



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
2480 LLEWELLYN AVENUE  
FORT GEORGE G. MEADE, MARYLAND 20755-5800

REPLY TO  
ATTENTION OF

30 July 2004

POLICY STATEMENT NO. 36

CONSENT FROM PATIENTS TO BE PHOTOGRAPHED OR FILMED

1. This policy is applicable to all medical treatment facilities (MTFs) within this medical department activity (MEDDAC). It establishes policy regarding the obtainment of consent from patients who are asked to be photographed or filmed under any of the following circumstances:

- a. For internal organizational purposes (for example, performance improvement and education).
- b. By photojournalism students of the Defense Information School (DINFOS) for academic purposes. (This applies only to Kimbrough Ambulatory Care Center.)
- c. For external purposes that will be seen by the public (for example, members of the news media, commercial filming, television programs and marketing).

2. Patient consent.

a. Some medical forms that patients are requested to sign for anesthesia, operations and other reasons include consent clauses for the purpose of taking photographs or movies for specific reasons. Such a form is Standard Form 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures. The completion of these and similar forms is sufficient for patient consent purposes.

b. When a patient in any of this MEDDAC's MTFs is asked to be photographed or filmed for any of the reasons stated above in paragraph 1, and the patient has not been required to sign a specific medical form that will give his or her consent to be photographed or filmed as stated above in paragraph 1a, the patient will be required to give his or her consent on DD Form 2870, Authorization for Disclosure of Medical or Dental Information, prior to being photographed or filmed. If a patient refuses to give this consent, or is unable to, it is prohibited to photograph or film the patient.

3. A copy of DD Form 2870 is included with this policy and should be used to make copies as they are required. DD Form 2870 is also available as a forms resupply item from the MEDDAC Administrative Services Officer in response to requests submitted by electronic mail. The following items on DD Form 2870 must be completed by the patient, parent, or legal representative of the patient for this consent:

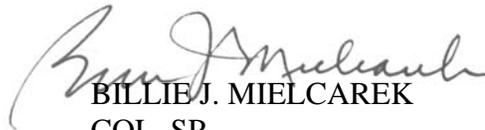
- a. Item 1: Name (self-explanatory).
- b. Item 3: Social Security Number (self-explanatory).

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- c. Item 4: Period of Treatment (enter “today’s” date).
  - d. Item 6: I Authorize . . . (enter the name of the MTF).
  - e. Item 8: Information to be Released (a statement to the effect that the patient is giving a member of the staff, a DINFOS student, or a representative of another outside agency authorization to photograph or film him or her, and for what purpose).
  - f. Items 11, 12 & 13 (Signature, Relationship to Patient, and Date (self-explanatory)).
4. After the patient completes DD Form 2870, a member of the MTF staff will make two copies of the form, give one copy to the patient, one copy to the individual doing the photographing or filming, and place the original in the patients medical record.

Enclosure  
as

  
BILLIE J. MIELCAREK  
COL, SP  
Commanding

DISTRIBUTION:  
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