



521 4th Street Havre Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

Patient Photos in the Medical Record

Policy 5019

Purpose:

The purpose of this policy is to clearly define the process for placing a patient photograph into the medical record while still meeting the Health Insurance Portability and Accountability Act (HIPAA) regulations and other legal requirements.

HIPAA Requirements and Risks:

The HIPAA Privacy regulation identifies a full face photograph as Protected Health Information (PHI). Therefore, photographs of patient's faces should be protected. This means that patient's full face photographs that are taken by someone using a smart phone, stores PHI on that person's personal device. Unless the hard drive on the smartphone is encrypted, the loss or theft of the smartphone could be a breach of PHI. Additionally, if a personally owned digital camera will store a facial photograph on an unencrypted "card" on the camera, it will be storing PHI. If the digital camera is lost or stolen, it could result in a breach of PHI, and may result in civil or criminal charges.

Scope:

The scope of this policy is limited to photographs determined to be of clinical significance and for the purposes of identification of the patient, and placement of those photographs in the Patient Medical Record to enhance patient care.

Policy:

It is the policy of Bullhook Community Health Center (BCHC) to ensure that patient's photographs that are placed in the patient's medical record are protected from inappropriate disclosure by requiring that those photographs to be taken by a clinic owned device. Personally owned devices such as smart phones are not permitted to be used to take photographs of patients.

BCHC Recommended Workflow:

- 1) Provider obtains written consent from patient (or patient's legal guardian) to take a photograph of the patient. Consent will need to include information about what will be photographed. Consent will need to be limited to the date of the consent.
- 2) Signed consent is scanned into the patient medical record.



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- 3) Provider takes photograph using a "CLINIC ONLY" device, limiting patient identifying attributes as much as possible (i.e., face, tattoos, etc.)
- 4) iPad is connected to Workstation Computer
- 5) Image is located on Camera
- 6) Provider pastes photo into Progress Note utilizing copy and paste functionality directly from camera, without saving the image to desktop

BCHC Recommends NOT utilizing any of the following methods when photographing patients:

1. Utilization of personal smartphones
2. Utilization of personal digital cameras
3. Emailing photos to anyone using un-encrypted email
4. Saving a patient photograph onto a desktop computer or a laptop hard drive

Definitions:

1. PHI (Protected Health Information): any information, whether oral or recorded in any form or medium, that identifies or can readily be used to identify a patient; and directly relates to (1) the physical, mental or behavioral health or condition of the patient; (2) the provision of health care to the patient; or (3) payment for the provision of health care to the patient. PHI includes a full face photograph.
2. HIPAA (Health Insurance Portability and Accountability Act): Regulation requires protection of Protected Health Information (PHI) held by covered entities (hospitals, providers, pharmacies, etc.) and gives patients certain rights with respect that information. HIPAA is governed by the US Department of Health and Human Services (HHS).
3. Patient Health Record: Legal record containing documentation of patient care that is provided by health care professionals to a specific patient over time, including progress notes, photographs, telephone call notes, medications, test results, medical orders and reports.
4. Billing and payment information PHI: These documents and transactions will contain PHI and are protected under HIPAA.



BULLHOOK

Community Health Center

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Credent Date: 8-21-15
CHIEF EXECUTIVE OFFICER

[Signature] Date: 8-10-15
CHAIR, BOARD OF DIRECTORS

Date first adopted	6/24/2015 QI Committee	
Date revised		
New date adopted	7/13/2015	



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Policy 5019, Attachment A Medical Photography Consent Form

Patient Consent

I, _____
First Name Last Name DOB

consent to medical images and/or video being made of me or my child/dependent. I agree that duplicates may be made for the referring doctor.

Patient Name & DOB (If under 18):

First Name Last Name DOB

I agree that images may be: *(Please mark below to show consent)*

	Yes	No
...placed in my medical record for future treatment	_____	_____
...electronically emailed to my treating health professional	_____	_____
...used by health professionals for education and training	_____	_____
...used in paper or electronic health publications	_____	_____
...used in commercial broadcast	_____	_____
...used in marketing materials	_____	_____

By signing below, I confirm that I understand this consent form.

Signature of Patient/Parent Guardian

Date

Signature of Doctor/Health Professional/Staff (Include Title)

Date