



Bayview General Medicine

POLICY.

It is the policy of Bayview General Medicine to take photographs and/or film or video tape in an effort to assist educational, treatment, research, scientific, public relations, Web postings and the charitable goals of Bayview General Medicine; and to document certain physical conditions when it may be of benefit to the patient's plan of care and treatment or to provide pre and post procedure documentation. All photographs, films and/or videotape are utilized with the express permission and consent of the patient or his or her legally authorized representative by facility staff, physicians, healthcare professionals and authorized members of the public for the purposes listed above.

PROCEDURE:

- The patient or his or her legal representative shall sign a "Consent to Photograph/Videotape" consent form.
- If conscious and mentally competent, the patient is required to give consent to be photographed, filmed or videotaped prior to being photographed, filmed or videotaped.
- In a situation where the patient is comatose or otherwise unable to give informed consent (lacking full mental capacity) the patient's authorized legal representative (surrogate decision maker) is required to give consent for the patient to be photographed, filmed or videotaped.
- In the event the patient is comatose or otherwise unable to give informed consent, and no surrogate decision maker is available, approved representatives of this facility may film or videotape, or retain another to film or videotape, patient care activities. Pursuant to Bayview General Medicines policy, informed consent must be obtained from the patient or his or her legally authorized representative, before the patient's photograph, film or videotape can be used for any purpose.
- In this instance the photograph, film or videotape will remain in the physical possession of this facility and will not be released to anyone else or used for any purpose until appropriate informed consent is obtained.
- If consent is not given, then the image of the patient will either be removed from the photograph, videotape or film and the film or video tape will be destroyed.

- Anyone (including) employees of this facility and/or outside authorized contracted individuals) who perform photography, filming or videotaping must sign an appropriate confidentiality commitment.

POLICY EXCEPTION:

- The tenets of this policy are excepted in the event of identified incidents of actual or suspected physical abuse, where visual documentation in the form of a photograph is necessary.
- In incidents of actual or suspected physical abuse to objectively define and document, pursuant to state and local laws and regulations, areas of physical injury

POLICY EXCEPTION PROCEDURE:

- Actual/suspected abuse injury: An initial photograph shall be taken of each area of physical injury
- Photograph(s) will be placed in the patient's medical record and remain under the confidentiality and security guidelines, policies and procedures that govern medical record security and confidentiality of Bayview General Medicine.
- The patient's care provider is granted permission, while performing patient care activities, to obtain photographs for documented evidence of physical abuse, however must maintain compliance with the confidentiality and security of patient information regulations set forth by Bayview General Medicine.

CONSENT TO PHOTOGRAPH/VIDEOTAPE

The undersigned does hereby authorize _____
and the attending physician to photograph/videotape or permit other persons to photograph/
videotape:

while under the care of the above named facility, and agree that they may use or permit
other
persons to use the negatives, prints or tapes prepared there from for such purposes and in
such manner as may be deemed necessary.

Date: _____ Signed: _____
PATIENT

Hour: _____ Signed: _____
PATIENT

CONSENT FOR PROCEDURAL OBSERVATION

I hereby give my permission and consent to the observation of my procedure by any
individual selected by my attending physician for the purposes of photography and/or
videotape.

Date: _____ Signed: _____
PATIENT

Hour: _____ Signed: _____
PATIENT