**INFORMATION AND CONSENT FORM**

Skype consultation/s

**The Oxford University Hospitals Trust has agreed to the use of Skype for consultations. There are a number of things we need to consider before we do so. It is important that you read this carefully and are happy to proceed.**

We will take every precaution to ensure that the Skype session is as confidential as a face-to-face session would be:

* We will complete the session in a private room, away from others who may be able to overhear.
* We will take notes on the conversation and any outcome or plan that we agree on will be recorded in your medical notes.
* We will not record the Skype conversation itself.

We cannot guarantee the confidentiality of Skype from your end of the conversation. It will be your responsibility to that no-one is present who you do not wish to hear the conversation.

In the event that we are unable to connect on Skype, or that the connection is broken during the call, we will attempt to reconnect. If a connection cannot be established, we will ring the number you give us and make an alternative arrangement with you.

If you are not happy with any aspect of this, please let us know. We will discuss the best option with you. Face-to-face appointments can be arranged if Skype sessions do not seem appropriate, or if Skype sessions are started but you are not satisfied with them in any way. This will not affect your care.

If you have any further questions about the use of Skype, feel free to ask your clinician.

Once completed please email the consent form to: [NF2@ouh.nhs.uk](mailto:NF2@ouh.nhs.uk)

I have read the statement above and give my consent:

□ I agree to proceed with a Skype consultation.

□ My skype user name is: ……………………………………………………………….

□ I understand that it is my responsibility to ensure confidentiality at my end of the call

□ In the event that a Skype connection cannot be made or is lost during the session, please contact me on: (best number to contact) …………………………………………………. to make alternative arrangements

□ I am aware that the Skype conversation will not be recorded, but notes on the conversation and any outcome or plans will be kept as part of my medical record

□ I am aware that I can change my mind and cancel or ask to stop a Skype session at any time, and am entitled to request a face-to-face appointment if I would prefer this

Signed: ………………………………………………………………………………… Date: ……………………………….

Your name: ……………………………………………………………………………

Date of Birth: ………………………………………