



# Zoom Recording: Sample Script for Consent

[Approved users](#) may [create an audio and video recording](#) of a Zoom webinar or meeting. If you are recording a patient or family member, ensure they have been provided with the relevant information on recording in order to gain informed consent. You can refer to the list below for examples of points to include in your conversation with the patient:

<b>The purpose of collection</b>	Your care provider is using the Zoom for Healthcare account for conducting virtual health visits and/or supporting virtual health visits and this session will be recorded and shared for educational/ training purposes.
<b>The retention policy</b>	This recording will be stored on Zoom cloud servers in Canada for 1 year.
<b>Consent is required</b>	In order to record this session, we require digital consent for use of Zoom recording. Your consent will be automatically documented by Zoom.
<b>Legal authorities</b>	Personal information collected includes your name, images, voices, diagnosis and treatment data. This information is collected under the authority of sections 26(c) and (e) of the BC Freedom of Information and Protection of Privacy Act (FIPPA).
<b>Potential risks</b>	Although there are potential security or privacy risks, such as malware attacks caused data leakage, unauthorized access from hackers, please know that PHSA has taken reasonable steps to protect your personal information.
<b>Consent obtaining instruction</b>	You will see a popup once the recording starts. If you understand these risks and willing to give us consent, please click on "I Agree". If you are not willing to give us your consent, please tell your health provider and they will stop recording.
<b>Contact information</b>	If you have any questions about the collection and use of your personal information, please contact <a href="mailto:officeofvirtualhealth@phsa.ca">officeofvirtualhealth@phsa.ca</a> .

