Patient information and consent for *cue* (template)

Information on video recording

Controller: _____ ,
name and address of the Institution
_____ , data protection officer: _____ .
contact contact

What this is about: We would like to record your therapy session(s) on video. The recordings are used exclusively for _____ . They
supervision of your treatment / training of your therapist / quality assurance
are viewed and discussed by
_____ .
your therapist, the supervisor, the training group if applicable

Which data: picture and sound of the session and therefore health data. Depending on settings, ***cue*** automatically creates a transcript and, where applicable, a translation and an AI-assisted analysis of the conversation. These analyses are working aids for supervision; they are not used for diagnoses or decisions about your treatment.

Where the data is stored: in ***cue***, a platform of Vacay GmbH, Groß-Umstadt, on servers in Germany. Vacay processes the data only on our behalf (Art. 28 GDPR) and is bound to confidentiality. All AI features run on Vacay's systems; your data is not passed on to other AI providers and not used for training.

Legal basis: your explicit consent (Art. 6(1)(a), Art. 9(2)(a) GDPR) and your release from confidentiality towards the persons named.

Retention: The recordings are automatically deleted at the latest _____ days after
number
recording, earlier as soon as they are no longer needed for the purpose.

Voluntariness: Consent is voluntary. If you do not consent, this has no effect on your treatment.

Your rights: You can withdraw your consent at any time without giving reasons; recordings already made are then deleted. You also have the right of access, rectification, erasure, restriction and data portability and the right to lodge a complaint with a data protection supervisory authority. Please contact _____ for this.
contact of the Institution

Consent and release from confidentiality

I, _____ , have received and understood the information on video
surname, first name
recording.

☐ I consent to my therapy sessions with _____ in the period
name of therapist
_____ being recorded on video and stored and processed in ***cue***
from – to
for the purpose stated above.

☐ I consent to transcripts, translations and AI-assisted analyses being created automatically from the recordings. *(optional)*

☐ I release _____ from confidentiality towards
name of therapist

_____ to the extent
supervisor or training group, name/designation

necessary for supervision or training.

I am aware that I can withdraw this consent at any time with effect for the future, e.g. by email to _____.
contact

_____ – _____
Place, date signature

For minors under 16: additionally the signature of the persons with parental responsibility.