

Using Clinical Photos in EHRs

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For most organizations, patient-identifiable source data include data from interpretations, summaries, or notes. These data are usually maintained within the originating department, separate from the HIM department and the health record, and sometimes in a different database. Examples include audio recordings of dictation and patient phone calls and video recordings of procedures.

Clinical photographs are often another key component. However, some organizations today struggle with incorporating patient photographs within the electronic health record (EHR).

As a nontraditional media, clinical photographs are often placed within the health record as an adjunct to clinical care; displayed to colleagues, students, and other audiences in education settings; and published in medical journals or other media as a part of medical research.¹

The patient within the photograph is often viewed as an interesting case, training scenario, or unusual finding—anything but a living person. As clinical care providers, the care and dignity of the patient should always outweigh any other interests.

HIM professionals should always remain a critical part of the utilization of patient photographs, protecting a patient's privacy, security, and confidentiality.

Many Shapes and Sizes

The size of a clinical picture is likely decided upon by the organization or the system's image capabilities.

The picture may be small, such as a small dermatologic lesion on the arm, or larger, such as a region of the body (e.g., the entire torso following a plastic surgery or the entire body, including the face, for identification of a pediatric patient). It may show clinical features of the patient or illustrate surgical procedures, techniques, or wounds. Given the various opportunities of picture size and configuration, clinical pictures can take on any number of sizes and shapes.

In addition, the location of the clinical picture can become an issue. Photographs may be taken pre-operatively while the patient is awake, intra-operatively while the patient is under anesthetic, in a patient's room, or in admitting. Given the multitude of media applications, photographs can be taken on digital cameras, camcorders, disposable cameras, or old-fashioned Polaroids.

Three Main Uses

The uses of clinical photos for healthcare purposes fall into three categories: education, publication, and documentation in the health record.

Educational photos are those used in academic programs in which photography is a part of medical training. Publication photos are those used in medical journals to describe a specific condition or illness. Documentation within the health record would include such uses as dermatological photos that document the size of a mole or decubitus ulcer or photos that document stages of reconstructive surgery.

Individual patient use of photography (e.g., filming the delivery of an infant) is not considered clinical photography and should be covered in a separate organizational policy.

Every organization should consult with legal counsel to identify and clearly communicate the types of photographs that will be allowed. Policy should also differentiate between clinical photography and patient photography.

Organizations can choose to identify photographs in any of the three categories, a combination of the categories, or opt to refuse to allow photographs in the organization altogether. Some medical specialties may consider the use of clinical photographs a standard of practice, such as plastic surgery, trauma, orthopedics, or dermatology.

HIM professionals should work with the medical staff, IT, and the administration to determine if a medical specialty standard of practice will affect the organizational policy.

Storage and Maintenance

If the organization chooses to allow clinical photography, it must define the images as part of the legal health record and designated record set. All applicable policies and procedures should be updated.

As part of the legal health record and designated record set, all images should be provided the same privacy, security, and confidentiality requirements as any other document within the record. Many times, organizations need to scan or upload the image into the EHR to include it within the health record.

Organizations should clearly define how many photographs, regardless of the overall number taken, will be included in the legal health record. Organizations should also consider system functionality or capabilities when including images in the EHR. EHR system limitations may dictate picture size, format, or location in the health record.

These images should follow the same nomenclature as other documents within the EHR. For example, if the EHR is divided into clinical sections (e.g., dictated, laboratory, radiology, and vascular reports), a section for images should also be included. Images should not be included in a miscellaneous category.

Releasing these images should follow all applicable disclosure of personal health information policies and procedures. HIM professionals also should ensure images are maintained as part of the record retention policies for the health record's life cycle.

The online version of this article includes a [sample consent for clinical photography, videotaping, audiotaping, and other multimedia imaging of patients](#).

Note

1. Dysmorphology Subcommittee of the Clinical Practice Committee, American College of Medical Genetics. "Informed Consent for Medical Photographs." *Genetics in Medicine* 2, no. 6 (Nov./Dec. 2000): 353–55.

Resources

AHIMA e-HIM Work Group on the Legal Health Record. "Update: Guidelines for Defining the Legal Health Record for Disclosure Purposes." *Journal of AHIMA* 76, no. 8 (Sept. 2005): 64A–G.

Brody School of Medicine at East Carolina University. "ECU Physicians Policy and Procedure on Obtaining Consent for Medical Photography of Patients for Diagnosis, Treatment, Professional Education and/or Professional Publication."

Hood, Catherine A., Tony Hope, and Phillip Dove. "Videos, Photographs, and Patient Consent." *BMJ* 316 (1998): 1009–11.

Hughes, Gwen. "Defining the Designated Record Set." *Journal of AHIMA* 74, no. 1 (Jan. 2003): 64A–D.

International Committee of Medical Journal Editors. "Protection of Patients' Rights to Privacy." *BMJ* 311 (1995): 1272.

Jedd, Marcia. "Declaring Records." *eDocMagazine*. November/December 2007. Available online at <https://www.aiim.org/article-docrep.asp?ID=34041>.

Ministry Health Care. "Corporate Policy and Procedure on Photography, Videotaping, Other Imaging." Available online at www.universityhealth.org/body.cfm?id=39208.

Smith, R. "Informed Consent: Edging Forwards (and Back-wards)." *BMJ* 316 (1998): 949–51.

University of Minnesota. "Physicians Consent for Photography/Videography/Recording Consent Form."

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