



11.1.4 Patient Photography, Videotaping and Other Imaging

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.1 General and Oversight Policies	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: January 2023

I. Purpose

UT Health San Antonio utilizes a variety of media to collect protected health information on patients and holds all such information to the same standard of confidentiality and security as required for all protected health information according to UT Health San Antonio policy.

II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, not limited to its clinics, hospitals, and research operations.

III. Policy

A. Patient Consent

1. The patient will be asked to provide consent for UT Health San Antonio to photograph, videotape, or create other images of the patient by having the patient sign a consent form at the time of initial treatment at the facility of care or when photography begins. This consent information cannot be combined with other consent forms. The [Consent for Photography form](#) must be signed by the patient. The consent form allows these images to be used within UT Health San Antonio to educate faculty, residents, and students involved in the program and for the purposes stated on the form.
2. Uses and disclosures may include photographs, videotapes, or other images, to be used for any other purpose outside of treatment, payment and health care operations, such as telemedicine, internet use, publication, etc.

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3. If a patient wants their photograph sent to an external party, a separate written authorization from the patient using the "[Patient Authorization for Release of Health Records to External Parties](#)" form must be submitted.

B. Documentation

The use of photography as part of the patient's treatment process should be documented in the patient's health record. Still photographs may be included in the health record. If the photographs are of a sensitive nature, they must be stored in a secure and locked location.

C. Security and Storage

1. All patient photographs, videos, and other images are to be stored in a secure manner that protects the patient's privacy.
2. The images, if not stored with the patient's paper or electronic health records, must be securely stored in a manner that allows timely retrieval.
3. Patient images are to be stored for the retention period required by law or as defined by UT Health San Antonio policy. These images are generally considered part of the patient's health record and will be released or disclosed and destroyed according to the same policies governing other patient PHI.

D. Documentation of Abuse and Neglect

Reportable cases of actual or suspected abuse and neglect do not require prior authorization from the patient prior to photographing, videotaping, and other imaging. These images may be submitted to the investigating agency with appropriate authorization or court order.

E. Research

Photography taken as part of a research protocol must be approved by the Institutional Review Board. Consent for such images must be incorporated into the patient consent for participation in the research protocol.

F. Marketing

Written authorization must be obtained from the patient prior to photographing of the patient for marketing or publicity purposes. See IHOP policy [11.2.7 Uses and Disclosures of Protected Health Information for Marketing](#).

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G. Family/Friends

Generally, patient consent is not required for the patient's family and friends to photograph the patient while receiving treatment at UT Health San Antonio; however, this is allowed only with the agreement of the clinician and patient, and with the acknowledgement that the individual may be asked to discontinue taping if the clinician deems it necessary. UT Health San Antonio staff must ensure that the images will in no way include other patients or staff who have not consented to be included in the images.

H. Manuscript/Conferences

Written authorization must be obtained from the patient prior to using photographs, if identifiable to a patient, in manuscripts and presentations at conferences and professional organizations external to UT Health San Antonio or in any other public forum where they may be viewed by unauthorized individuals.

I. De-identification of Protected Health Information/Disclosure

1. Unless otherwise required by law or for purposes related to treatment, payment, and operations, UT Health San Antonio will not release photographs, videotapes, or other images to outside requestors or for other purposes without specific authorization from the patient as required by UT Health San Antonio policy related to disclosure of PHI.
2. UT Health San Antonio may determine that images are not individually identifiable health information if identifiers of the individual or of the relatives, household members of the individual, or employer are removed. If UT Health San Antonio believes the image cannot be used in any way to identify the patient, the images may be used for outside purposes without patient authorization. See IHOP policy [11.2.9 Deidentification of Protected Health Information](#).
3. The patient is entitled to copies of photographs unless prohibited by law. UT Health San Antonio will maintain original photographs. UT Health San Antonio may charge a reasonable fee to cover the cost of duplication of photographs.

J. Revocation

As with all patient authorizations for disclosure of PHI, the patient has the right to revoke the consent for photographing, videotaping, or making other images, at any time. UT Health San Antonio will not be liable for any use of such images prior to the revocation.

IV. Definitions

Terms used in this document, have the meaning set forth in the [Patient Privacy Policies Glossary](#) unless a different meaning is required by context.

V. Related References

For questions regarding this policy contact the privacy program director at 210-567-2014 or compliance@uthscsa.edu.

VI. Review and Approval History

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

Effective Date	Action Taken	Approved By	Date Approved
04/2003	Policy Origination		
04/2010	Policy Revision		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/18/23