Request for Accommodation

Recording, Written Information, and Communication Support at Medical Appointments

Where you stand, in the College's own words.

The College of Physicians and Surgeons of Alberta (CPSA), in its published advice to Albertans, states:

"Although you can record your conversation, you cannot record anyone else's conversations (e.g., you can record in an exam room but not in the waiting room). However, you should let your physician know before recording them."

The CPSA further warns that a physician who does not know of, or consent to, being recorded may regard it as a breach of trust, that clinics may have policies prohibiting recording without consent, and that such breaches **"could harm your relationship with them and result in you being discharged as a patient."**

The CPSA's own direction to patients is this:

"Explain to your physician why you would like to record the appointment and request their consent before starting to record."

That is what this form is for. It explains your reason, requests consent, and records the answer.

Section 1 - Patient

Patient name

Date of request

Physician name

Clinic name

Section 2 - Why I am asking

Tick all that apply. You do not have to disclose a diagnosis.

- ☐ I have difficulty remembering what is said to me during appointments.
- ☐ I have a cognitive condition that affects processing or recall.
- ☐ Anxiety or stress in medical settings affects my ability to take in information.
- ☐ I need extra time to process spoken information.
- ☐ Pain, fatigue, or medication affects my concentration.
- ☐ My care involves multiple providers and I need an accurate record to share with them.
- ☐ I need to share instructions accurately with a support person or caregiver.
- ☐ I am Deaf or hard of hearing, and I miss or mishear spoken information.
- ☐ I rely on seeing your face to follow what is being said.
- ☐ I take in written information far better than spoken information.
- ☐ I have difficulty speaking or being understood, and need extra time to respond.

☐ Other (described below).

In my own words, this is how it affects me in appointments:

Maximum 420 characters.

Section 3 - What I am asking for

Tick everything that would help you. You may ask for one of these, or several.

Recording

☐ Permission to make an **audio recording** of my appointment with you.

Written information

☐ A **written summary** of the plan and instructions before I leave.

☐ Medication names, doses, and changes **written down**, not only spoken.

☐ Next steps, referrals, and test results explained **in writing**.

Communication support

☐ Please **face me directly** and speak clearly. I rely on seeing your face.

☐ Please give me **extra time** to process and respond. Please do not rush or finish my sentences.

☐ If I do not understand, please **write it down** rather than repeat it louder.

☐ Permission to bring a **support person** to listen and take notes.

☐ I require a **sign language interpreter**. Please advise how this is arranged.

☐ Time to **repeat back** instructions so we can confirm I have understood them.

☐ Please contact me by **text, email, or letter** rather than by telephone.

Section 4 - My undertakings (if I am asking to record)

If you consent to recording, I agree to the following. If I am not asking to record, skip this section.

☐ I will record **only my own appointment**. I will not record in waiting rooms or record other patients or staff.

☐ I will tell you each time before I begin recording.

☐ I will stop recording immediately if you ask me to.

☐ I will use the recording for **my own care only**. I will not post it publicly or share it online.

☐ I may share it with a caregiver, support person, or another treating provider involved in my care.

Patient signature **Date**

If printing this form, sign by hand.

Section 5 - For completion by the physician or clinic

☐ **Agreed.** The accommodations requested above will be provided.

☐ **Agreed in part, with conditions** (set out below).

☐ **Recording declined.** Reason set out below. Other accommodations requested may still be provided.

Conditions agreed, or reason for declining recording:

Maximum 340 characters.

Accommodations that will be provided:

Maximum 200 characters.

Physician signature **Date**

How to use this form

1. Fill in Sections 1 to 4. Fill it in on screen, or print it and write on it.

2. Give it to the clinic ahead of your appointment, or bring it with you.

3. Ask them to complete Section 5, and **keep a signed copy for yourself.**

4. If consent is declined, that is their right. But you now have their reason in writing and an alternative accommodation on the record. Keep it.

Ask before you record. The CPSA is clear that recording without your physician's knowledge can result in you being discharged as a patient. Losing your doctor in the middle of a disability application is a cost none of us can afford. Ask, get the answer in writing, and you are protected either way.

You do not have to ask to record at all. If what you need is your doctor to write things down, to face you when speaking, or to give you extra time, tick only those boxes. Asking for written information is a request nobody can reasonably refuse, and it does not carry the risks that recording does.

The Alberta Disability System Breakdown - Advocate

St. Albert, Alberta | July 2026

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This form is an advocacy tool and is not legal advice. Quoted passages are taken from the published advice of the College of Physicians and Surgeons of Alberta (CPSA) to Albertans, "Ending the Physician-Patient Relationship."