Submission ID:
For CEO's Office Use Only

USF Health Care

New:	☐	Revised:	☒	Supersedes:	07/15/20

Internal Guideline and Procedure Name:	**Photography, Videos, and Audio Recordings of Patients**		
Responsible Office:	Privacy & Healthcare Civil Rights Compliance Program (PHCR)		
Submitted By:	Barbara Wolodzko	**Title:**	Privacy Officer

Review/Approvals:	***Committee Name and/or CEO Name:***	**Date Approved:**
Oversight Committee ***(if applicable):***		
Sr. Assoc. Vice President, USF Health Chief Operating Officer, USF Health CEO, UMSA	Renee Dubault	
USFHC Finance, EMC or CLB ***(if applicable)*****:**		

OBJECTIVES AND PURPOSES:

To establish standard practices and procedures for photographing, videotaping or making audio recordings of patients within USF Health clinical areas.

STATEMENT OF INTERNAL GUIDELINES.

Patient written consent is required prior to taking a photograph, videotape or audio recording of a patient. Photographs, videotaping and/or audiotaping used for treatment must be made part of the medical record. While taking photos, videos or audiotapes, the care of other patients should not be disrupted and the privacy of other patients and workforce members should be protected. No photographing, videotaping or audiotaping is permitted during a patient emergency or resuscitation. When utilizing a personal electronic device, such as a smart phone or iPad, to take a patient's photograph related to treatment, Haiku should be utilized to secure the patient's photograph in the electronic health record (Epic).

Photographs, videotaping or audiotaping for use in the news media is to be conducted in consultation with the USF Health Office of Communications and Marketing.

AREAS OF RESPONSIBILITY FOR IMPLEMENTATION.

1. Written Consent Required: Obtain the patient's written consent before taking a photograph, videotape or making an audio recording of the patient. If the photograph, videotape or audio recording is treatment related, the USF Health ***"Consent for Photograph, Video and or Audiotape"*** form must be used. See Attachment A. If media related, please reach out to USF Health Communications & Marketing for the appropriate consent form.

2. Consent Not Required: The following situations may not require a patient's written consent and these exceptions should be reviewed by the USF Office of the General Counsel or the Privacy & Healthcare Civil Rights Compliance Program (PHCR) prior to proceeding with photographs, videotapes or audiotapes if there are any questions:

- Certain law enforcement investigations;

- Decubitus and wound documentation;
- Child abuse investigations; and
- Patient/infant identifications.

3. Documentation in EPIC: The signed consent form must be scanned into the patient chart or there must be documentation as to why the patient consent was not required.

4. Minor Patient: if the patient is a minor, verify the identity of the parent/legal guardian signing on behalf of the minor.

5. Photographs Taken via a Personal Electronic Device: When taking a patient's photograph utilizing a personal electronic device, please follow the attached "***Haiku Tip Sheets"*** for information on the secure way to take a patient's photograph and how to upload the photograph into the electronic health record. See Attachments B & C.

RESPONSIBLE OFFICE - The preceding was developed by the Privacy Officer, USF Health Privacy & Healthcare Civil Rights Compliance Program (PHCR). Any questions or concerns should be directed to the PHCR at privacy@usf.edu or (813) 974-2222.

Prior approval: Revised for name change and contract information 02/27/24, Practice Leadership Team and USFHC CEO, Mark Moseley, M.D. 07/15/20, COO 07/12/16, AVP of QSR 07/06/16, and by USF Health PSAC 04/19/16.

CONSENT FOR PHOTOGRAPH,

VIDEOTAPE, and or AUDIOTAPE

Name of Patient: _____

Date of Birth: _____

I consent for medical photographs, videotapes, and or audiotapes to be taken of me or my child (or person for whom I am a legal guardian). I understand that the information may be used in my medical record, for purposes of medical teaching, or for publication in medical textbooks or journals as I have designated below. By consenting to these medical photographs, videotapes, and or audiotapes, I understand that I will not receive payment from any party. I understand that once photographs, videotapes and or audiotapes are published, they will remain in the public domain and any withdrawal of consent will have no effect on the information already use or disclosed. Refusal to consent to photographs, videotapes and or audiotapes will in no way affect the medical care I will receive. If I have any questions or wish to withdraw my consent for future use of the photographs, videotapes and or audiotapes I may contact: USFPG Clinical Operations Administration, 12901 North Bruce B. Downs Blvd., MDC 33, Tampa, FL 33612, (813) 974-2201.

By signing this form below I confirm that this consent form has been explained to me in terms which I understand and this consent is intended to release from liability all personnel of the University of South Florida, including but not limited to physicians, photographers, videographers, audiographers and/or personnel of the publication media and the publication media itself.

1) **Use for Medical Publication, Teaching, Medical Record:** I agree to allow photographs, videotapes and or audiotapes to be taken. I consent for these photographs, videotapes and or audiotapes to be used in medical publications, including medical journals, textbook, and electronic publications. I understand that the image may be seen by members of the general public, in addition to scientists and medical researchers that regularly use these publications in their professional education. Although these photographs, videotapes and or audiotapes will be used without identifying information such as my name, I understand that it is possible that someone may recognize me. I also agree for my image to be shown for teaching purposes and to be used for my medical record. I understand that once the photographs, videotapes and or audiotapes are published, they will remain in the public domain.

_____ (Signature) _____ (Witness)

_____ (Date) _____ (Date)

2) **Use for Teaching and Medical Record Only:** I agree to allow photographs, videotapes and or audiotapes to be taken. I agree for my image/audio to be shown or shared for teaching purposes and to be used for my medical record but not for medical publication.
_____ (Signature) _____ (Witness)

_____ (Date) _____ (Date)

3) **Use for Medical Record Only:** I agree to use of my image/audio for medical records only.
_____ (Signature) _____ (Witness)

_____ (Date) _____ (Date)

For patients ages 12 and up to age 18 years, a signature below by a parent or legal guardian indicates that the information in this form has been explained to the minor patient and the parent/legal guardian and that the parent/legal guardian agrees to the use of the minor patient's likeness and photographs, videotapes and or audiotapes as set forth above.

_____ _____ _____ _____

Signature of Parent/Guardian Date Witness Date

TIP SHEET

Haiku Image Capture and Routing (iPhone and Android)

Capture clinical images - iPhone

1. Search for the desired patient's record by clicking on the Search (magnifying glass) icon. See *Figure 1.*

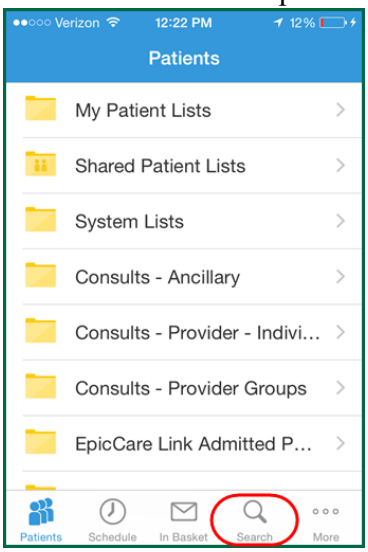


Figure 1: Search for the desired patient.

2. Either search for the patient from the **Search** tab or select a recently accessed patient from the **Recent** tab. The patient's chart will open.
3. Tap the **camera icon** that appears in the far left corner of the patient banner. See *Figure 2.* This will open the **Media Capture** activity.

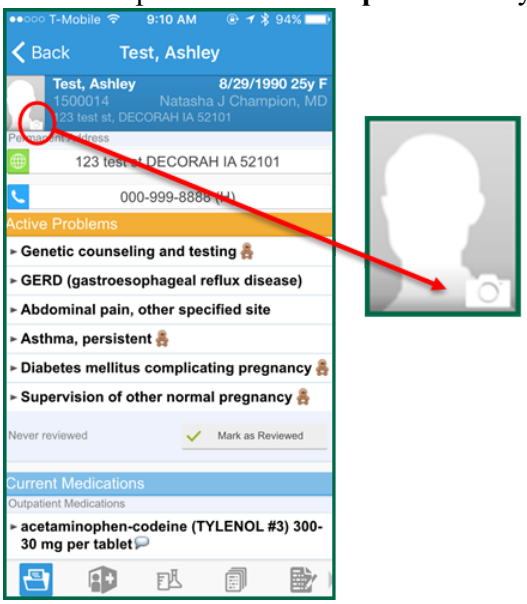


Figure 2: Camera icon to access the Media Capture activity.

4. In the Media Capture activity, tap **Take Clinical Image.** See *Figure 3*.

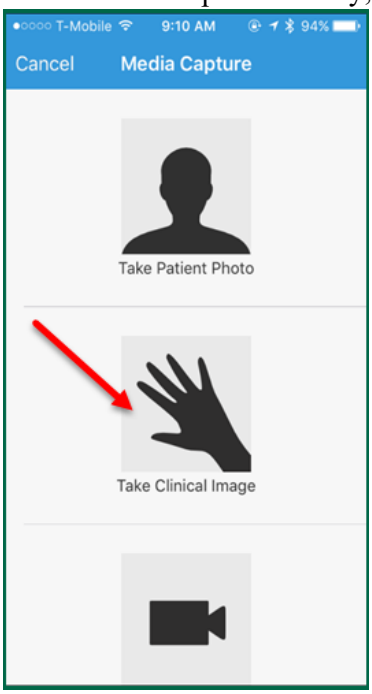
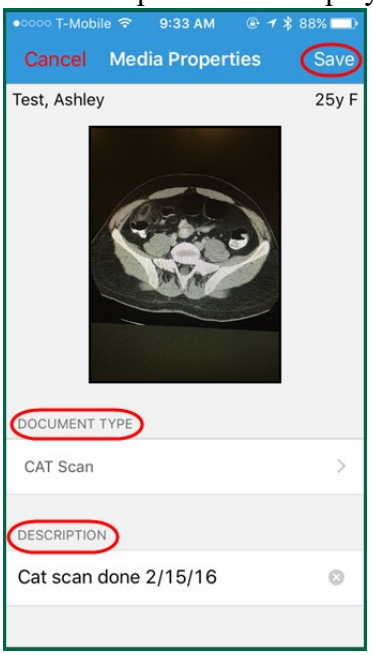


Figure 3: Take Clinical Image.

Haiku's internal camera will open.

5. Tap the shutter buttong to take a photograph of the desired image.
   Media Properties will display. See *Figure 4.*



6. Select a **Document Type.**
7. Enter a **Description.**
8. Tap **Save.**

The image can now be viewed in the Media tab of the patient's Chart Review. See *Figure 5.*

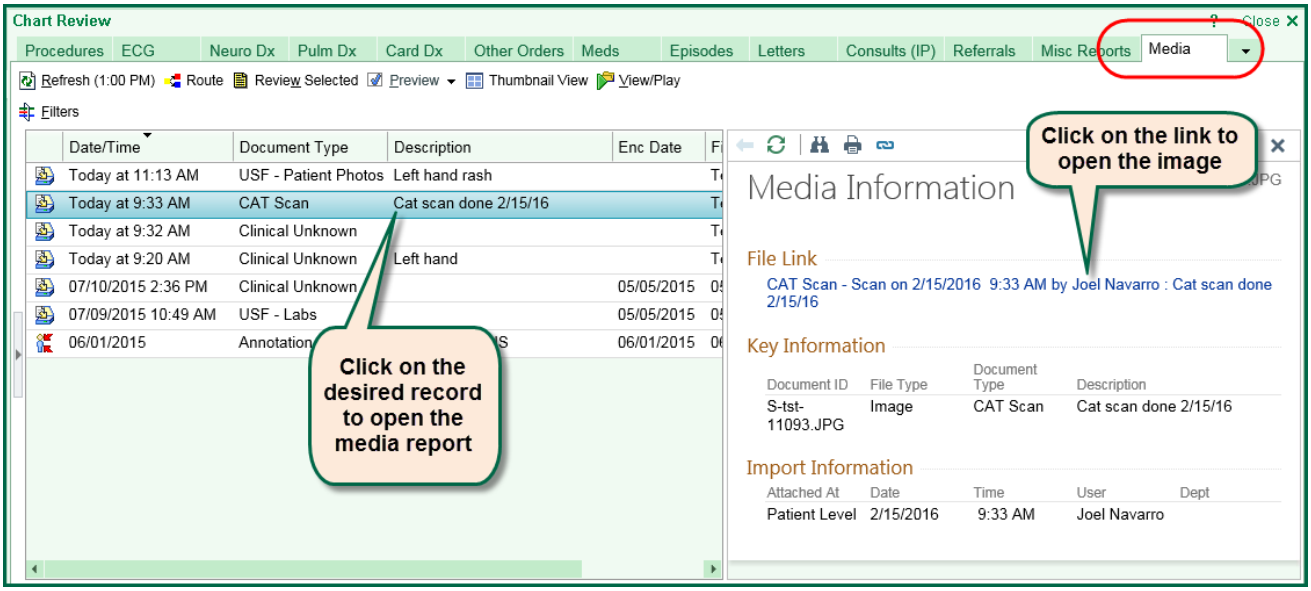


Figure 5: The image can be viewed from the Media tab in Chart Review.

Capture clinical images - Android

1. Search for the desired patient's record by clicking on the Search (magnifying glass) icon. See *Figure 1.*

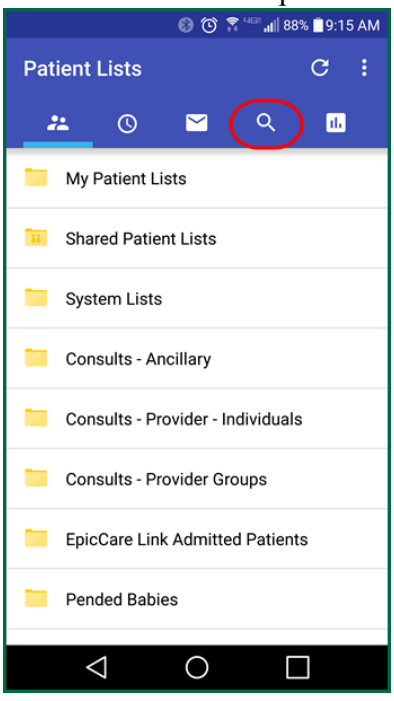


Figure 1: Search for the desired patient.

2. Either search for the patient from the **Search** tab or select a recently accessed patient from the **Recent** tab. The patient's chart will open.
9. Tap the **camera icon** that appears in the upper right corner, above the patient banner. See *Figure 2.*

This will open the **Media Capture** activity.

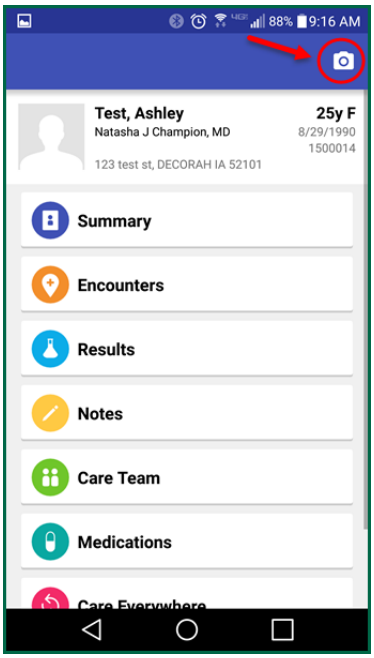


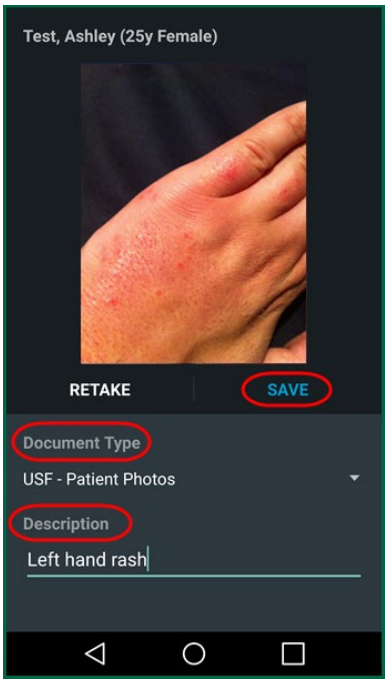
Figure 2: Camera icon to access the Media Capture activity.

3. In the Media Capture activity, tap **Take Clinical Image.** See *Figure 3*.

Figure 3: Take Clinical Image.

Haiku's internal camera will open.

4. Tap the shutter button to take a photograph of the desired image.
   Media Properties will display. See *Figure 4*.



5. Select a **Document Type.**
6. Enter a **Description.**
7. Tap **Save.**
   The image can now be viewed in the Media tab of the patient's Chart Review. See *Figure 5.*

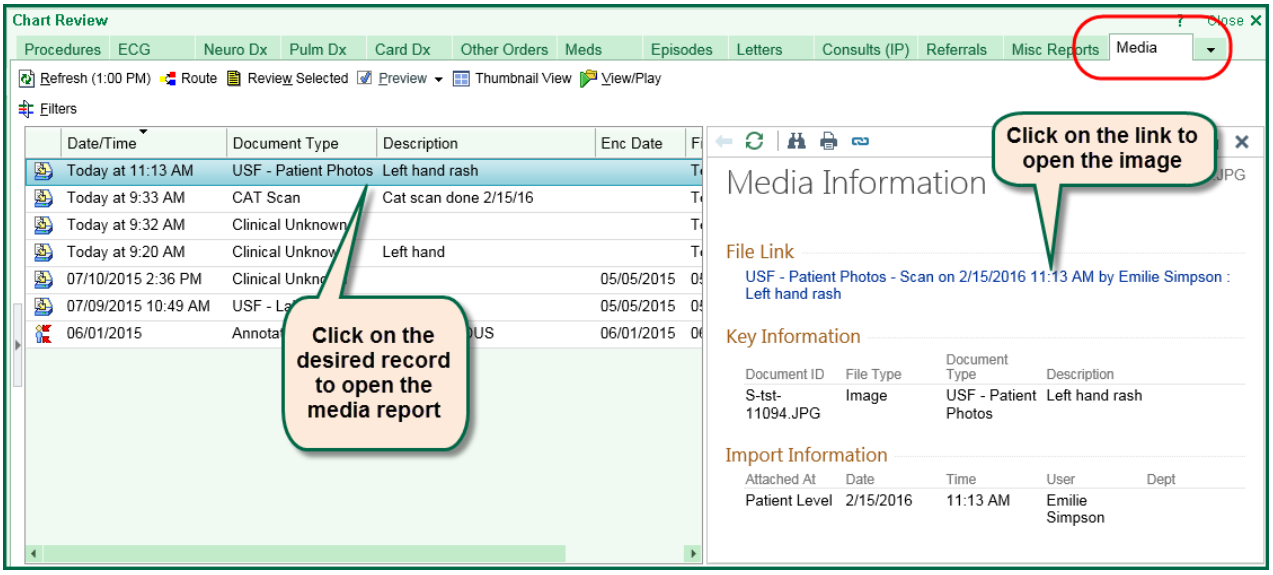


Figure 5: The image can be viewed from the Media tab in Chart Review.

Route an Image to an Internal Colleague

1. From the **Chart Review** activity, click the **Media** tab.
2. Click on the desired image to **select**.

3. Click **Route.** See *Figure 6.*

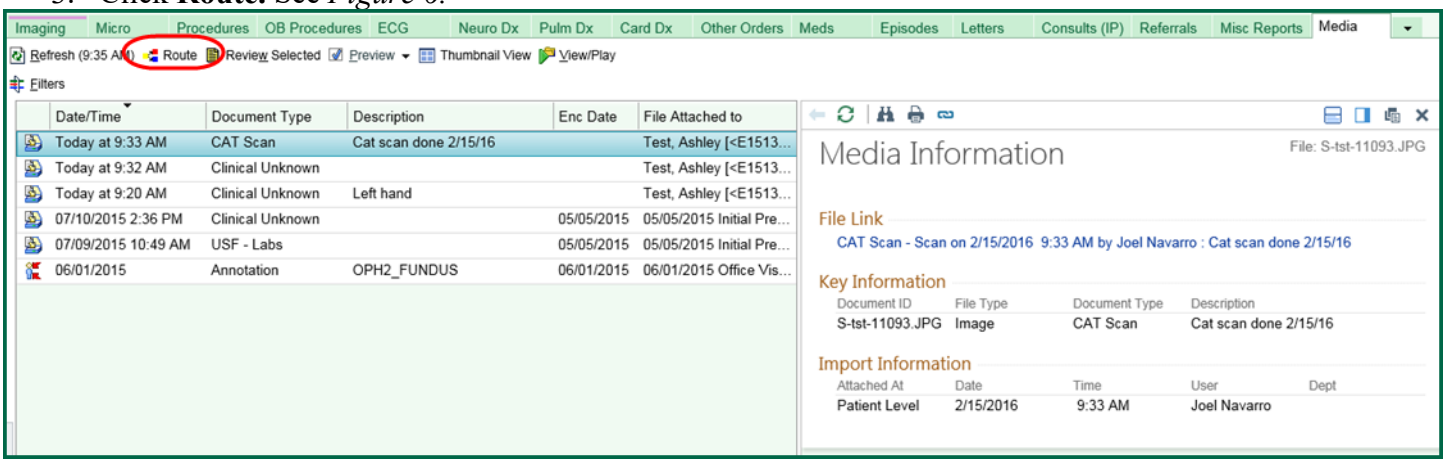


Figure 6: Route a Haiku captured image.

4. Select or search for a **recipient.**
5. Complete a Cover Letter if necessary.
6. Click **Send.**

TIP SHEET

Haiku – Import Image to a Note

1. To import an image captured by Haiku in to a note you must first **open an encounter** and **start a note.**
2. Click the **Insert Image** icon that appears in the note toolbar. See *Figure 1.*

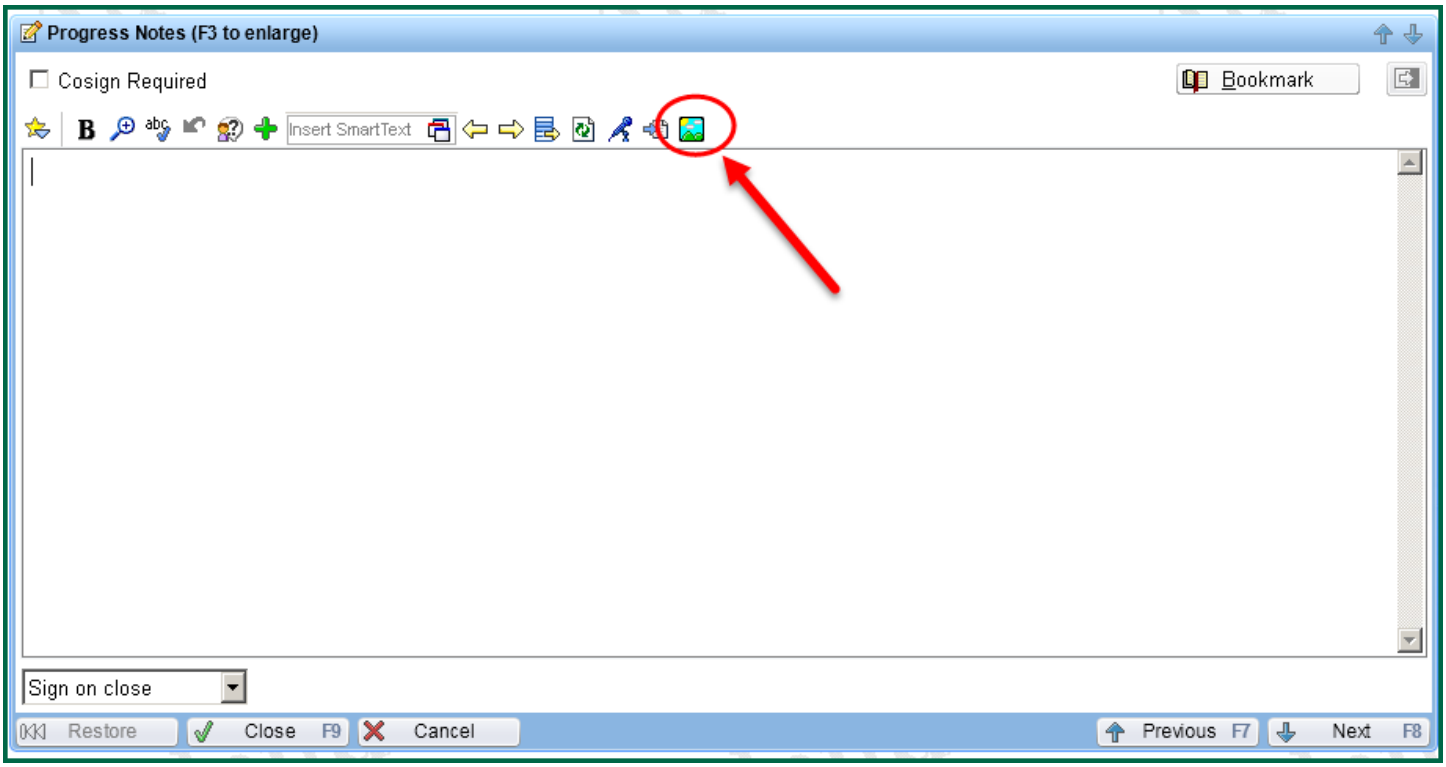


Figure 1: Insert Image Icon.

The image selector will open. See *Figure 2.*

3. **Select the image** to be inserted.
4. Click **Insert.**

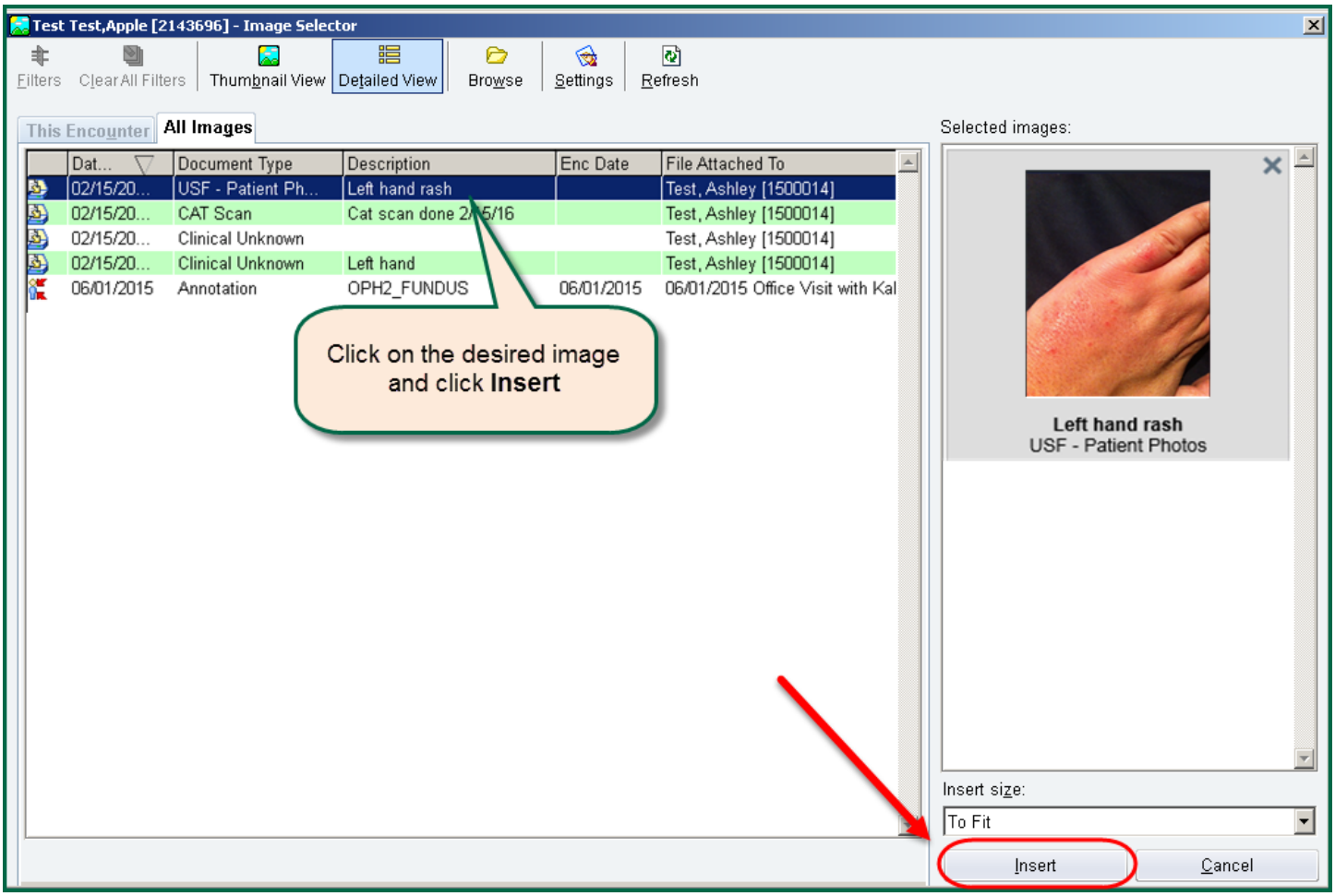


Figure 2: Image Selector.

The image will appear in the body of the note. See *Figure 3.*

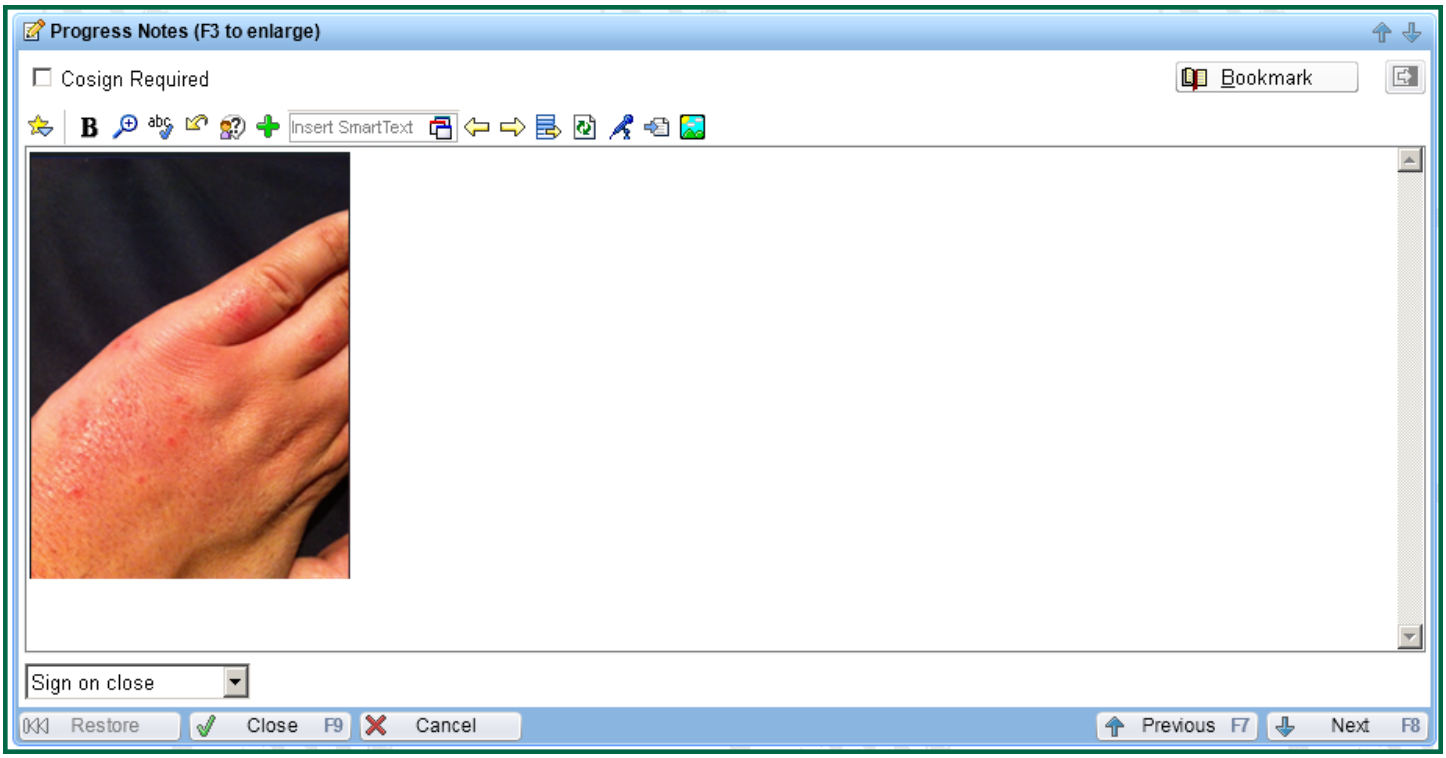


Figure 3: Inserted image in body of the note.