

## The Use of Photography

No aspect of documentation in the medical record has moved as rapidly as the one involving photo-documentation as an adjunct to the written word. Injuries, whether self-inflicted, intentional at the hands of others, accidental or occupational in nature take on a dimension and scope all their own, often-giving life to the verbal or nonverbal history obtained by the physician. Instant photography, by Polaroid® or digital camera, have all but become the standard of care in documenting injuries caused by domestic violence and abuse. Both require relatively limited knowledge about photography on the part of the user and produce instant results that can be retaken immediately if necessary. It is important to understand, however, that photographs do not replace the written word.

### **Following are some practices that should be employed when using photography as a form of documentation:**

- You should explain to the patient why you would like to take photographs, how you will do it and what they will be used for.
- A signed consent to photograph is required, unless it is a case of suspected child maltreatment. If this is the case, follow specific procedures set out for this population.
- The photographs should become a permanent part of the patient's medical record
- Instant photographs (Polaroid ® or digital) will require a minimum of two printed hard copies. One copy should remain in the medical record, and one copy should be given to or be available for subpoena by agencies from the criminal justice system.
- It is recommended that a copy be made for the patient if requested. Also remind the patient that they can obtain copies of their record whenever necessary.
- Digital photos should be burned onto a non-rewriteable CD-ROM and stored in the medical record whenever possible to prevent alterations.
- If the patient has extensive injury, such as bruising, it is recommended that repeat photographs be taken in 24 to 48 hours as bruises evolve over time.

### **It is important that the photographs result in pictures that accurately depict the injury you are seeing with the naked eye. Some suggestions on how to photograph injuries include the following:**

- Use color film
- Photograph the injury with and without a standard (ruler, ABFO #2, etc.)
- Make sure the standard ruler is in focus in the photograph
- When possible, take pictures prior to medical treatment
- Avoid bright backgrounds
- Keep the film plane parallel to the plane of the patient's body surface being photographed
- Include the patient's face in at least one photograph (usually full-length or long-range photo)
- Take mid-range and close-up photographs when possible

Photographs need to be individually labeled so that the examiner, as well as any subsequent provider can identify the patient, the injury and when the injury occurred.

**The following is a list of recommendations regarding how to minimally label individual photographs:**

- Patient's name
- Date and time photo was taken
- Medical record number
- Photographer's name and title
- Anatomic location of injury

**Written documentation of all injuries, whether or not photography is employed, should minimally include the following:**

- Anatomic location of injury
- Type/description of injury (abrasion, tear, bruise, etc.)
- Size of injury
- Color of injury

## Admission of Records in Court

**For medical records to be admissible in court, you should be prepared to testify that the records were:**

- Made during the "regular course of business" at the time of examination or interview
- Made in accordance with routinely followed procedures
- Properly stored with access provided to professional staff only

### **Note:**

Before any record is released, laws requiring patient consent must be followed. This includes obtaining proper consent from the patient when necessary.