# GEORGE CLARE SURGERY

# Medical Photography Policy

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| **Classification:** |  |
| **Author and Role:** | **tanya claridge-clinical manager** |
| **Organisation:** | **gEORGE cLARE sURGERY**  |
| **Current Version Number:** | **v1** |
| **Current Document Approved By:** | **tanya claridge** |
| **Date Approved:** | 25/06/2020 |

### C. Document Revision and Approval History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Version Created By:** | **Version Approved By:** | **Comments** |
| 1.1 | 25/06/2020 | Tanya Claridge | Dr Shirin Howell |  |
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# GEORGE CLARE SURGERY

# Medical Photography Policy

## Medical photography may be requested for the purposes of remote consultation, diagnosis, ongoing monitoring or teaching.

**Guiding Principles:**

1. Photograph (s) should only be requested from patients if it will assist in patient care. An explanation should be given to the patient in that their care may be affected by reliance on a photograph in comparison to a physical examination.
2. All photography must be accompanied by a valid signed consent form (see below). Only patients who are competent to consent should be asked to provide photographs in line with the Mental Capacity Act (2005). Photographs involving children require signed parental/guardian consent. Special care should be taken with the consent procedure where there might be issues with competency to consent or potential language barriers.
3. Photographs should be handled in accordance with data protection legislation if the patient can be easily identified, this includes from the email sending t which it is attached.
4. Photograph(s) should be taken using photography equipment such as a camera/tablet supplied by the surgery. For remote consultations or patient monitoring, the surgery may request the patient submits photograph(s) to the surgery by use of medical communication software such as AccuRx or by emailing images in to a secure NHS email account.
5. It is recommended that photographs taken in within the surgery of children under the age of 16 or a vulnerable adult should be done so in the presence of a parent/legal guardian and chaperone.
6. Staff should never photograph or request a patient photographs and submits any images of intimate areas (genitalia, anus or breasts), nor should the patient agree to or send any photograph(S) of this type.

**Process for obtaining and recording patient consent**

1. Patients should be made aware at the time of booking their appointment that, should the patient agree, the health professional may request that photograph(s) are submitted to assist in in diagnosis and/or the monitoring of ongoing care.
2. Patients need to be made aware that they can withdraw consent at any time following this, either verbally or in writing, and it is good practice to confirm that the photograph(s) has been deleted.
3. Only patients who are competent to consent should be asked to provide photographs. Photographs involving children require signed parental/guardian consent. Special care should be taken with the consent procedure where there might be issues with competency to consent or potential language barriers.
4. Informed consent should mean that the patient understands that:
* The photograph (s) will only be used for diagnostic or clinician training purposes.
* The patient can request that the photography is stopped at any stage during the consultation.
* That the patient can withdraw consent at any time even after completion of the consent form.
* The photograph (s) will be stored on your electronic patient record unless otherwise advised.
* If a training session is being held outside the practice, the photograph(s) will be transported via a secure encrypted USB device and will be on the device for no longer than 3 months, unless there is a justifiable exception. The photograph(s) will be deleted after the training session. (for images originally submitted electronically a hand signed consent form should be used)
1. Where applicable, the practice will provide information material covering these issues and potentially in languages other than English
2. Individual patient consent forms should be scanned on to the patient’s electronic notes record after the clinician has completed their consultation. Additionally, a note should be made about the anticipated retention period for the photograph(s).
3. Electronic submission of photograph(s) should be done so via medical communication software such as AccuRx at the request of the clinician. This ensures that the patient understands that the photograph(s) they submit should not be of intimate nature and that the images will be stored within their electronic medical record.

* + When requesting photos from patients via AccuRx or similar medical communication software the following message or similar should be sent in place of a signed consent form:

‘Could you please reply to this text with pictures of the areas of concern as discussed? Please note that by replying you are giving your informed consent and that unless otherwise advised these images will be stored on your patient. We will never ask you to submit photographs of any intimate parts of you/your child/person for who you are legal guardian for, nor should you send such images to us’

* We may ask for additional written consent from you to use the images for training purposes as sometimes teaching sessions may be held outside the practice in a group setting where the recording may be viewed by other trainers and clinicians. If a training session is being held outside the practice, the photograph(s) will be transported via a secure encrypted USB device and will be on the device for no longer than 3 months, unless there is a justifiable exception. The photograph(s) will be deleted after the training session.
1. Submission of photograph(s) via NHS secure email should be done so with the prior signing of the Medical Photography Consent form. Where this is not possible (in the case of remote consultation) the patient should be made aware that by submitting a photograph(s) they have given their informed consent and that unless otherwise advised these images will be stored on their patient record. They also need to be aware that they should not submit photographs of any intimate parts of themselves/their child/person for whom they are legal guardian for and that as above they may be contacted to discuss gaining written consent to use the photograph(s) for training purposes. If a training session is being held outside the practice, the photograph(s) will be transported via a secure encrypted USB device and will be on the device for no longer than 3 months, unless there is a justifiable exception. The photograph(s) will be deleted after the training session.

**Security of recorded consultations**

1. Taking of medical photograph(s) should be handled with the same level of security as patient record files. It should be recognised that there is a potential risk of breach of confidentiality with medical photography and procedures need to be in place to minimise this.

2. The practice maintains a dedicated photography device for the sole purpose of medical photography. Personal smartphones or tablets must NOT be used.

3. The practice maintains an asset log detailing all recorded consultations that are being stored on any secure encrypted device if applicable.

4. Storage of Data must comply with current GDPR guidance.

5. When not in use, photography equipment is stored in a lockable cabinet in the Management Office at the practice. Photography equipment is signed in and out.

6. Photographs should not be stored on the recording equipment itself, or on the hard drive, but rather should be transferred as soon as possible to the secure encrypted device or patient record if consent for this has been given.

7. The length of time that a recording can be stored on the secure encrypted device is as specified in the previous section.

8. Secure encrypted devices are used when a staff member needs to take a recorded consultation outside the practice for training purposes only.

9. Providing that the practice has ensured that all staff are fully aware of the policy for medical photography and are responsible for the erasure of all recorded consultations at the appropriate time interval and should update the practice asset log when that has happened. The practice may wish to designate a member of staff to have oversight of this too.

**Responsibilities for the GP Practice**

1. This policy should be discussed with all staff during their induction period so that everyone is aware of the practice’s procedures. Both parties should date and sign to indicate that this has happened.

2. The practice should have a robust procedure in place for following the consent process in line with GDPR requirements.

3. The practice is responsible for providing the appropriate resources to enable patient photographs to be taken and stored in an appropriate and secure manner.

4. The practice should ensure that staffs delete photographs, both from any photography device and on any secure encrypted storage device.

5. If there is ever a data breach, please follow the process as suggested.

6. The practice operated an open, transparent and robust process for any patients wishing to exercise their rights under the GDPR in relation to the taking of medical photographs. Any requests from patients wishing to exercise these rights should be dealt with appropriately by the designated Practice Manager and Managing Partners at the practice.

7. Patients consenting will be provided with an information sheet detailing their procedures regarding medical photography including their rights under GDPR.

8. Patients have a right to request a copy of the photographs and if this is made the practice are required to comply or prove that the photograph has been deleted. Completed Practice Asset Log would be sufficient proof of deletion.

**In the event on any data breach regarding recorded patient consultations:**

The Practice Manager will in the first instance contact the Data Protection Officer for advice and follow the recommended advice including contacting the Information Commissioners Office.

Patient Consent for Medical Photography

Patient Name:

Date:

[ ]  Tick here if minor or unable to provide consent

I consent for medical photographs to be made of me/my child/ person for whom I am legal guardian. I understand that the information may be used in my medical record, for the purposes of medical teaching, or for publication in medical text books or journals as I have designated below. By consenting to these photographs I understand that I will not receive payment from any party.

I understand that the medical professional will not and should not request photographs of any intimate parts (genitalia, anus or breasts) of me/my child/person for whom I am legal guardian for), and nor should I send photographs of any intimate parts of me/ my child/ person for whom I am legal guardian for if they are requested by a medical professional or not.

I understand that refusal to consent to photographs will in no way affect the medical care I will receive.

 If I have any questions or wish to withdraw my consent in the future I may contact:

**George Clare Surgery, Swan Drive, New Road, Chatteris, PE16 6EX.**

By signing this form below I confirm that this consent form has been explained to me in terms which I understand.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Witness)

**1)** I consent for these photographs to be used in medical publications, including medical journals, textbooks, and electronic publications. I understand that the image may be seen by members of the general public, in addition to scientists and medical researchers that regularly use these publications in their professional education. Although these photographs will be used without identifying information such as my name, I understand that it is possible that someone may recognize me. I also agree for my image to be shown for teaching purposes and to be used in my medical record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Witness)

**2)** I agree for my image to be shown for teaching purposes **AND** to be used for my medical record but **NOT FOR** medical publication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Witness)

**3)** I agree to use of my image for medical records **ONLY**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Witness)

For patients between ages 7 and 18 years, a signature below indicates that the information in this consent form has been explained to me, and I assent to use of my images as outlined above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of patient) (Witness)