients for Clinical Supervision* Procedure.

   a) The local process shall also provide for the transfer of accountability for the recording in the event of an unexpected temporary or permanent leave of a health care provider or Physician.

3.2 AMH staff and Physicians shall ensure the appropriate handling of recordings by following:

   a) the *Health Information Act, Freedom of Information and Protection of Privacy Act*;
   
   b) the AHS *Records Management* policy and procedures; and
   
   c) the AHS *Handling of Transitory Audiovisual and Audio Recordings of Patients for Clinical Supervision* Procedure.

3.3 In the event AHS recording equipment is not available and non-AHS equipment is used, all recordings shall be transferred immediately onto AHS equipment for storage and deleted from the non-AHS equipment.

3.4 Only when absolutely necessary to do so, AMH health care providers or Physicians may transport recordings outside of an AHS site. They are responsible for the security and protection of the recording in their possession. Refer to the AHS *Information Technology and Acceptable Use Policy*.

4. **Legal Hold**

4.1 Legal Services may issue a legal hold on a patient’s health record.

4.2 In the event of a legal hold:

   a) AMH health care providers and Physicians shall comply with the AHS *Legal Hold Procedure*; and
   
   b) destruction of any patient record, including transitory recordings of patients shall not occur.

5. **Documentation of Interventions Involving Recordings:**

5.1 With respect to clinical supervision, AMH health care providers and Physicians are responsible for:
a) full, timely documentation of patient (or alternate decision-maker) consent and patient response to the intervention using recordings in the health record; and

b) maintenance of an accurate clinical supervision log of recordings, as outlined in the AHS Handling of Transitory Audiovisual and Audio Recordings of Patients for Clinical Supervision Procedure.

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor’s legal representative, a guardian, a ‘nearest relative’ in accordance with the Mental Health Act (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the Human Tissue and Organ Donation Act (Alberta).

Clinical supervision means a form of practice support that focuses on and guides the clinical practice of a staff member or physician via the discussion of clinical interactions with a senior Alberta Health Services practitioner. Clinical supervision may involve review of audiovisual or audio recordings.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Patient(s) means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

REFERENCES

- Alberta Health Services Governance Documents:
  - Consent to Treatment/Procedures Policy and procedures (#PRR-01)
  - Handling of Transitory Audiovisual and Audio Recordings of Patients for Clinical Supervision Procedure (#AMH-04-01)
  - Information Technology and Acceptable Use Policy (#1109)
  - Legal Hold Procedure (#1133-04)
  - Records Management Policy (#1133)
  - Records Retention Schedule (#1133-01)
- Alberta Health Services Forms:
  - Consent to Collection and Use of a Recording Device or Camera for Photographs, Video or Sound Recordings for Health Care Purposes Form (#07998)
- Non-Alberta Health Services Documents:
  - Health Information Act (Alberta)
### VERSION HISTORY

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