



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Medicine™

El Paso - Ambulatory Clinic Policy and Procedure

Title: PATIENT CONSENT FOR PHOTOGRAPHY, VIDEOTAPING, AND OTHER IMAGING	Policy Number: EP 1.14
Regulation Reference: Joint Commission RI 01.03.03	Effective Date: 7/2009

Policy Statement:

TTUHSC EP staff members may utilize a variety of media to collect protected health information on patients and will hold all such information to the same standard of confidentiality and security as required for all protected health information. Photographs or other visual recordings may be taken only with the written consent of the patient or guardian.

Scope and Distribution:

This policy applies to all TT staff and will be distributed to all TTUHSC- EP School of Medicine Clinics, also known as Texas Tech Physicians.

Definition:

PHOTOGRAPHY: For the purpose of this policy photography will be used to indicate a recording of a patient’s image by a number of visual means, including still photography, videotaping, digital imaging, scans, and others.

Procedure:

1. The patients will be asked to provide consent to photograph via a consent from that is signed by the patient. Consent may be given by patient/ parent or guardian for:
 - a) Clinical Care Purpose- Photographs of this type are taken to note “progress of medical care.” Consent is given when the Consent to Treatment form is signed. Photos are included in the patient medical record. The subject maybe identified by name, DOB, and date photo is taken.
 - b) Educational Purposes-
 1. Photos that are “deidentified” are those that do not show a patient face, identifiable tattoo or any identifying feature ie: Intra Operative knee, liver, toes, etc. Taking deidentified photographs is included in the general consent to treatment.



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2. For photographs that include patient face or other identifying features a separate consent to photograph form must be signed by the patient. See attachment A.
2. **Consent for Photography Form:** Patient consent will be obtained to take photographs of the patient to use as outlined above. See attachment A and the consent to treatment/ healthcare agreement form in ACP 6.21.
3. **Documentation:** The use of photography as part of the patient's treatment process should be documented in the patient's health record. An entry in the record is made each time photos are taken. Still photographs may be included in the health record. If the photographs are of a sensitive nature, they can be stored in a secure location or in a secured envelope within the health record.
4. **Security and Storage:** All patient photographs, videotapes, and other images will be stored in a secure manner that protects the patient's privacy. These images will be stored for the retention period required by law or as defined by TTUHSC policy, generally for the same time period as the patient's health record. The images, if not stored with the patient's paper or electronic health record, should be stored in a manner that allows timely retrieval. These images are generally considered part of the patient's health record and will be released or disclosed and destroyed according to the same policies governing other patient protected health information.
5. **Documentation of Abuse and Neglect:** Reportable cases of actual or suspected abuse and neglect do not require prior authorization from the patient prior to photographing. These images may be submitted to the investigating agency with appropriate authorization or court order.
6. **Research:** Photography taken as part of a research protocol must be approved by the Institutional Review Board. Consent for such images must be incorporated into the patient consent for participation in the research protocol.
7. **Marketing:** Written authorization must be obtained from the patient prior to photographing of the patient for marketing or publicity purposes. A separate special consent form should be used.
8. **Family/ Friends:** Generally, patient consent is not required for the patient's family and friends to photograph the patient while receiving treatment at TTUHSC, however, this is allowed only with the agreement of the clinician and patient, and with the acknowledgment that the individual may be asked to



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discontinue taping if the clinician deems it necessary. TTUHSC staff must ensure that the images will in no way include other patients or staff who have not consented to be included in the images.

9. **Manuscripts/ Conferences:** Written authorization must be obtained from the patient prior to using photographs, if identifiable to a patient, in manuscripts and presentations at conferences and professional organizations external to TTUHSC or in any other public forum where they may be viewed by unauthorized individuals.

10. **De-identification of Protected Health Information/ Disclosure:** Unless otherwise required by law or for purposes related to treatment, payment and operations, TTUHSC EP will not release photographs, videotapes, or other images to outside requestors or for other purposes without specific authorization from the patient. TTUHSC EP may determine that images are not individually identifiable health information if identifiers of the individual or of relatives, household members of the individual, or employer are removed. If TTUHSC EP believes the image cannot be used in any way to identify the patient, the images may be used for outside purposes without patient authorization. ???

11. **Release of Photographs:** The patient is entitled to copies of photographs unless prohibited by law. TTUHSC EP will maintain the original photographs. A reasonable fee may be charge to cover the cost of duplication of the photographs.

12. **Revocation:** As with all patient authorizations for disclosure of protected health information, the patient has the right to revoke the consent for photographing, videotaping, or making other images, at any time. TTUHSC will not be liable for any use of such images prior to the revocation.

13. **Confidentiality:** Before engaging in the production of recording, films or other images of a patient, anyone who is not already bound by the organizations confidentiality policy signs a confidentiality statement to protect the patient's identity and confidential information.

Attachment A: Consent to Photograph

See also ACP # 6.21 and Attachment 6.21A- Consent to treatment Healthcare Agreement



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