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# **HCCA Feedback on the Standard Operating Procedure for Images: Capture, Storage and Retrieval and Consent Form for Photographs, Videos or Voice Recordings**

Submitted 27 May 2013

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## **HCCA Feedback on the Standard Operating Procedure for Images: Capture, Storage and Retrieval and Consent Form for Photographs, Videos or Voice Recordings**

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### **Background**

The Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision-making.

HCCA welcomes the opportunity to provide feedback on ACT Health's SOP for the Capture, Storage and Retrieval of Images as well as the consent form for Photographs, Videos and Voice Recordings. These are important documents that will contribute to ensuring that consumers' rights to privacy and to be treated with respect are protected.

### **SOP – Images: Capture, Storage and Retrieval**

Overall the SOP is clear and well laid out, which will make it easily accessible for front line staff. It is good to see an emphasis being placed on ensuring that the consumer is given adequate information about the use of their images. It may be easier to use the term 'non-diagnostic images' instead of images not being used for diagnostic purposes. We also suggest using one of either 'consumer', 'patient', or 'person' consistently throughout the SOP.

#### *Scope*

We believe that the use of medical images for medico-legal images is a special issue that may need to be dealt with separately. Some of our members are concerned about the implications of releasing medical images for legal proceedings, which may not always be in the consumers' best interest. One of our members has had an experience where legal services have been able to gain access to their medical images without obtaining consent.

#### *Procedure*

The first paragraph in this section is an essential part of the procedure, not just a note.

It would be good to include a point for sections 1 and 3 about what to do if the person does not consent to their images being used. Currently, this is only outlined in section 2, where we note that the sentence has not been completed. This point also needs to be taken out from under the list of information to be recorded and presented separately.

Sections 1 to 3 all state that staff need to explain how the images will be used. After these sections, it would be useful to outline how images can be used appropriately or any restrictions that may apply for their use.

The deletion of digital images from the device used to capture them after uploading them applies to all images, not just the unwanted ones. As such, this protocol needs to be made more prominent. We suggest including it in sections 1 to 3 after the list of information that needs to be recorded.

### *Evaluation*

In addition to ensuring that informed consent is obtained for the use of all images, it would be good to determine whether the images are being used appropriately, in accordance with the consent that was given. This measure could also be assessed based on a review of complaints.

### *Definition of terms*

Images not for diagnostic purposes – the definition and list of examples here are identical to those included in the Scope. To avoid duplication, this could be deleted.

Substitute decision maker – Deciding whether or not a person has the capacity to provide informed consent is a sensitive issue that needs to be carefully considered. It would be useful to refer staff to additional informed consent policies that address this in greater detail.

### **Consent form – Photographs, Videos or Voice Recordings**

Our main concern with the consent form is that it makes no mention of the use of images for medico-legal purposes. This is listed in the SOP as one of the non-diagnostic uses of images. We are interested to know how consent will be obtained for images being used in this way, as there may be situations where the images are being presented in a case against the consumer.

At the bottom of the form, reference is made to giving consent in the ADP category. There is no mention of this category anywhere on the form; only education, training and research are included as tick boxes. More information would be needed to explain what 'ADP' stands for and what the images would be used for in this category.

We also suggest that there could be a box for the consumer to tick in order to indicate that they have had the opportunity to ask any questions they may have had

and feel as though they have been provided sufficient information. This would emphasise to consumers and clinicians that there can be no consent without adequate information and prompt the consumers to ask more questions.

We welcome the inclusion of a space for an interpreter's signature. Language barriers have been an issue raised by HCCA many times with regard to informed consent. It is essential to ensure that Culturally and Linguistically Diverse (CALD) consumers are not disadvantaged during the informed consent process.

A handwritten signature in blue ink, appearing to read 'Darlene Cox', with a stylized, cursive script.

Darlene Cox  
Executive Director