



# Health Assessment Advisory Service Agreement for audio recording of assessment

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## About the audio recording of your face-to-face assessment

For an audio recording of your assessment to be carried out we need your signed agreement that you have understood the following information.

### How the recording is made

The recording will be made during the time you spend with the healthcare professional in the room where the assessment takes place.

The healthcare professional will carry out an audio recording of the assessment on behalf of the Department for Work and Pensions (DWP).

If during the assessment you decide you do not want it to be recorded, you can tell the healthcare professional. The recording will be stopped immediately and following the assessment the recording will be securely destroyed.

If you do not consent to your assessment will being recorded, it will not affect your assessment or your benefit decision.

### What we do with the recording

A copy of the recording will be made available to you after the assessment. DWP will store the recording securely and keep it for the appropriate retention period of 24 months, after which it will be destroyed.

To learn more about information rights and how DWP uses information, please visit DWP's Personal Information Charter at [www.gov.uk/dwp/personal-information-charter](http://www.gov.uk/dwp/personal-information-charter)

DWP will not listen to the recording to make a decision on your benefit claim. However, the recording may be used by DWP for benefit decision appeal proceedings and complaint resolution purposes.

If you need a further copy of the recording, you should contact DWP under a Right of Access Request (RAR).

### What you can do with the recording

The copy of the recording you have is to be used solely in relation to your claim for benefit and should not be published or reproduced. DWP reserve the right to take appropriate action where the recording is used for unlawful purposes, for example, if it is altered and published for malicious reasons.

## **What to do now**

Please answer the questions on pages 3 and 4, and sign to show that you agree and understand your assessment is being recorded. If you have an appointee, they can complete and sign for you. If you have someone with you in the assessment (they may or may not be an appointee), they must also agree to the recording by signing page 3, question 5.

If you agree to your assessment being recorded, then it will be recorded and the data held in the way described above. If you do not agree then your assessment will not be recorded.

**Complete questions 1 to 8 before the assessment.**

**Complete question 9 after the assessment.**

## To be completed before the assessment

**01** Your name

**02** Do you have someone with you for support at the assessment?

No **Go to question 6**

Yes

If you have someone with you at the assessment, they also need to agree to the assessment being recorded. Ask them to complete and sign **question 5**. You need to complete questions 3, 4, 6, 7 and 8.

**03** Do you agree to them being present at the recording of your assessment?

No

Yes

**Signature**

Tick if you are an appointee signing on behalf of claimant

**04** Name of person with you at the assessment

## To be completed by the person accompanying

**05** Do you agree to the recording of the assessment in your presence?

No

Yes

**Signature of person accompanying**

**Date of signature**

DD/MM/YYYY

**To be completed by the person being assessed**

**06** Do you agree to the assessment provider recording your assessment?

No  
 Yes

**07** Are you recording the assessment?

No  
 Yes

If you answered 'yes' to one or both of the previous 2 questions, please sign and date the declaration below.

**08** I understand that, under the Data Protection Act, I may only use the recording for the purposes of my own personal, family or household affairs.

**Signature**

Tick if you are an appointee signing on behalf of claimant

**Date of signature**  
DD/MM/YYYY

**To be completed after the assessment**

**09** Your name

I have received a copy of the audio recording of my assessment.

I understand I will be sent a copy of the audio recording of my assessment.

**Signature**

Tick if you are an appointee signing on behalf of claimant

**Date of signature**  
DD/MM/YYYY