

TITLE

HANDLING OF TRANSITORY AUDIOVISUAL AND AUDIO RECORDING OF PATIENTS FOR CLINICAL SUPERVISIONSCOPE

Provincial: Addiction and Mental Health

DOCUMENT

AMH-04-01

APPROVAL AUTHORITY

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Not applicable

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Handling of Transitory Audiovisual and Audio Recordings of Patients for Clinical Supervision Policy (#AMH-04)

SCHEDULED REVIEW DATE

January 16, 2020

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Provincial Addiction & Mental Health Policy Development at amhpolicy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To outline the requirements within Addiction and Mental Health for the proper creation, review, security and destruction of transitory audiovisual and/or audio recordings (herein referred to as “recordings”) of **patients** for the purpose of **clinical supervision**.

Note: Recordings for other purposes (e.g., diagnostic, research, external supervision, family teaching, and documentation of clinical progress) are not within the scope of this procedure.

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).

ELEMENTS**1. Consent for Use of Recordings For Clinical Supervision**

- 1.1 Prior to any recording, the AMH **health care provider** or Physician shall obtain informed consent by the patient or his/her **alternate decision-maker**.
 - a) Written consent is required before the first recording (see Alberta Health Services [AHS] *Consent to Collection and Use of a Recording Device or Camera for Photographs, Video or Sound Recordings for Health Care Purposes* Form).

- b) Signage about the use of recording equipment shall be used, if the recording equipment is not readily visible to the patient.
 - c) 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.
 - d) The AMH health care health care provider or Physician shall offer information to the patient or alternate decision-maker including, but not limited to, the following:
 - (i) assurance that a patient's decision to withhold consent shall not influence care and treatment;
 - (ii) patient's or alternate decision-maker's right to revoke the consent at any time, including during a recording;
 - (iii) purpose of the recording and who will view/listen to the recording;
 - (iv) proposed date range of the recordings;
 - (v) participant(s) (i.e., individual, family or group);
 - (vi) security and confidentiality of recordings; and
 - (vii) AHS requirements for disclosure under the *Health Information Act* (Alberta), other legislation, court order or legal process.
- 1.2 Recordings of patient groups or families may only be done if all parties consent. All consents for group sessions are to be obtained and completed with each individual separately.
- 1.3 Consent forms are to be filed separately from the patient record in a location as outlined by local processes. They are transitory records and shall be destroyed at the time of destruction of the recording, unless there is a reason to believe there may be a legal hold (see section 4).
- 1.4 If a patient or his/her alternate decision-maker revokes consent to the recording, the AMH health care provider or physician shall ensure that the existing recordings are destroyed with two (2) business days unless emergent operational circumstances dictate otherwise.

2. Documentation, Storage, Review and Destruction of Recordings

- 2.1 At the time a recording is made the Physician or AMH health care provider shall enter into the health record:
- a) a notation that the clinical intervention was recorded; and

- b) clinical notes pertaining to the clinical intervention.
- 2.2 Physicians and AMH health care providers shall maintain a supervision log.
- a) Local processes shall outline the steps for assigning a code to each patient, for use in the supervision log (for example, a code recorded on the consent form or within the first documentation in the health record).
 - b) No patient identifiers shall be documented in the supervision log.
 - c) Documented information in the supervision log on each recording shall include, but not be limited to:
 - (i) patient code;
 - (ii) confirmation and date of consent;
 - (iii) six (6) month date required for subsequent consent(s);
 - (iv) date of recording;
 - (v) 14 weeks post recording date (the latest date recording must be destroyed by);
 - (vi) date of review of recording;
 - (vii) date of actual destruction of recording; and
 - (viii) staff signature(s) or initials.
- 2.3 All electronic files of recordings shall be transferred to and saved on an AHS shared drive within two (2) business days of recording using a file name that does not include any information to identify the patient.
- a) No other storage option is to be used (e.g., original recording device, drop box; i-Cloud). The original recording device shall not leave the AHS facility until such time the recording has been erased.
- 2.4 The Physician or AMH health care provider may delegate the following functions to a support staff member, but retains accountability to ensure that the following elements are properly completed:
- a) labelling of recordings, including Physician or AMH health care provider name and date of recording;
 - b) securing storage of recordings; and
 - c) destruction of recordings.

- 2.5 The Physician or AMH health care provider shall ensure that the reviewing of any recording is conducted in a private and confidential manner. If review of the recording must be conducted in a location other than an AHS facility:
- a) the recording must be sent digitally using the most current AHS secure file transfer process (as available on Insite);
 - b) the transferred file shall only be opened and reviewed using the secure process;
 - c) the file shall not be saved to any new location; and
 - d) the email containing the file shall be destroyed after review of the file.
- 2.6 The destruction of recordings shall be completed soon after their review or, at the latest, 14 weeks after the date of recording, regardless of whether reviewed or not.
- 2.7 Destruction will ensure that the recordings are unreadable and will be done by methods outlined in the *AHS Records Destruction Procedure*. If the recording is in electronic form, such files are to be deleted from the original file location and from the computer's recycle bin.
- 2.8 In the event of an expected or unexpected leave (permanent or temporary) of the AMH health care provider or Physician, local processes for transferring accountability for recordings shall be followed. Local processes shall consider:
- a) using a drive shared by at least two (2) AHS staff; and
 - b) including the destruction date in the file path.
- 2.9 In the event of a real or potential privacy **breach**, the health care provider and/or Physician shall act in accordance to the *AHS Information Security and Privacy Safeguards Policy*.
- 2.10 If a patient revokes consent to the recording, the Physician or AMH health care provider shall ensure that the existing recordings are destroyed within two (2) business days, except if he/she has a reason to believe a legal hold may be required (see section 4 of this procedure).

3. Legal Hold

- 3.1 Upon receiving notification from AHS Legal Services of a legal hold on audiovisual and/or audio recordings, or upon having reasonable expectation that a legal hold will be issued, the Physician or health care provider shall comply with the *AHS Legal Hold Procedure* by ensuring that the recordings are in or are moved to a secure location.

- 3.2 Upon the request for a copy of the audiovisual and/or audio recording(s) from AHS Legal Services, the Physician or the AMH health care provider shall:
- a) determine if a copy should be retained for the purposes of clinical supervision, and if so, retain a copy for that sole purpose; and
 - b) transfer the recording to the AHS Legal and Privacy Department.
- 3.3 In the event of any questions regarding legal hold, the Physician or the AMH health care provider shall speak with his/her local manager to initiate a consultation with AHS Legal Services.

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, 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).

Breach means a failure to observe security or privacy processes, procedures or policies, whether deliberate or accidental, which results in the information being viewed, or having the potential to be accessed, used, transmitted, or held by unauthorized persons.

Clinical supervision means, for the purpose of this procedure only, 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.

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 Policy* (#AMH-04)
 - *Legal Hold Procedure* (#1133-04)
 - *Records Destruction Procedure* (#1133-02)
 - *Records Management Policy* (#1133)

- 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

Date	Action Taken
January 24, 2017	Non-substantive change
March 17, 2020	Non-substantive change