

UNMC Plastic & Reconstructive Surgery Residency Program Patient Photographs

The purpose of this policy is to establish specific guidelines for the use and handling of patient photographs taken in a clinical setting and for the sole purpose of teaching, staff development, medical/healthcare education, documentation, to enhance patient care and to ensure the responsible use of the various types of photographs in order to ensure employee and patient privacy, to comply with Health Insurance Portability and Accountability Act (HIPAA), protect patient health information (PHI) and other applicable law and regulations. This policy extends to all residents, fellows, medical students and staff taking and using patient photography as part of the UNMC Plastic and Reconstructive Surgery Residency Program.

Consents

Photographs taken for the purpose of teaching, staff development, medical/healthcare education or other purposes while in a clinical setting (clinic or operating room) must always have a valid, complete and duly authorized written consent on file.

- Patients over the Nebraska legal age of majority (19 years) may provide their own consent
- Patients under the Nebraska legal age of majority (under 19 years) must have a parent or legal guardian provide their consent
- A verbal consent is not a valid, complete and duly authorized consent
- Written consents must be documented in the patient's medical record
- Patient's name, date of birth and medical record number must be included
- Patient's legal parent or legal guardian information must be included (when applicable)
- It is the sole responsibility of the resident, fellow, medical student or staff taking patient photographs to follow the rules, regulations and/or photography policies as may be outlined by any/all other facilities while on rotation(s) as assigned by the UNMC Plastic Surgery Residency Program

Photographs for Medical Documentation

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

If the photograph is used to make medical treatment decisions, the photograph may be uploaded into the electronic health record. Both the photograph sender and receiver shall delete the photograph from the portable device when it is no longer needed for treatment purposes or when it is available in the electronic health record, whichever occurs earlier. (See *Nebraska Medicine, Policy IM24 – Electronic Communication of Protected Health Information and Policy IM12 – Use & Disclosure of Protected Health Information – PHI*)

Photographs may be released to only those who have authorization and used only for the purpose documented in the consent.

Photographs for Teaching, Staff Development, Medical/Healthcare Education and Research

All photographs should be taken in a manner that does not include patient identification when at all possible.

Photographs containing patient identifiers (full or partial face, tattoos, etc.), photographs must be de-identified when used for the purpose of teaching, staff development and medical/healthcare education and research.

Photographs that may include patient family, for example, mother/father/legal guardian and child, also require a consent from the family member present in the photograph.

Photographs that include faculty, staff, residents, fellows, students or employees require verbal consent.

Marketing

Photographs for the purpose of marketing shall be handled through Nebraska Medicine's Public Affairs office only and where proper consent shall be obtained.

Equipment

Equipment for taking photographs for the purpose of medical documentation, teaching, staff development and medical/healthcare education and research will be provided to the Plastic Surgery Residents by the program on or about their first day of training, July 1st and returned to the division upon completion of their training on or about June 30th of their graduating year. All equipment is cataloged

Equipment to be included:

- 35mm digital camera
- Battery and battery charger
- Digital memory card
- Portable reader (USB) for memory card
- Camera bag

The following apply for all photographs:

- All precautions must be taken to ensure there is limited or no risk to the patient
- Adhere to all infection control policies and procedures when taking photographs during surgical and other procedures

- Cellphone/smart phone, personal tablet or personal cameras to photograph or record a patient and/or any patient body part is prohibited
- No random photography is never permitted, such as common areas that would include other patients or others that have not provided proper consent
- Sharing of photographs on social media (Facebook, Twitter or other social networks) is strictly prohibited and considered a direct violation of HIPAA
- Use of photographic equipment should not disrupt or create a safety concern or violate the privacy of other employees, patients or visitors

Equipment Usage:

- Use of photographic equipment issued by the Division of Plastic Surgery may not be used for personal use
- Equipment when not in use must be secured at all times (i.e.; secured locker, locked desk drawer, locked file cabinet, secured office) see Transporting PHI policy.
- Equipment should never be left unattended in a common area such as a break room, employee lounge, hospital sleep room or unsecured area of a personal residence
- Never leave equipment in an unlocked vehicle, or on a seat visible to others even if the vehicle is locked
- Equipment that is lost, stolen or damaged will be the sole responsibility of the resident it was issued to, including but not limited to repair or full replacement of equal value
- If equipment does become lost, stolen or damaged, report this to the program director and/or coordinator immediately with a list of all possible photographs and patient information on the camera's memory card at the time

Electronic Media

Electronic transmission (email) is permitted if sent by using the secured UNMC email connection only. Images may only be shared with those who are involved with the patient's care, such as but not limited to, attending physicians, faculty or other clinical staff and division residents.

Any photos send via internet/telemedicine must be encrypted including any attached medical information, prior to sending.

Storing and Destruction of Photographs

All photographs must be moved from the camera's memory card on a daily basis and stored on the division's secured photography server "Mirror", the patients permanent medical file and/or the secured Department of Surgery's server (K:drive/plastics). Once the photographs have been successfully copied to the secured servers, all photographs on the memory card are to be

deleted permanently so the photograph may not be reconstructed at a later date or remain on the unsecured memory card for future viewing. This includes any and all videos if applicable.

All photographs taken for the purpose of teaching, staff development, and medical/healthcare education are required to be de-identified before they are stored to include removal of:

- Patient's face (full frontal or partial pose)
- Medical record number
- Patient's room number
- Any attribute that may identify the patient

Photographs taken for the purpose of the patient's permanent medical record will be stored in the patient's electronic medical record and must include:

- Patient's name
- Medical record number
- Date of photo

All consents must be obtained prior to the photographs being taken and must be filed with the patient's medical chart promptly after obtaining them.

Portable Devices (USB Flash/Thumb Drives)

Individuals are responsible for the security of any portable device and is required to follow all applicable security policies to implement physical and technical safeguards to protect the device and any data stored on the device.

- All devices must be encrypted and password protected
- Maintain documentation to demonstrate compliance (consents)
- Document all information and retain for your records in the event items become lost or stolen, information may be needed or requested by an investigation person or team
- Once photographs or recordings are no longer required on the device and has been properly stored, the individual is responsible for proper deletion of any and all information on the device



PT NAME
MR #

Requesting Physician/Service: _____

This is to certify that I/we the undersigned give my/our permission to the attending physician(s) and to the staff of Nebraska Medicine for any photographs/videos of me which the above parties may deem necessary.

The photographs/videos may be taken to monitor my progress, document a condition, or be used for education.

CONSENT

By signing here, **I CONSENT** to permit Nebraska Medicine personnel to take photographs/videos.

Patient's Signature: _____ Date: _____ Time: _____

In the event patient is a minor, unconscious or otherwise not competent to give consent: I, _____
 _____ the (relationship to patient) _____ of _____
 hereby give consent on his/her behalf.

Witness to Signature: _____ User #: _____ Date: _____ Time: _____

REFUSAL

By signing here, **I REFUSE** to permit Nebraska Medicine personnel from taking photographs/videos.

Patient's Signature: _____ Date: _____ Time: _____

In the event patient is a minor, unconscious or otherwise not competent to give consent: I, _____
 _____ the (relationship to patient) _____ of _____
 hereby give consent on his/her behalf.

Witness to Signature: _____ User #: _____ Date: _____ Time: _____