



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	GENERAL MANAGEMENT	CODE:	A-22
SUBJECT:	PHOTOGRAPHY, VIDEOGRAPHY, AND AUDIO RECORDING	EFFECTIVE:	08/2023
		REPLACES:	09/2022
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Definitions:

Photography: For purposes of this policy, the use of the word “photography” or any part thereof shall be defined to include motion pictures or still photography in any format, as well as video, disc, or any other means of recording and reproducing images.

Audio recording: For purposes of this policy is the use of any audio recording device

Identifiable photograph (in fixed or electronic formats):

Facial photographs (regardless of black bands across the eyes), patient details imprinted on photographs or patient information used in the discussion of the photograph (e.g., photographs used as part of case studies) or unique clinical situations where, because of the patient’s injury/illness/condition, the patient is otherwise subject to being identified.

Non-identifiable photographs:

Images deemed non-identifiable: Images for which patient details are removed before use or disclosure: radiological images (including MRI, CT, ultrasound); macro/micro photography of pathological specimens; ophthalmic photography, endoscopy, proctoscopy, and other types of similar images. Includes removal of photograph captions and patient-identifying case discussions about unique or rare patient’s injury/illness/condition, which may lead to identification of the patient.

Healthcare Operations:

Those functions in the delivery of health care that include:

- Conducting quality assessment and improvement activities
- Population-based activities related to improving health or reducing healthcare costs
- Protocol development
- Case management and care coordination
- Contacting of healthcare providers and patients with information about treatment alternatives
- Reviewing the competence or qualifications of healthcare professionals
- Evaluating practitioner and provider performance
- Conducting training programs
- Underwriting and other activities related to health benefits contracts
- Conducting or arranging for medical review, legal services, and auditing functions
- Business planning and development

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- Administrative activities, e.g., resolution of grievances
- Activities relating to the sale, transfer, merger, or consolidation of the covered entity
- Fundraising for the benefit of the covered entity.

Treatment: The provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient; or the referral of a patient for health care from one healthcare provider to another.

A. GENERAL PROVISIONS

1. Loma Linda University Medical Center (LLUMC) shall make the final determinations, when necessary, regarding issues of photography, videography, and/or audio recording at any of its sites.
2. LLUMC may, at its sole discretion, prohibit photography, videography, and/or audio recording it deems to be inappropriate (reference section J).
3. Patient photographs shall be taken only by authorized persons and for purposes as described in this policy. They shall include:
 - 3.1 The patient's physician, or
 - 3.2 An individual designated by nursing management or hospital administration or Marketing and Communications.
4. Recordings by LLUMC personnel of staff/physician conversations with patients or their families or representatives shall not be allowed without prior consent of staff/physician and the patient (and/or their families or representatives as applicable). Any other recordings of these conversations shall not be allowed.
 - 4.1 At the Behavioral Medicine Center Under no circumstance shall recordings of staff/physician conversations with patients, their family or representatives be allowed
5. Photographs capturing LLUMC medical equipment or devices and taken at sensitive areas of the hospital (e.g., OR, ED) are not allowed unless the request to photograph the medical equipment or device(s) and the private area is for a business purpose and has been approved by Administration.
6. Unless requested by the patient as stated in section E.1, workforce members are prohibited from photographing or video/audio recording patients or the patient's family

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members or visitors within LLUMC for non-clinical purposes, including, but not limited to

- 6.1 Taking pictures or recording video and/or audio for personal use or to share with family, friends and/or co-workers
- 6.2 Posting or transmitting the photographs over the Internet (e.g., texting, emailing, posting in social media sites or Apps) (reference [Social Networking and Media \(I-97\)](#)).

B. PHOTOGRAPHY EQUIPMENT

1. Use of any equipment other than that owned/authorized by LLUMC or individual or company contracting with LLUMC shall be prohibited unless LLUMC-owned equipment is unavailable or not in proper working condition. This shall include any electronic devices, including digital cameras and cell phones. Exception granted only to physicians and/or authorized staff using devices pre-configured with Epic applications approved by LLUH Information Services department (e.g., Haiku, Canto) which upload the photographs directly into the patient's record. The photograph taken by LLUMC or non-LLUMC equipment must be deleted or destroyed immediately after the photograph being taken and entered into the patient record or upon completion of the consented/authorized purpose.
2. The use of LLUMC owned/authorized photography equipment that has been pre-configured by LLUMC Information Services department with the appropriate Epic application (e.g., Haiku, Canto) is required for taking demographic photos of patients to be used in the electronic health record for identification purposes.

NOTE: For photos requested by the patient and/or his or her family that are not for LLUMC uses, the patient's own photography equipment shall be used and the activity shall be in accordance with section E.1.

3. LLUMC shall retain the right to sequester photographic equipment/devices that may contain identifiable photographs until proper consent/authorization is obtained or the photographs are deleted.
4. Line powered audio-visual equipment shall be inspected and approved by Clinical Engineering Department prior to use in patient care areas.

C. CONSENT FOR PHOTOGRAPHY OF PATIENTS

1. Except as otherwise described in this policy, consent shall be required for each photograph or series of photographs (identifiable and non-identifiable) and shall be obtained prior to taking the photograph or series of photographs (reference forms

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[English Version](#) and [Spanish Version](#)). Consent for use of the photographs shall remain valid unless the consenting person withdraws consent for future use or requests cessation of the photography while it is in progress. LLUMC shall not be liable for information that has already been released in response to a prior authorization.

1.1 Consent shall be obtained retrospectively when the patient is unable/unavailable to consent only if:

a. The photograph is required for patient care or legal documentation of the patient chart and

1) Consent is obtained as soon as is reasonably practicable or,

2) The chart is documented to reflect the reason consent could not be obtained and the attempts that were made to obtain retrospective consent, in which case the use of the photograph shall be restricted to the patient chart.

b. The photograph is required to capture an unusual and significant case for internal training and education purposes, and

1) Waiting to obtain consent will reduce the effectiveness and significance of the photograph for the patient care or teaching experience, and

2) Consent is obtained as soon as is reasonably practicable and,

3) The recording or film remains in the organization's possession and is not used for any purpose until consent is obtained, or

4) The recording or film is either destroyed or the non-consenting patient is removed from the recording or film if retrospective consent cannot be obtained.

1.2 Photographs taken under the provisions of the signed Conditions of Treatment shall not require a separate consent.

a. Patient photographs taken exclusively for identification purposes in the patient's electronic health record do not require a separate written consent. However, verbal consent from the patient shall be obtained, and the patient may decline to have their photograph taken. Refer to Section D on this policy for more details.

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2. Photographs taken for marketing or philanthropy purposes shall require consent for such purposes. Use of existing photographs for marketing shall require either verification of prior consent or the signing of a new consent.

D. PHOTOGRAPHY OF PATIENTS FOR IDENTIFICATION PURPOSES

1. Photographs of patients for identification purposes taken by authorized individuals or uploaded directly by patients (e.g., MyChart or MyChart Bedside) shall meet the Guidelines A-22.A, "Guidelines for Demographic Patient Photos" prior being incorporated into the patients' electronic health record.
2. Only designated/authorized individuals shall take pictures of patients for identification purposes or accept pictures uploaded by patients via MyChart or MyChart Bedside.
3. Prior to being accepted into the patient's electronic health record, pictures uploaded by patients shall be validated in-person by verifying and comparing it with the patient's physical appearance and a government issued photo ID or another form of non-photo ID in accordance with the terms of LLUMC Policy [Identity Theft Prevention, Detection, and Remediation \(E-11\)](#).
4. Photographs taken or uploaded that are not within the guidelines A-22.A or that have not been properly validated shall be reported to the Health Information Management (HIM) Number Control department.
5. Patients may decline to have their photograph taken on-site. Patient shall be asked at subsequent visits if the photo may be taken, and an attempt shall be made to explain to patients the benefit of having their picture placed in their electronic health record as stated in the Note below.

Note: Purpose for taking and inserting patient demographic photograph in the electronic health record: LLUMC is committed to providing quality care to patients, which includes verifying the correct patient is being treated. Having a picture of the patient in their EHR will drive the quality of care and the quality of patient interactions in addition to protect the patient and the organization against potential medical identity theft and misrepresentation.

E. PHOTOGRAPHY OF PATIENTS AT THEIR REQUEST OR PHOTOGRAPHY BY PATIENTS, FAMILY MEMBERS, OR VISITORS

1. Photographs requested by the patient/parent/guardian/conservator for their own personal use shall not require consent as long as taking the photograph does not interfere with the operations of LLUMC or its services to patients, or does not violate any other LLUMC policies or the privacy of other patients. Patient photograph cannot include information or the image of other patients, visitors or workforce members without their express

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consent. Patient photography is limited to patient rooms and/or discrete patient treatment areas. If taking the photograph interferes with the operations of LLUMC or its services to patients, or violates the spirit or intent of LLUMC policy, it shall be stopped and the issue referred to Administration.

NOTE: Photographs of deceased patients by LLUMC or at the direction of LLUMC for use by family members should be allowed only upon completion of the appropriate consent.

2. Patients and/or visitors may not use any type of recording device (audio or video) to capture or record any conversations with providers, nurses, or other clinical staff unless all parties are aware of and consent to the recording. No other type of recording of LLUMC personnel, equipment, or facilities is allowed without prior authorization (reference section J).

F. PATIENT AUTHORIZATION TO USE OR DISCLOSE PHOTOGRAPHS

1. Patient authorization to use or disclose photographs shall be obtained in addition to verbal consent in the following circumstances:

1.1 A photograph of a patient or a part of his or her body is patient-identifiable, and

1.2 The photography (identifiable or non-identifiable) is to be transmitted electronically (e.g., text messages, email), used or could potentially be used for public relations, marketing, news media, philanthropy, research, case studies, journals and other publications, Internet postings in websites, social media sites and Apps, or video for community education and teaching, professional education (e.g., conferences symposiums, other presentations) and training activities in which students are not learning under supervision, and any other activity that is not considered treatment, payment, or internal healthcare operations.

2. The use or disclosure of a patient photograph (identifiable or non-identifiable) for treatment, payment, and internal healthcare operations, e.g., training of students, shall not require patient authorization. However, consent shall be required to take the photograph as described in pars. C.1- C.2.

Reference: FAQs and Quick Decision Tool about patient photographs:

<https://one.lluh.org/vip/Departments/LLUSS-Departments/HIPAA-Information/Privacy/Supplemental-Learning-Modules/Patient-Photographs>

G. PHOTOGRAPHY OF PATIENTS AT REQUEST OF SOMEONE OTHER THAN PATIENT OR PATIENT'S AGENT

1. Photographs of a patient to be used for public relations, marketing, philanthropy, patient education and safety, news media, medical education, or research purposes may be taken if the patient/parent/guardian/conservator signs a consent form.
 - 1.1 Photography of a patient by news media may be allowed if:
 - a. In the opinion of the attending physician, the patient's condition will not be jeopardized; and
 - b. The patient or his or her parent, guardian or conservator consents by completing the designated form.
 - 1.2 For photography of patients by law enforcement agencies (reference [Policy Police Cases - Rights of Patients and Responsibilities of Personnel \(M-13\)](#)).
 - 1.3 Photography of a patient by an instructor in a hospital-based clinic for purposes of peer review and resident education may be allowed if:
 - a. Informed consent is obtained prior to each clinic appointment in which photography will be done. Such consent shall be obtained by completion of the appropriate consent.
 - b. Cameras and/or equipment are positioned in a manner to preserve modesty. Patient's genitals, breasts, etc., shall not be photographed unless it is specifically needed for educational purposes.
 - c. Photography is utilized and managed within the scope of the quality improvement program and thus considered confidential and privileged.
 - d. Professional staff attending physicians/residents/nurses are educated regarding the confidentiality of photography of patients.
 - e. Supervision of live photography session is done by the attending physician or faculty member who is supervising the physician examining/treating the patient.
 - f. Photography is kept in a locked and secure location and under secure supervision of the service residency program director.
 - g. Videos are erased within 15 days, or at the completion of the peer review process, whichever is earlier, unless such material is used for educational purposes, in which case such material shall be kept under secure supervision of the service residency program director or faculty member.

- h. Photography is restricted to review only by the supervising faculty and the physician or student directly involved in providing care to that specific patient, or to students supervised by the faculty member.
- i. QI issues identified through this process shall be presented for discussion in the service-specific QI Committee, with documentation and follow-up as indicated.

NOTE: Exceptions to the provisions of G.1.3. and G.1.3.a are video electroencephalography monitoring and documentation of movement disorders.

- 1.4 For photography of suspected victims of child, elder, or dependent adult abuse:
- a. Consent need not be obtained for photographing victims of child, elder, or adult abuse, or for disseminating such photos with the reports required by statute.
 - b. Persons who are legally mandated to report incidences of suspected abuse may order photographs taken of the patient/possible victim.
 - c. Photographs shall be taken for the purpose of assisting the investigating agency and providing documentation if a question should arise in the future regarding the justification for any report made by the hospital, care custodian, or the health care provider.
 - d. Persons required to report incidents of suspected abuse are immune from any civil or criminal liability for taking photographs of suspected victims and/or for including the photographs with the mandatory report.

NOTE: The law does not grant immunity from liability for any use of such photographs beyond that set forth above.

H. CONDITIONS FOR USE OR DISCLOSURE OF PHOTOGRAPHY

1. Photographs shall not be used for any purpose other than for which the original consent/authorization was granted, unless further consent/authorization is obtained.
2. Photographs taken for patient identification purposes or photographs directly uploaded by patients to their electronic health record (e.g., MyChart, MyChart Bedside) shall be for internal use only and shall not to be disclosed to third parties without patient's signed consent/authorization (reference section D).

3. Photographs shall not be disclosed to any individual, class of persons, or entity other than the individual, class of persons, or entity described on the original consent/authorization, unless further consent/authorization is obtained.
4. Photographs that do not have patient consent to take the photograph or patient authorization, as applicable, shall not be used.
5. When indicated, photographs shall be uploaded to and stored on LLUMC owned/approved computers with the assistance of the Information Systems (IS) Department. Requests for remote access to stored photographs shall be made through the IS Department.
6. Photographs shall be deleted from cameras and camera equipment upon successful upload and storage of the photograph to an LLUMC owned/approved computer.
7. Photographs that have any explicit or implicit connection whatsoever to LLUMC or its related institutions, functions, or activities shall not be sent to third parties in any form (e.g., mail, text messages, email) and posted or published on public Internet websites, social media sites and Apps, or Intranet without approval from Marketing and Communications and/or the Compliance Department except as in compliance with Policy [Social Networking and Media \(I-97\)](#).
8. Photographs taken for research purposes shall be done in accordance with proper research protocol and approval of the Institutional Review Board.
9. Photographs taken for media, public relations and philanthropy purposes shall be done with approval from Marketing and Communications and in accordance with LLUMC Policy [Uses and Disclosures of Protected Health Information \(D-5\)](#).
10. Photographs taken for law enforcement purposes shall be done in accordance with LLUMC Policy [Police Cases - Rights of Patients and Responsibilities of Personnel \(M-13\)](#).

I. PATIENT PHOTOGRAPHY ON HELIPORT

1. No persons, including news media photographers and reporters, shall be allowed access to heliports or designated landing sites for purposes of photography without prior approval of or compliance with:
 - 1.1 Marketing and Communications and
 - 1.2 Security Department

1.3 The patient or the patient's parent or guardian or conservator as evidenced by completion of the appropriate consent form.

1.4 LLUMC Policy [Heliport Operations \(T-26\)](#)

a. Only Emergency Department, Security and Transport personnel shall be allowed on the heliport or within the landing site perimeter during helicopter operations (no students are permitted). Other personnel may be granted permission only by the Department of Security or LLUMC Administration, based on a specific need.

b. News media personnel are required to avoid interfering in any way with patient care.

2. Under no circumstances shall any persons be allowed access to heliports or loading sites for purposes of photography if the patient:

2.1 Or parent or guardian or conservator requests confidentiality.

2.2 Is a psychiatric patient.

2.3 Is being hospitalized due to alcohol or drug abuse.

2.4 Has been sexually assaulted.

J. LLUMC RIGHT TO STOP/PROHIBIT PHOTOGRAPHY

1. LLUMC Administration reserves the right to prohibit/stop any photography and/or audio recording it deems inappropriate even if consented to or requested by the patient or the patient's parent (if patient is a minor), guardian, or conservator, or the patient's family member or visitor.

1.1 The patient's physician (attending, resident or consultant), other health care provider or caregiver may refuse the request of a patient, a patient's parent(s) (if a minor), guardian or conservator, or a patient's family member or visitor to photograph the patient and/or the treatment or procedure, and may prohibit or stop such photography if, in the opinion of the physician, other health care provider or caregiver, such photography may interfere with the patient's care, the operations of LLUMC, and/or services provided to other patients.

1.2 In such case, if the person(s) requesting that photographs be taken, or if photography is occurring and such person refuses to comply with the request to stop, LLUMC Administration and Security shall be called to provide assistance in resolving the matter.

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K. PHOTOGRAPHY OF EMPLOYEES

1. A completed, signed consent form giving LLUMC permission to photograph and publish an employee's likeness shall be obtained from the employee before LLUMC or any party may use the employee's picture in any way. This requirement shall not apply to employment-related photographs such as, but not limited to, the employee ID badge.
2. A completed signed consent form giving the patient, parent, guardian, conservator, friend, family, news media permission to photograph an employee's likeness shall be obtained from the employee before the photograph is taken.

NOTE: If an employee refuses to give consent, no one shall have the right to require such consent except as related to his or her employment.

Reference: [Information Classification and Protection \(E-12\)](#)
[Digital and Media Production at LLUMC \(A-44\)](#)
[Police Cases - Rights of Patients and Responsibilities of Personnel \(M-13\)](#)
[Unmanned Aircraft Systems, Drone Usage on LLUMC Property \(T-76\)](#)

APPROVERS: LLUMC Chief Executive Officer, LLUMC Hospital Cabinet, LLUMC Medical Staff President and Chair of MSEC,, Medical Staff Executive Committee, Senior VP Patient Care Services



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SUPPLEMENTAL MATERIAL

CATEGORY:	GENERAL MANAGEMENT	CODE:	A-22.A
SUBJECT:	GUIDELINES FOR PATIENT DEMOGRAPHIC PHOTOS	EFFECTIVE:	08/2023
		REPLACES:	09/2022
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These guidelines apply to the following:

- Photos captured by staff through Epic apps, e.g., **Haiku**, **Canto**, etc.
- Photos submitted by patients through their **MyChart** or **MyChart Bedside** account that require approval by staff

Please be aware that patient photos captured through Haiku or Canto may be automatically designated by the system as their MyChart account photo.

Verify the Patient's Identity

- Photos must only be accepted into the patient's electronic health record by authorized staff and only after careful validation of the identity of the individual owner of the record, in accordance with the terms of policy Identity Theft Prevention, Detection, and Remediation (E-11).
- This validation must be done in-person and upon verification and comparison between their physical appearance and a government issued picture ID (e.g., Driver's license, ID)

Composition

- Make sure the photo presents the full head from the top of the hair to the bottom of the chin
- The head must be centered within the frame of the photo
- The person needs to be close to the camera to allow a good composition

Pose and Clothing

- The person in the photo should have a neutral facial expression (preferred) or a natural smile, and with both eyes open
- The person should be facing the camera
- If the person wears glasses, the lenses may not reflect light from the room or the flash
- No sunglasses
- No headgear such as hats, caps, helmets, masks **except items used for religious or medical purposes**

Technicalities

- Avoid bright reflections or shadows cast on the person's face
- Preferably, the photo should be taken in front of a plain white or off-white background such as a wall or partition
- When a plain background is not available, ensure that no other individuals or confidential or proprietary information are captured in the photo (behind the person)

Inappropriate Photos

- Photos of pets, cartoons, or any items/objects not representative of the patient should not be accepted for use in the patient’s chart
- Photos that are digitally altered, transformed, or manipulated should not be accepted for use in the patient’s chart

Examples



** Please report questionable or inappropriate photos to HIM Number Control at x58235 or at NumberControl@llu.edu **

Special Considerations for Clinical Areas

Patient Condition and Situations When to Defer Taking the Photo

- Patients must be fully clothed or gowned
- Patients must be awake and alert to provide verbal consent to have their photo taken
- Patients must not have visible wounds or bruises on their face
- Use the camera’s zoom function (up to 50% zoom) to fill the photo frame with the patient’s face to avoid distortion and to allow for some personal space between the patient and the camera

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- Designated staff must use personal discretion and/or professional judgment to determine if patient's condition and appearance is suitable enough for use as a patient photo according to pre-established guidelines
- On occasion, designated staff may temporarily defer taking the photo to a time that is clinically appropriate. If a photo is temporarily deferred, the patient's EMR will not change in appearance and photo will not be added. Staff will reassess the patient as soon as the situation for deferral has passed, and request to take the patient's photo as appropriate.

Qualifying situations appropriate to temporarily defer taking a patient's photo include but are not limited to:

- Clinical Situations
 - Patients in the (ED) for psychiatric evaluation – defer if taking a photo may escalate the situation
 - Patients in airborne isolation status where a computer on wheels would be necessary to get a photo
 - Patients in an emergent situation (patient bypasses registration/admissions due to emergency situation)
- Non-Clinical Situations
 - If a photo refused by the patient/legally authorized representative
 - If taking a patient's photo is creating anxiety or frustration, the picture may be deferred to a later time

Medical Equipment in Photos

- Generally, non-invasive medical equipment that does not obstruct the patient's face is acceptable to include in a photo Examples of these devices include:
 - ECG leads should be reasonably covered by the patient's clothing or gown
 - Gurney straps and nasal cannulas are acceptable to be included in the photo
- NOTE: The photo should be taken again when such equipment is removed.
- Exceptions:
 - Patients with bandages, gauze, etc. obstructing their face
 - Patients with neck braces



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SUPPLEMENTAL MATERIAL

CATEGORY:	GENERAL MANAGEMENT	CODE:	A-22.B
SUBJECT:	RECORDING PATIENT SESSIONS-STUDENT AND CLINICAL THERAPIST TRAINING AND PROFESSIONAL DEVELOPMENT AT BEHAVIORAL MEDICINE CENTER	EFFECTIVE:	08/2023
		REPLACES:	---
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PRIOR TO INTERVIEW

1. Equipment (camera and memory card) used for student training and professional development with BMC patients will be done with BMC equipment only. This equipment will be stored in in a locked file cabinet in the Director of Clinical Training office.
2. Students and therapists will be able to reserve the equipment by sending an email to the Director of Clinical Training one (1) week prior to videotaping. The date and time of videotaping must be included.
3. Students and therapists will have the patient complete the “Patient Authorization to Disclose Protected Health Information for Academic Presentation and Professional Development Training” form (#1191). The completed form must be presented the Director of Clinical Training.
 - 3.1. The Authorization form will be kept with the patient’s chart until the patient is discharged and then it will be scanned with the patient’s electronic medical record. The patient is entitled to have a copy of the authorization form.
 - 3.2. The Authorization form will remain in effect until the date the patient indicates on the form. If additional videotaping is done by the same student with the same patient, a new authorization form must be completed. Each taping must be individually authorized and signed for the patient and/or guardian.
 - 3.3. Students and therapists are not permitted to keep copies of the authorization forms; therefore, they must be aware of the date the recorded session(s) will be destroyed.
4. Students and therapists will make arrangements for the location of the videotaping as discussed with the Director of Clinical Training.

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DAY OF INTERVIEW

5. On the day of the interview, the student or therapist will check out the equipment from the Director of Clinical Training.
 - 5.1. Media containing patient information that is taken outside of the BMC building must be transported in a locked brief case. The Director of Clinical Training program will provide the locked brief case for transportation.
6. After the videotaping session (same day), the student or therapist must return the camera and the used memory card to the Director of Clinical Training.
7. Upon receiving the used memory card, the Director of Clinical Training will label it with the patient name, medical record number, student/therapist name, date, time of recording, and name of the clinical supervisor.

CLASS PRESENTATION

8. When the recorded session is needed for a student presentation or professional development, the student or therapist will check out the memory card from Director of Clinical Training.
 - 8.1. The memory card may be checked out for a period of time not to exceed 48 hours unless exceptional circumstances are discussed with the Director of Clinical Training.
 - 8.2. Transport of the memory card must be done according to the process outlined in par. 5.1.
9. The Director of Clinical Training will store the memory card in a secured area within the department until the date of destruction as identified on the Authorization form.
10. The Director of Clinical Training will erase the memory card on the date identified on the Authorization form(s).
 - 10.1. A "Certification of Destruction" will be completed at the time the cards are erased and will be maintained by the Director of Clinical Training.