Name of Policy: Photographing-videotaping, filming, video recording

Policy Number: 3364-100-90-14

Department: Hospital Administration

Approving Officer: Interim Executive Director, UTMC and Associate Vice President

Responsible Agent: Privacy Officer, Director of Communications, Director, Health Information Management

Scope: The University of Toledo Medical Center and its other Health Care Components, Medical Staff

Effective Date: 2/1/2014
Initial Effective Date: 11/17/2010

(A) Policy Statement

The University of Toledo permits photographic imaging, video/audio recordings, filming, utilizing negatives or films prepared from such photographs and/or other means of recording and reproducing images, to be referred to as "photographs" going forward, for purposes of teaching, staff development, medical/healthcare education, documentation, to enhance patient care or publicity. There is a fundamental responsibility to ensure that "photographs" are used in a reasonable manner in order to adhere to the integrity of protected health information, individual rights to privacy, quality of patient care and the efficient operations.

(B) Purpose of policy

The purpose of this policy is to ensure the responsible use of the various types of "photographs" in order to ensure employee and patient privacy and comply with Health Insurance Portability and Accountability Act ("HIPAA") and other applicable laws and regulations including Joint Commission standards.

(C) Consents

1. Patient Consent- Identity Not Disclosed

The University of Toledo Medical Center - Patient General Consent states; "I consent to the making of photographs or other images for medical purposes and also scientific or educational purposes as long as my identity is not disclosed. I will advise UTMC if I wish to withdraw this consent."

2. No Consent Needed

A consent is not required when taking photographs for the sole purpose of documentation in the patient’s medical record.

3. Consent – Identity is Disclosed

Photographs that identify the person(s) taken for the purposes of teaching, staff development, medical/healthcare education or publicity purposes must always have a valid, complete, and duly authorized consent on file – Consent form LG017.

(D) Photographs –

1. Medical Record Documents

Photographs taken for documentation in the medical record or for medical purposes such as for surgeries or surgery segments, etc. will be permitted, but precautions must be taken to ensure there is no risk to the patient.

Photographs must be secured and remain in the physical possession of the UTMC Medical Records Department, released to only those who have authorization, used only for the purpose documented in the consent (if applicable) and taken by a UT/UTMC employee.
2. Teaching, staff development, medical/healthcare education and research.

Photographs should be de-identified when used for the purposes of teaching, staff development and medical/healthcare education and research.

Photographs taken that would identify the patient or patient’s family, must have a signed LG017 consent as stated in C3. Photographs that include faculty, staff, students, or employees require a verbal consent. At no time may these photographs be posted on a social media or copied for publication.

3. Marketing

Photographs taken for the purpose of marketing should be handled through the University of Toledo-Office of Communications. Proper consent will be obtained at that time from the Office of Communications.

(E) Equipment

Equipment used for taking photographs

1. A cell phone maybe used as photography equipment with the following restrictions:
   (a) There is limited risk to the patient;
   (b) Adherence to all infection control policies and procedures is maintained;
   (c) The photograph is downloaded and maintained as part of the patient’s medical record;
   (d) The photograph is sent to only those involved in the care of the patient such as attending physicians/faculty;
   (e) The photograph is deleted from the cell phone so that it cannot be viewed by those who do not have a need to view; and
   (f) At no time will random photography be permitted, such as in common areas that would include patients or others not consented.

2. Use of equipment in a sterile field such as, but not limited to, surgeries, surgery segments and a prior authorization is obtain when applicable and in compliance with section C. the following restrictions apply:
   (a) There is limited risk to the patient;
   (b) Adhere to all infection control policies and procedures is maintained;
   (c) Use of equipment should not disrupt or create a safety concern or violate the privacy of other employees, patients or visitors.

(F) Electronic Media

Electronic transmission is permitted if sent from a secured connection. The University of Toledo Information Systems Department should be consulted prior to electronic transmission to ensure that secure connections are incorporated and assured. Transmission of photographic images may only be shared with those who are involved with the patient’s care, such as but not limited to, attending physician/faculty or other clinical personnel.

In order to protect the patient's confidentiality, photographs sent via the internet/telemedicine must be encrypted, along with any attached medical information, prior to sending.

Stream video may only be transmitted from a secure server to another secure site/web page where the viewing requires password login to view the images.

No photographs including stream videos shall be shared by electronic media such as but not limited to: Facebook, Twitter or other social networks.

(G) Destruction, De-identified, Disclosure, Documentation Storage and Retention of photographs

1. Destruction

Photographs taken for purposes of documenting in the medical record should be downloaded and maintained by the Health Information Management Department, once downloaded the image must be destroyed within a
reasonable time frame and in a manner that the photograph may not be reconstructed at a later date. This includes all equipment that is capable of taking/producing photographs or video. See University policy #3364-100-90-11 Retention/Destruction and Disposal of PHI.

All other photographs taken for teaching, staff development, medical/healthcare education should be de-identified or a consent should be maintained on file.

2. De-identified

De-identified is defined in policy #3364-100-90-05 De-Identifiable and Re-Identifiable Health Information. The policy requires that all patient data that would identify the patient be removed from the photograph or not included in the photograph, such as patient’s face, medical record number, room number, account number or any other identifying attribute that could identify the patient.

3. Disclosure

Unless otherwise required by federal or state law, photographs will not be released to outside requestors without a specific release from the patient or his/her legal representative.

(a) Photographs taken at The University of Toledo/UTMC are the property of the University and may only be obtained through proper procedures.
(b) If the patient wants a copy of the photographs used for medical record documentation, the patient must complete the Release of Information form in the Health Information Management Department. Policy #3364-100-90-02 Release of Information
(c) Photographs taken for other purposes, unless otherwise prohibited by law, may be released if due diligence is taken to ensure that any other patient’s information is not portrayed anywhere in the image or footage.

4. Documentation/Storage/Retention

Photographs taken for medical record documentation should be clearly identifiable with the patient’s name, hospital identification number and date, and should be stored securely in the medical record to protect confidentiality. See Policy # 3364-100-10-013.

Retention of photographs must comply with the Retention and Destruction of Medical Records Policy #3364-100-50-40.

(H) Kobacker Adolescent and Child Psychiatry

Consent is not necessary for photographs used for identification purposes, such as for passing medications in the Kobacker Adolescent and Child Psychiatry program. The photographs are to be destroyed upon the patient’s discharge.

(I) Research

Photographs with identifiable patient information which may be taken as part of a research protocol must be approved by the Institutional Review Board ("IRB").
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<tr>
<th>Policies Superseded by This Policy:</th>
<th>10-013 Medical Record Policy</th>
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**Approved by:**

Norma Tomlinson, RN, MSN, NE-BC, FACHE  
Interim Executive Director, UTMC and  
Associate Vice President

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Chief of Staff

**Review/Revision Completed By:**

HAS  
Legal Affairs, HSC  
Compliance and Privacy Officer

**Review/Revision Date:** 2/1/2014

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**Date:** 1/29/14

**Date:** 1/29/14