

UC Riverside, School of Medicine Policies and Procedures

Policy Title: PHOTOGRAPHY & MULTI-MEDIA PRIVACY AND SECURITY RECORDING OF PATIENTS

Policy Number: COM 19.0

Responsible Officer:	Compliance Officer
Responsible Office:	Compliance Office
Origination Date:	07/2013
Date of Revision:	N/A
Scope:	The purpose of this policy is to specify the conditions and requirements for photography or filming of patients and staff in the UCR Health facilities when the filming is done internally by UCR Health staff or faculty for treatment, educational or research purposes.

I. Policy Summary:

The purpose of this policy is to specify the conditions and requirements for photography or filming of patients and staff in the UCR Health facilities when the filming is done internally by UCR Health staff or faculty for treatment, educational or research purposes.

II. Definitions:

Medical Photography: Medical Photography is photography that is used for purposes related to the medical care of the patient, such as identification, diagnosis, or treatment of the patient. The patient gives consent for such photography at the time of registration by signing the "Terms and Conditions of Service" form. A separate Consent Form is not needed.

Photography for Educational Use: Photography that is used by UCR Health faculty or staff for their teaching or research activities, for publication in a scholarly journal, or for educational use. A consent form for use of the material for educational purposes must be signed by the patient.

Photography by External Organizations (News Reporting or Documentary Films): Photography by external news media organizations or for documentary filming is subject to approval and supervision by the UCR School of Medicine Communications Office. A consent form for Media Relations, Marketing or other uses must be signed by the patient.

Commercial Photography: Commercial photography means photography for external use in commercials, commercial television or film. Commercial photography is generally not allowed in the ambulatory practices, unless there are special circumstances that make it appropriate. Any commercial photography must be approved and supervised by the UC Riverside Communications Office in conjunction with the UCR School of Medicine Communications Office.

Patient Photography: Photography that is undertaken for the patient or at the request of the patient (such as by family or staff for the patient) is appropriate as long as the photography does not violate any other UCR Health policies or the privacy of other patients, or interfere with the care of patients. Patient photography cannot include photography of other patients without their consent. Patient photography is limited to patient rooms and/or discrete patient treatment areas. If any UCR Health policies or the privacy of other patients are violated by patient photography, then the photography must stop, and the Compliance and Privacy Officer should be contacted for further guidance as appropriate.

Research: Photography of research subjects at UCR Health requires approval from the IRB, an appropriate IRB approved consent form and a HIPAA Research Authorization form when applicable.

III. Policy Text:

- A. It is the policy of UCR Health that no photography or filming of patients, staff, faculty or students is allowed unless it meets the requirements set forth in this Policy, which is intended to protect the confidentiality and privacy of patients and staff while allowing photography and filming under appropriate circumstances.
1. Photography will not be allowed if it interferes with patient care or UCR Health functions.
 2. The patient has the right to request cessation of the photography at any time.
 3. If the photograph is used for patient care purposes, the photograph must be placed in the patient's Legal Health Record, and deleted immediately from the camera.
 4. Images used for other than patient care purposes may be recorded on a digital camera with the images immediately downloaded to a UCR Health secure network server. Please refer to the UCR Health Policy "HIPAA."
 - a. Use of Patient Identifiable Health Information on Portable Computing and Electronic Storage Devices" for requirements for storing patient information on digital cameras and other portable devices.
 5. Patient use of any electronic recording device is prohibited without the express permission of the staff. Staff should document any permission for recording in the patient's medical record.

IV. Responsibilities: N/A

V. Procedures:

A. All Staff And Registration Staff

1. The patient or his/her legal representative must give written consent for photography of the patient, except for Medical Photography. Medical photography is covered in the University's Terms and Conditions form given to all patients at first encounter in the ambulatory practices, and a separate consent form is not required.
2. If the images are intended to be used for educational purposes, the Consent Form should specify the purpose for the photography and inform the patient that he or she has the right to rescind such consent for use of the photographs until a reasonable time before the photograph is used, except to the extent that UCR Health or others have relied on it. Please refer to **Appendix A** for the UCR Health Consent for Photography and Use of Protected Health Information for Educational and Teaching Purposes.
3. If the images are intended to be used for media, community relations and other similar purposes, the patient must sign a consent form for use of the images. Please refer to **Appendix B**, Authorization to Use and Disclose Protected Health Information (PHI) For Media/Marketing and Other Related Purposes.
4. Before a recording of a patient can be made, anyone involved in the photography who is not already bound by a UCR Health Confidentiality Agreement must sign a confidentiality statement to protect the patient's identity and confidential information.
5. Written consent from the patient is required in advance of the photography, except in the limited circumstances if photography is performed by UCR Health faculty for research or teaching purposes, and it is not possible to obtain consent in advance.
6. The patient or the patient's personal representative shall be informed of photographing, filming or recording that occurred prior to obtaining the signed Terms

- and Conditions form.
7. In these limited circumstances when consent cannot be obtained in advance, the film or other media used for the photography, must remain in the possession of UCR Health and not used for any purpose, until appropriate consent has been obtained.
 8. If the consent is not obtained, then the patient's images must be removed from the photograph or film, or the photograph or film must be destroyed.
 9. Photography for research purposes must be included in the IRB approval for the protocol, and appropriate patient consent obtained as permitted by the IRB. The applicable HIPAA Research Authorization must also cover the use and disclosure of photograph(s). The photographs must stay with the protocol binder or medical record if for clinical care. Any additional uses of the materials may require additional authorization from the research subject.
 10. Research Subject Consent may not be required if the photography is used for research or teaching purposes and the patient is not identifiable. Photographs and images collected prospectively for a research project may require a waiver of authorization or consent from the IRB to collect and use the images. Research protocols requiring photography with patient identifiers as part of the study would have a patient consent and HIPAA Research Authorization for the use of PHI. However, the IRB approval for the protocol must still include the photography in the approved protocol.
 11. If the protocol requires the de-identification of the photographic images, the images must be de-identified by:
 - a. Masking of identifiable features so that the image is not recognizable; or
 - b. Removal of all labels containing patient name, medical record number, date of service, account number and any other unique identifiers. Refer to **Appendix C** which lists the 18 identifiers that must be removed in order to de-identify patient information.
 12. Photography is prohibited if in the opinion of the patient's attending physician, the photography will jeopardize the patient's condition or interfere with the care of the patient, or if the patient requests that the filming stop. The patient has the right at any time to request that the filming stop.
 13. Photography by outside organizations requires oversight by the UCR School of Medicine Communications Office. Anyone who films for commercial purposes who is not a UCR Health employee and not a member of the news media must sign an appropriate Visitor and Vendors Confidentiality Statement to protect the patient's identity and confidential information. News crews must wear proper media credentials.
 14. Such Photography must comply with UCR Health's Policy on "Permissible Disclosures of Protected Health Information ("PHI") to the Media and the Public" to protect patient privacy. Appropriate notice must be given if filming occurs in UCR Health facilities, such as posting signs in public areas. News crews must wear proper media credentials
 15. If the Photography includes third parties (other than the patient) such as staff, visitors, students or trainees, their written or verbal consent must be obtained, except in public areas. The third party may rescind their consent at any time. If such consent is not possible, the Compliance and Privacy Officer should be contacted. If it is determined that consent was not obtained, then UCR Health may retain the film, negatives, or other electronic media used for the Photography.

B. Medical Records

1. Patient photographs are subject to the laws governing confidentiality of medical information. The original Consent Form(s) signed by the patient authorizing the photography should be placed in the patient's medical record. A copy of the Consent Form should be maintained by the Department requesting the Photographs and a copy should be given to the patient.
2. For Medical Photography or abuse reporting, the photographs including any negatives should be maintained in the Medical Record.
3. Under no circumstances, will UCR Health workforce members post, distribute, send or otherwise disclose pictures of patients through email, internet postings or text or picture messaging via cell phones or other public forum.

C. All Staff

1. All photographs taken in any format must be secured according to the UCR Health policy "Use of Protected Health Information on Portable Computing Devices." For medical photographs taken on digital cameras, the electronic image on the camera must be deleted after the photograph is incorporated into the patient medical record.
2. For photographs taken for educational and research purposes, the information and images can only be used or disclosed as authorized by the patient in the applicable authorization and/or consent form and as per the IRB protocol approval. The Attending Physician and/or Principal Investigator are responsible for storage and safeguarding of the patient's photographic information until no longer needed or until the patient's authorization expires.

D. Abuse and Reporting Requirements

1. Physicians, Nurses
 - a. If the photographs will be used for purposes of diagnosing or reporting possible abuse, including child abuse, consent is not required. (See the Policies on Abuse for further instructions)
2. Physician Risk Management
 - a. If the patient's ability to give consent is impaired, and if the physician or law enforcement officer determines that photographs are necessary to preserve evidence of the patient's physical condition, the physician may authorize the photographs. The Compliance and Privacy Officer should be contacted as appropriate in these situations for further guidance.
 - b. The physician should document this determination in a dated and timed note in the patient's medical record. If a law enforcement officer requested the photographs, the officer's name and badge number shall be documented in the medical record.

VI. Forms/Instructions:

Terms & Conditions Form Consent for Photography and Authorization for Release of Photographs, Films, Medical Images and Other Multimedia for Educational Purposes
Consent for Photography for Media and/or Fundraising Purposes

Appendix A

Appendix B

Appendix C

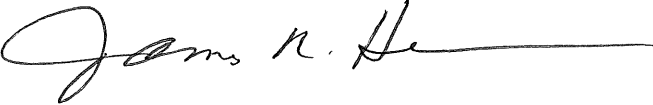
VII. Contacts:

Unit	Title	Phone
Compliance	Compliance and Privacy Officer	(951) 827-4672
Compliance	Privacy Analyst	(951) 827-7672
Communications	Communications Office	(951) 827-4598

VIII. Related Information: N/A

IX. Revision History: N/A

Approval(s)



James R. Herron
Compliance and Privacy Officer
School of Medicine

Appendix A

**CONSENT FOR PHOTOGRAPHY AND
AUTHORIZATION FOR RELEASE OF MULTI-MEDIA FOR EDUCATIONAL PURPOSES**

UCR Health Medical Record #

Patient Name:

Faculty Member/Attending Physician Name _____

Department _____

Telephone Number _____

Purpose: We ask your permission to take photographs, record films and/or create multi-media items that contain health information about you. The multimedia items will be taken or made during the course of a healthcare treatment at the UCR Health ambulatory practice. We want to share this health information about you with other individuals and entities either inside or outside UCR Health for educational purposes, so that other health sciences professionals and students can learn about your condition or disease. This will benefit other patients.

Confidentiality: You will not be identified by your name. Other people may recognize your face or voice or other information that is unique to you. The multimedia items will be edited and stored on a computer without your name.

Notice: UCR Health and many other organizations and individuals such as doctors, nurses, dentists, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Your Rights: You have the right to have the filming or photography stop at any time. Giving permission for us to use these items is voluntary. You may refuse to give permission without any penalty or loss of care or services. Your treatment, payment, enrollment and eligibility for benefits do not depend on your signing this permission form. If you have any questions about your rights, contact the Health Information Management Office, 900 University Avenue, Riverside, California 92521.

Expiration: Unless you revoke your permission earlier, this authorization expires on _____. If no date is indicated, this authorization will expire fifty years after the date of your signing this form.

I give permission for these multimedia items to be taken or made and used:

- Photographs: _____
- Videos/films: _____
- Audiotapes/audioclips: _____
- Radiographs and other medical images: _____
- Other multimedia items: _____

Health information regarding my medical condition or treatment to be released (please specify

the health information you authorize for release):

- Type(s) of health information: _____
- Date(s) of treatment: _____

I give permission to UCR Health to use these multimedia items for these educational purpose(s):

- Training of health sciences professionals at UC Riverside, including students, faculty and others in the UC Riverside School of Medicine (for example classroom lectures, faculty presentations, student projects, laboratory manuals, and online curriculum materials).
- Use in professional publications, presentations, textbooks and at professional conferences.
- Storage in repositories and databases of teaching materials for the health sciences.

Revoking Your Permission: You may change your mind and withdraw your permission for use of the photographs, films or other materials at any time, without any penalty or loss of care or services. To revoke your permission, write a letter, sign it and deliver it to the Health Information Management Office, 900 University Avenue, Riverside, California 92521.

The revocation letter will take effect when UCR Health receives it, except to the extent that UCR Health or others have already relied on it. If the multimedia items have been shared, it may not be possible to recall them.

I agree that UCR Health will own any and all rights in the multimedia items listed above. I waive any and all right that I may have in the use of my likeness or photographs. UCR Health will have the right to reproduce, distribute, sell, transmit, publish, exhibit, or otherwise use the multimedia items listed above. I will not receive any payment for any use of them.

I have read this consent about the use of multimedia items that contain my health information. I understand the permissions I am giving. My questions have been answered to my satisfaction and I agree to what this form says. I will get a copy of this consent.

Signature of Patient or Legal Representative Date

Relationship to Patient

Signature of Witness of Interpreter

Date

Telephone No

Signature of Person Obtaining Consent

Date

Appendix B

Authorization to Use and Disclose Protected Health Information (PHI) For Media/Marketing and Other Related Purposes

I authorize UCR Health to release my protected health information to (specify the name(s), the following news organizations or other outlets:

By signing this Authorization, I understand and agree that:

1. UCR Health may use my protected health information for the following purposes:

- Marketing (e.g. brochures, billboards, other advertisements about UCR Health Services)
- News Media/Documentaries (e.g. TV, newspapers, magazines)
- A media or entertainment consultant to obtain understanding of healthcare activities
- Other (specify) _____

2. The following types of protected health information may be used or disclosed by UCR Health:

- All of the following
- Name
- Street Address, City and State
- Phone Number
- E-mail Address
- Date of Birth/Age
- Photograph/Video Image
- Personal Story
- Diagnosis/Method of Treatment
- Date(s) of Treatment
- Other

3. Once UCR Health disclosed my health information to the general public, including member's of the news media or others who may widely distribute this information, UCR Health cannot guarantee that these recipients will not re-disclose my health information to others. Recipients of my protected health information may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.

4. I may refuse to sign or may revoke (at any time) this Authorization for any reason and that refusal or revocation will not affect the commencement, continuation or quality of my treatment at UCR Health.

5. This Authorization will remain in effect until the term of this Authorization (as set forth

below) expires or I provide a written notice of revocation to UCR Health Information Management Office at the address listed in Paragraph 6 below. The revocation will be effective immediately upon receipt of my written notice, except that the revocation will not have any effect on any action taken by UCR Health in reliance on this Authorization before it received my written notice of revocation.

6. If I have questions regarding this Authorization, or the use of my protected health information, or if I desire to revoke this authorization, I may contact UCR Health, Health Information Management Office: By telephone: (951) 827-7672. By mail: UCR Health, Health Information Management Office, 900 University Avenue, Riverside, California 92521.

TERM:

This Authorization will remain in effect:

From the date of this Authorization until the termination of the following fund-raising or marketing campaign:

Until (date) _____

Other: _____

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize UCR Health to use or disclose my health information in the manner described below.

Signature of Patient _____ Date _____
Print Name (Last) _____ (First) _____ (Middle) _____
Home Address _____

Home Telephone _____ Date of Birth ____/____/____

If patient is a minor or is otherwise unable to sign this Authorization, obtain the following signatures:

Signature of Personal Representative _____ Date _____
Printed Name of Personal Representative _____
Description of Authority _____
(Relationship to patient)

Appendix C

EXCLUDES	EXCLUDES	EXCLUDES
1. Names	7. Social Security numbers	13. Device identifiers and serial numbers
2. Street Address, City, State, Zip code *	8. Medical record numbers	14. Web universal resource locator (URL)
3. All Dates (including dates of treatment): Age <90: All elements of dates, except year; Age >89: All elements of dates including year	9. Health plan beneficiary numbers	15. Internet protocol (IP) address number
4. Telephone numbers	10. Account numbers	16. Biometric identifiers, including finger or voice prints
5. Fax numbers	11. Certificate license numbers	17. Full face photographic images and any comparable images
6. Electronic mail addresses	12. Vehicle identifiers and license numbers	18. Any other unique identifying number, characteristic or code