Purpose

To outline the process to follow when taking photographs, videotapes or any recorded image (the “Recorded Images”), of patients for the purpose of patient care. To safeguard the patient’s identity, protect the right to privacy, and ensure informed consent as it pertains to Recorded Images made of or including patients, by Hospital staff or Medical staff for education, performance improvement, and Board certification purposes. To maintain patient safety when patients request to take Recorded Images during their treatment or care.

Policy

A patient’s consent to being photographed, videotaped or digitally recorded for the purpose of identification or documentation of patient treatment or a medical condition/care has been incorporated into the consent for examination and treatment. If photos are taken for other purposes, such as education/Performance Improvement or Board certification, Hospital or Medical staff must obtain written informed consent prior to either: the taking, gathering or recording of the Recorded Images or the use of such Recorded Images for their intended purposes. In all such cases, Rhode Island Hospital retains the right to request copies of the recorded images.

Patients may not make recorded images during their treatment or care, as it is disruptive and distracting during the care process.

Procedure

When Hospital or Medical staff request to record images of a patient for educational purposes, performance improvement, or certification purposes, such permission may only be sought provided:

- The medical condition of the patient will not be jeopardized or compromised in any way by the effort to produce such a recording.
- The patient (or in the case of a minor or incompetent patient, the parents or authorized legal representative) is willing to have such images recorded.
Obtaining Prior Patient Consent

- Either a Hospital representative or the Medical staff member responsible for collecting and producing the Recorded Images will explain to the patient, or the authorized legal representative, how the image recordings are to be used, where they will be used, and for what period of time they are expected to be used. They should completely fill in the consent form and have the patient sign.

- The patient will be informed that, unless disclosure is necessary for a specific purpose(s), their personal identity will be protected so that anonymity is preserved. If identity disclosure is necessary, the Consent Form used must so state.

- The patient will be informed that he/she has a right to request cessation of the production of the recordings.

- A signed Consent Form shall be completed and included in the medical record (see attached). The consent granted by a patient is strictly on a once per-recording basis.

- The information process will be repeated and a new Consent Form will be obtained every time additional recordings are to be made during a subsequent hospitalization or during a visit to an outpatient site.

Exception to Prior Patient Consent

- If the Hospital and/or Medical staff are unable to secure a patient’s (or their legal representative’s) prior consent for recording the particular procedure or event sought, the images may still be recorded and prepared, provided that no Recorded Images will be used or released for any purpose until the patient’s informed consent has been obtained.

- If the patient’s informed consent is not subsequently obtained, all of the Recorded Images showing and/or involving the patient shall be destroyed.

Security/Storage of Images

- Photos taken for patient care purposes should be either placed in the medical record or maintained on a secure site.

- The Recorded Images, in any format, recorded and produced for performance improvement or educational use shall not constitute part of the patients’ medical record.

- Pictures that will be taken on a device that allows electronic transmission, such as a cell phone, and that will be transmitted electronically for patient care purposes must be de-identified, including removing location, date and time from settings on the device. If the device does not have the capability to remove this information, it may not be used. Images should be transmitted through an encrypted process to the extent possible.

- The Hospital or Medical Staff producing and using the images is responsible for ensuring that all such recorded images are securely stored and maintained, or as may be applicable, appropriately removed and/or destroyed after use.

Operating Room Protocol

- Requests to videotape using the OR video recording equipment, which is installed in the individual OR rooms, for performance improvement or educational purposes must be approved
by the Chief of Surgery/designee, Chief of Anesthesia/designee, or the Administrative Director of PeriOperative Services/designee.

- All personnel and staff (to include observers, vendors, supporting clinicians, etc.) present throughout the surgical case must be notified of the intent to record with the OR video equipment, and the actual recording period of the procedure.

- Images that are taken for patient care purposes may, when necessary, be taken by the surgeon with the surgeon’s photographic device or with the OR digital camera. OR staff may use the surgeon’s photographic device to record images for patient care under the direct supervision of the surgeon.
PATIENT CONSENT FORM - FOR USE WHEN SEEKING PATIENT CONSENT TO RECORD IMAGES OF PATIENT FOR USE IN EDUCATION OR PERFORMANCE IMPROVEMENT PRODUCTIONS

Name of Patient

I agree and consent to the taking, gathering or in some other fashion, recording images in any medium or format (all of which are referred to in this Consent as “Recorded Images”) to be used for the purpose of education of or performance improvement related to patients, physicians or Hospital staff.

I understand my name and identity will not be revealed, unless specifically explained to me below and/or in an attached writing.

I understand that I may refuse to give you my consent (and signature) and that my refusal will not in any way affect the treatment or care plan designed and delivered by my care team.

Description of Recorded Images to be taken and planned use (may attach additional pages):

Length of time Recorded Images will likely be used:

I understand that I may withdraw this consent and request that the recordings stop at any time.

Please consent to or deny use of Recorded Images in the following situations:

- Examination, testing, credentialing, and/or certifying purposes by any medical board
- Performance improvement purposes
- Education of clinicians or hospital staff
- Education at seminars, health fairs and conferences
- In articles written for publication in Medical Journals

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<td>Performance improvement purposes</td>
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I have read and understand this Consent Form, or it has been explained to me, and questions about it have been answered to my satisfaction. I am signing this consent entirely of my free will. I understand this Consent is valid for the recordings described above made during this present stay or visit to the hospital. My additional consent will be sought for any additional recordings requested. I hereby release Rhode Island Hospital and Lifespan Corporation from any liability related to the recording and/or use of these images.

Signature of Patient (or Legal Representative)

Print Patient's Name

Print Name of Legal Representative (if Applicable)

Relationship to Patient

Hospital Staff Signature/Print Name

Rev. 11/10

Date

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