

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This sets out the requirements for Medical and Forensic Examiners treating victims of recent sexual assault and/or domestic and family violence on how to implement forensic photography. It provides guidance for capturing, storing, and managing forensic images in a way that meets patient privacy, NSW Health policy and legislative requirements.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Clinical imaging in the form of photo and/or video imaging is used to document and communicate clinical findings and can also contribute to the development of medical knowledge and skills and quality assurance processes. Clinical forensic photography can assist the Medical and forensic examiner to provide medical evidence to the justice system by providing contemporaneous visual evidence that complements the written injury descriptions. ([NSW Health PD2020_006 Responding to Sexual Assault \(Adult and Child\) Policy and Procedures, Section 15.8.8, p127](#)).

2. BACKGROUND

The medical and forensic assessment of a patient following a sexual assault or domestic violence requires a holistic assessment of their physical, psychosocial, medical, and forensic needs. Forensic photography can be a valuable tool in supplementing the documentation of injuries for possible future judicial proceedings.

This procedure is necessary to provide guidance and instruction for staff working within the SESLHD Sexual Assault Services on when to take forensic photographs and where and how to store them securely in Cerner eMR.

2.1 DEFINITIONS

DCJ	Department of Communities and Justice
DOB	Date Of Birth
ECAV	Education Centre Against Violence
HREC	Human Research Ethics Committee
LHD	Local Health District
MFER	Medical and Forensic Examination Record
MFE	Medical and forensic examiner – any SAS staff who are specially trained NSW Health doctors and sexual assault nurse examiners (SANEs) who perform medical and forensic examinations
MRN	Medical Record Number
NCAT	NSW Civil and Administrative Tribunal
ODPP	Officer of the Director of Public Prosecutions
SANE	Sexual assault nurse examiner – a nurse or nurse practitioner accredited by SESLHD to conduct medical and forensic examinations on patients 14 years and over
SAS	Sexual Assault Service
SACPS	Sexual Assault Communications Privilege Service
SSSAS	Southern Sydney Sexual Assault Service
VAN	Violence, Abuse and Neglect

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3. RESPONSIBILITIES

3.1 VAN Medical Lead:

Will ensure that all Medical and Forensic Examiners have completed training in forensic photography and the storage process. Maintain the department camera equipment, including the ring light.

3.2 Medical and Forensic Examiners (Including SANEs):

Will have completed training in forensic photography and secure storage of images.

Take photos with consent in a trauma informed manner and be able to store the images appropriately. MFEs must work within the legislation and policy framework surrounding violence, abuse, and neglect.

3.3 Clinical Information/Medical Record Managers:

Will have access to eMR secured locations to assist SSSAS staff with subpoenas as per [SESLHDPR/510 – Managing Secure Organisation Access within Cerner eMR](#).

4. PROCEDURE

4.1 When to offer forensic photography.

Non-genital photographs should be routinely considered when the examiner feels that a visual aid would augment a detailed written description of an injury. The photographs help to explain how the clinical features of the injury led the examiner to draw their forensic conclusions about it.

Photographs may be useful when:

- there is a highly patterned injury (e.g., bite mark, ligature mark, footprint), or
- the injuries are too complex to describe accurately using only words and body charts, or
- the MFE is unsure of the nature or aetiology of the injury and wants either to perform serial examinations or to seek a second opinion, or
- The MFE requires photographic documentation of injuries to assist with their injury interpretation from a more experienced examiner.

Genital photography is not standard practice but can be considered, with the clear consent of the patient, in cases where:

- there are very severe genital injuries which are likely to have significant forensic value, but which cannot be adequately described in words alone or.
- taking photographs would facilitate clinical decision-making without the need for the patient to undergo repeated intimate examinations.

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Photographs should not be taken if:

- appropriate consent has not been given or
- substitute consent has been obtained but the patient is unwilling to participate.

The patient's/family's cultural views about photography must be considered. If there are concerns, a cultural competency consultant can be utilised, if available.

Photography is a supplement to, not a replacement for, complete written documentation of the findings.

4.2 Medical and Forensic Examiners taking photographs.

The MFE taking the photographs must:

- Have completed adequate training on the use of equipment to capture images.
- Have training on how to transfer the images on approved storage solution.
- Have been shown how to use the facility's imaging technologies and storage processes prior to the first time when they are used in a clinical situation. This orientation should allow MFE to take and upload test photos via Secure Organisation Access within Cerner eMR. [SESLHDPR/510 - Managing Secure Organisation Access within Cerner](#)

4.3 Equipment for photography

The MFE must use a designated SAS camera or phone. The camera must have a memory card provided by the SAS. If either device can upload images to non-SESLHD cloud storage, this function must be turned off.

Equipment must be kept in a secure area designed by the SAS.

The SAS must provide:

- charging equipment appropriate to the device, and
- for the camera, spare batteries, and spare memory cards.

4.4 Obtaining consent.

Consent must be obtained before taking the photos. In assessing a person's capacity to consent, consider whether they:

- understand the facts and choices involved.
- can weigh up the consequences.
- communicate their decisions.

Formal consent can be sought from:

- A young person aged 14 and over is able to consent if they are assessed to be Gillick competent. Gillick competence is a test of whether the patient has sufficient

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maturity and understanding to make a decision about a proposed medical intervention.

- It is good practice to involve the parent(s) even when the young person is able to give consent, unless the young person has requested not to.
- If a young person does not have the capacity to consent, the “person responsible” can give substitute consent.
- When there is no “person responsible” available, consent must be obtained by contacting NCAT.

Seeking consent for clients living with a disability – a supported decision-making approach must be used when obtaining consent. The client’s decision-making capacity must be determined prior to gaining consent. Further information (including the Capacity Toolkit) can be found on the NSW Trustee and Guardian website:

<https://www.tag.nsw.gov.au/guardianship/supported-decision-making-and-capacity>

In some cultures, the patient may wish to involve significant others from their kinship network or community in their decision-making.

When there is a substitute decision-maker, the patient must also be willing to participate. Photographs should not be taken if the patient does not wish them to be taken. Patient wellbeing is the paramount concern.

A phone interpreter or sign language interpreter should be used if:

- The patient or person responsible requests it or
- The clinician feels that informed consent cannot be gained without the use of an interpreter.

It is not appropriate to use family members, friends of the patient, or staff members to interpret.

It is appropriate to offer Aboriginal and Torres Strait Islander patients and family’s access to an Aboriginal Health Worker who has been trained in responding to sexual assault/domestic and family violence (as applicable) if this service is available.

Consent cannot be obtained by a SAS Counsellor; however, SAS Counsellors can provide information to the patient/person responsible about the pros and cons of taking forensic photographs and how images are taken, stored, and used, and can support the patient in making this decision.

4.5 Consent process

The consent process should include information about:

- why the images are being taken (i.e., for forensic purposes)
- how they are taken (what the process is)

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- where the images will be stored and for how long, and
- who can access them.

Persons consenting must be aware that the photographs may be used as evidence in court. Sensitive image legislation does not guarantee that images will not become part of legal proceedings and does not preclude access by defence experts.

Consent is not required for the photographs to be accessed for quality assurance purposes.

Written consent may also be sought from the patient to use de-identified images for:

- teaching
- publication
- research, as part of a human-research-ethics-committee (HREC) - approved project
- and all such consents must be in writing.

Anonymity of patients must be maintained during teaching, case presentations, demonstrations, or research. Where possible, fictitious data should be used, and identification of individuals must not occur. The use of images that would identify a patient must not occur. Images of the face must be de-identified and use of blocked sections or cropping, for example, could be used for this purpose.

All copyright is vested in SESLHD.

4.6 Documentation of consent

Consent must be given in writing and documented on the appropriate page of the NSW Medical and Forensic Examination Record (MFER) Adult Sexual Assault.

4.7 Withdrawal of consent

Consent can be withdrawn any time during the medical and forensic consultation but cannot be withdrawn after the consultation – the exceptions are withdrawal of consent for

- teaching or HREC-approved research, either of which consents can be withdrawn at any time, and
- consent for publication if the images have not yet been published. If they have been published, the VAN Medical Forensic Lead or SAS Lead will alert the publisher.

If consent for photography is withdrawn during the consultation, no further images can be taken, and existing images must be deleted from the device if that is the patient's wish. These steps, including the number of deleted images, must be documented in a secure Progress note.

4.8 Photography preparation

For guidance on how to set up the camera equipment see [Appendix 1](#).

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SESLHDPR/777**4.9 Transferring and storing the photos.**

The images must be appropriately transferred to the specified secure storage location within eMR. The original images on the camera must be deleted. This should be completed as soon as practical.

See [Appendix 2](#) on how to transfer photos into eMR.

4.10 Image storage and editing.

Identified images are stored in a dedicated secure organisation within Cerner eMR. Access to this is restricted to staff who capture and/or support the management of medical and forensic photo and video imaging to ensure patient privacy and maintain the chain of evidence.

Printouts are not to be stored in the SAS client file. The exception is where the printout is part of an expert certificate, and a paper copy of the certificate is being held in the SAS client file.

If editing is required (e.g., to increase contrast) a separate working copy of the photograph should be created and labelled with the original file name plus WORKING COPY. A list of the changes made to each working copy must be entered into the client file as a secure Progress note (e.g., that a particular image was cropped).

4.11 Maintenance of equipment

The VAN Medical Lead (or their delegate) is responsible for regularly ensuring that:

- the battery in the camera and the camera's backup battery are charged.
- the batteries in the ring flash are charged.
- the memory card in the camera is empty and there is a spare empty card stored with the camera.
- the date and time on the camera are correct.

4.12 Quality assurance and teaching

For quality assurance, the VAN Medical Lead should review the images and provide feedback as needed to the MFE.

The VAN Medical Lead should also take note of the suitability of the photographs for teaching purposes.

4.13 Access to the photographs

The VAN Medical Lead or SAS Co-ordinator is responsible for checking every six months that staff who are no longer working for the SSSAS do not have access to forensic images. Removing this access should be part of the staff member's exit process.

The VAN Medical Lead can access the pictures for:

- Quality assurance purposes.
- When reviewing requests for access by non-SAS persons.

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- When searching for images for teaching or using these images.
- When writing an expert certificate.

The treating Medical and forensic examiner can access the images when:

- Reviewing the case.
- Preparing for legal proceedings, such as writing expert certificates or preparing to testify in court.

The SAS Co-ordinator can access the photographs when:

- Responding to a request by non-SAS persons to access the images.

Accessing images should be done on a SESLHD computer or a personal device with access to the SESLHD network, but images must not be downloaded to a personal device.

Peer or expert reviewers of expert certificates can also access the images via a Health-approved secure file sharing service.

If email is to be used to transfer photographs for the purposes of providing treatment or ongoing healthcare, rather than for quality assurance or forensic purposes, the following principles from the [NSW Health Privacy Manual for Health Information](#) apply:

- The email should be incorporated into the patient's health record.
- The subject title should include 'Confidential'.
- The email must include the following patient identifiers: patient's name, sex, date of birth, and Medical Record Number (MRN).
- Only include health information which you know to be required for the purpose of the email communication.
- Double check that the email address is correct. Wherever practicable, request that the recipient provides you with their email address by emailing you first.
- Take particular care not to inadvertently copy unintended recipients when sending the email.
- Exercise caution when using the 'Reply All' function. Always check that it is appropriate for the content of your email to be provided to recipients.
- Password-protect or encrypt personal health information for emails sent within NSW Health for purposes outside of patient care, for example, for health service funding, insurance, or other management purposes. (This would include emails to police and DCJ.)

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- Transmission of personal health information to destinations external to NSW Health are not considered secure and should be password-protected or encrypted prior to transmission in accordance with local health service policy. Care should be taken to avoid including patient details in the email subject title or text. The recipient should be made aware of the password via telephone or separate email. Emails and attachment containing personal health information should be deleted from the recipient's inbox (and trash emptied) within a reasonable timeframe.

4.14 Requests by non-SAS persons to access the images.

All requests for images from outside the Sexual Assault Services are to be made in writing to the SAS Co-ordinator. A copy of the request should be placed in the SAS client file.

4.14a - Request by police or subpoenas

Production of photographs for court must be compliant with Policy Directive [PD2010_065 Subpoenas](#) and adhere to the principles outlined in [PD2015_047 Photo and Video Imaging in Cases of Suspected Child Sexual Abuse, Physical Abuse and Neglect](#).

Requests by police or subpoenas should be reviewed by the SAS Co-ordinator.

The SAS Co-ordinator and VAN Medical Lead must:

- Be aware of whether any claim for privilege over the images can be applied and take appropriate action.
- Follow the precautions for 'sensitive records' (see NSW Health Subpoenas policy, 2010).
- Where images are produced, provide only those that are captured under the schedule of the subpoena.
- Retain a copy of the subpoena and the images that the Health service provided under the subpoena.

The SAS Co-ordinator and/or VAN Medical Lead should consider whether the relevant images are considered 'sensitive images'. If there are 'sensitive images' negotiate with the issuer of the subpoena to discuss whether release of the images is appropriate, and if so by what route, and whether there is a less intrusive way to communicate the necessary information. At the end of the discussions, however, a subpoena that has been appropriately filed with the Court and is not withdrawn must be complied with.

All forensic images released to the police should be accompanied with an expert certificate to explain and accurately interpret these images. Images should be presented in a photobook and password protected. This is then transferred onto a USB flash drive and sealed in an envelope. To maintain the chain of evidence, the police is required to collect this in person.

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There are relevant legislative provisions that enable the sharing of information to prescribed bodies to protect the safety and wellbeing of the person. This includes:

- Chapter 16A and section 248 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW). This enables the sharing of information of children and young persons between prescribed bodies to collaboratively promote their safety, welfare and wellbeing. This information sharing does not require consent from the related person.
- Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) enables the sharing of information without a person's consent when it is reasonably necessary to prevent or lessen a serious domestic violence threat to the person.

All requests for images or information by prescribed bodies under relevant legislation should be reviewed by the VAN Medical Lead and the SAS Co-ordinator. A copy of the request and the decision should be placed in the SAS client file.

Disclosure of images should be accompanied by a report with written descriptions of the images taken.

4.14c - Request by the accused's legal representative

Following a request from lawyers representing the alleged perpetrator, the SAS Co-ordinator and/or VAN Medical Lead should negotiate with the medico-legal team about the appropriateness of this request and consider whether the images are sensitive evidence.

A reasonable request may include arranging for an independent medical review of the forensic images at the SSSAS.

Section 281FA of the *Criminal Procedure Act 1986* (NSW) provides that an accused person is not entitled a copy of the sensitive evidence. A prosecuting authority is not required and cannot be required (whether by subpoena or any other procedure), in or in connection with any criminal investigation or criminal proceedings, to give an accused person a copy of anything the prosecuting authority reasonably considers to be sensitive evidence.

To ensure that sensitive evidence provisions are enacted, support may be obtained from the Office of the Director of Public Prosecution (ODPP) for any subpoena from the accused's legal representative to produce sensitive evidence.

The patient should be notified of any requests or subpoenas on behalf of the accused to produce sensitive images. The Legal Aid, NSW's Sexual Assault Communications Privilege Service (SACPS) is a victims' legal service that helps protect the privacy of counselling notes and other confidential therapeutic records in criminal proceedings. They can support the rights of patients when their confidential records are subpoenaed. The SAS Co-ordinator should liaise with SACPS.

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Following a request from a patient or their authorised representative, images should be shared using the same protocols as any other element of a patient's medical record.

4.15 Compliance with the sensitive images provisions.

Forensic photographs may be considered 'sensitive evidence' under section 281B of the *Criminal Procedure Act 1986* and must be handled in accordance with the provision.

A sensitive image can be defined as a photograph of an alleged sexual assault victim, taken in connection with a criminal investigation or criminal proceedings, that shows the person's genitalia or otherwise shows the person in a state of undress.

Any requests for sensitive images should be discussed with the medicolegal team for further advice.

A request for the release of sensitive photographs for court should be reviewed and discussed with the patient. They should be advised to obtain legal advice. The Legal Aid NSW's Sexual Assault Communications Privilege Service (SACPS) can support the rights of patients when their confidential records are subpoenaed.

4.16 Transmission

There are several situations where forensic photographs may need to be sent outside SESLHD. These include:

- following requests where a decision to share photographs has been made by the SAS Coordinator and/or VAN Medical Lead
- when an external, second opinion is sought by SESLHD, either of the photographs or of an expert certificate in a case where photographs were taken.

A time-limited, SESLHD-approved, secure file sharing service should be used: before the photographs are uploaded, the recipient must be asked to send an email stating that they will not download or print the images.

Images prepared for court should be presented in a photobook, password protected and transferred onto a USB flash drive. The police will be required to collect this in person.

De-identified images with consent for use in teaching can be used at the discretion of the VAN Medical Forensic Lead. Copies should not be given to participants in the teaching/training, either electronically or as hard copies.

4.18 Archiving, Retention and Destruction

All forensic photographs taken by Medical and Forensic Examiners must be retained by SESLHD for a minimum of 30 years after legal action is completed and resolved (where known), or after last contact for legal access or thirty years after the individual attains or would have attained the age of 18 years, whichever is the longer. (see [GDA-17-General Retention and Disposal Authority Public health services: patient/client records](#)).

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4.19 Disposal

The data destruction must be achieved by using a reliable data shredding tool that overwrites the data to an acceptable industrial strength standard. Consult the Medical Records Manager about the best way to do this.

5. DOCUMENTATION

MFE's to complete Progress Note in the eMR as per Appendix 2.

6. AUDIT

All photographs undergo a review by the VAN Medical Lead and feedback provided where necessary. Quality assurance auditing is undertaken of all expert certificates and photographs before release.

7. REFERENCES

[Children And Young Persons \(Care and Protection\) Act 1998 \(NSW\)](#)

[Crimes \(Domestic and Personal Violence\) Act 2007 \(NSW\)](#)

[Criminal Procedure Act 1986 \(NSW\)](#)

[NSW Health - Privacy Manual for Health Information](#)

[State Records - General Retention and Disposal Authority – Public Health Services: Patient/Client Records \(GDA 17\) 98/3101-2\)](#)

[NSW Health Policy Directive PD2019_001 - Subpoenas](#)

[NSW Health Policy Directive PD2015_047 - Photo and Video Imaging in Cases of Suspected Child Sexual Abuse, Physical Abuse and Neglect](#)

[NSW Health Policy Directive PD2020_006 - Responding to Sexual Assault \(adult and child\) Policy and Procedures](#)

[SESLHDPR/510 - Managing Secure Organisation Access within Cerner](#)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
14 October 2024	1.0	New document to facilitate consistency of practice, written by Dr Kathy Kamer, Forensic Medical Specialist Mid North Coast and Belinda Lee, Community Health Information Management Unit. Approved by SESLHD Health Records & Medico-Legal Committee and SESLHD Patient Safety and Quality Committee.

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APPENDIX 1

Photography Preparation

- Obtain the SAS camera.
- Set it to Auto mode and turn it on. Choose the Macro setting if this is not already selected.
- Ensure the live function turned off.
- Check that date and time are correct – if they are not, note that and record the correct date/time in the MFER.
- Turn on the ring light.

Taking the photos.

Perform hand hygiene at the start and end of the clinical encounter.

At the beginning – and again at the end – of the imaging process, take a photo of the consent form from the MFER. This is used to indicate the start and end of the sequence of photographs from this consultation and makes it easier to identify whether the images can or cannot be used for teaching purposes.

Remove any distracting material from the background. Have a neutral background colour, such as a grey or beige wall if the patient is standing or sitting or a blue decontamination drape if the patient is lying down. If your hands are going to be in shot, wear gloves. If the patients' hands can be seen (e.g., pulling clothing aside), have them put on gloves.

Ensure no shadows are being cast over the site being imaged. The SAS Counsellor may be able to assist by holding the ring light in appropriate positions, as directed by the MFEs.

Position the patient appropriately so that the site to be imaged is in view, taking care to maintain patient dignity and privacy using draping of sensitive areas. Avoid having the face in the shot (unless imaging a facial injury). Photography should not be unreasonably intrusive.

Take a photo of an area of skin with a colour card.

Take an establishing shot that shows where the injury is with the patient in the anatomical position if possible (see Table 1).

Table 1. Establishing shots for different body sites

Site	Establishing shot
limb	the joint above and below
anterior chest or anterior abdomen	entire anterior torso
posterior chest or posterior abdomen	entire posterior torso
ear	entire side of the head
hand	entire hand
foot	entire foot

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Place an adhesive ruler as close as possible to the injury, ensuring it does not cover any part of the injury. With the camera parallel to the plane of the injury and at the same level as the injury (to avoid distortion), take a photo (see Figure 1). For injuries involving curved surfaces it may be necessary to take multiple photos. Quickly check each photo as you take it: if it does not accurately show what you are trying to represent, troubleshoot the issue and take another (e.g., if too dark, add light).

Figure 1. Shooting with the camera parallel to the plane and at the same level as the injury.



If the establishing shot does not clearly show that there are no injuries that might be obscured by the ruler, take a second photo without the ruler.

Perform hand hygiene, clean the camera/phone and ring light (e.g., wipe with neutral detergent), and document in the MFER that photos were taken.

Once the consultation is finished:

- Go through the photos and delete poor quality images (e.g., blurry) and duplications (multiple images that just show the same thing – keep the best one). Be very careful not to delete wanted images.
- Transfer the photographs to secure electronic storage (see 5.10).
- After confirming that the transfer was successful delete the original images from the device.
- Return the camera/phone/ring light to their secure storage.

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APPENDIX 2

Transferring and storing the photos.

The images must be appropriately transferred to a secured storage location. The original images from the camera must be deleted.

You will require Secure Organisation Access within Cerner eMR. [SESLHDPR/510 - Managing Secure Organisation Access within Cerner](#)

Connect the camera or phone to a SESLHD computer using a data cable.



Log in and open EMR.

Follow the steps in "SESLHD PowerChart eMR Reference Guide. [eMR Multimedia Manager – adding Clinical Photography](#) i.e.

- Open SESIAHS PROD PowerChart from your Citrix published applications.
- Find your client on the Community Client List and open their SES VAN Forensic Photography encounter.
- Select Documentation, + Add.
- From the Catalog tab drop down list, select the document category "Community".
- Highlight "Progress Note" and press OKAY. This will open the document type and title you specified.
- When opened you can enter a free text comment on what you are uploading e.g., left arm abrasion.
- Click on the Insert Image icon.
- Select Multimedia Manager then click on OK. The Multimedia Manager window opens. Any images already in the MMM will display.
- Click on + Add.
- Click on Browse to navigate to your local photo storage location. NOTE: By default, your browsing path begins on the Citrix server. You need to drill down to your local computer to the camera where your photos are located. Your upload location should be remembered for next time so it may help if you place photos to be uploaded in the same location for your next progress note.
- When you have browsed to your photo location you can select your photos.
- Hold Ctrl + Left Click to select more than one photo then click on Open.
- When back on the previous window you will see the photos, you selected in the new Media tab.
- Right-click on each photo and rename using the nomenclature identified in NSW Health PD2015_047 Photo and Video Imaging in Cases of Suspected Child Sexual Abuse, Physical Abuse and Neglect Section 2.4.2 i.e. MRN_patient's initials_DOB_image number_examiner's initials_exam date. For example: 024281_SM_1 Jan 2005_photo 1_KK_29 Feb 2016.

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- Select 'Forensic Photos' from the Content Type drop-down list on the right-side Destination window. This will also assist with filtering to relevant photos in the future in the patient's eMR.
- Select 'Forensic Photos' at Encounter Level for the photos to live in the patient's eMR.
- Select the images to be uploaded from the left Origination window.
- Then click on the  to move to the right Destination window. Hold Ctrl + Left Click to select more than one photo.
- Click on Commit button in the bottom right of the Destination window. This will commence the upload to eMR. Your photos uploading process window will open showing the progress of the upload to the eMR.
- After your photos have uploaded click on Close to return to the Multimedia Manager window.
- Click on  Refresh in the top right of the Multimedia Manager window. You will now see the new images you uploaded.
- If there are many photos in the patient record you can use a search filter to find the relevant photo. In the search filter you can select from a pre-defined list in the drop down or select a specific date range. You can also search filter by Content type. Click on Apply to search by your filter rules. Select your images then click on Include.
- Hold Ctrl + Left Click to select more than one image. You will now return to your Progress note which will show the included images.
- Double check that Progress note is in the correct patient encounter by reading the Location on the Banner Bar. If incorrect, cancel Progress Note, choose correct encounter, and start the process again. **Loc:SES VAN PHOTO CH SGH**
- Click on Sign / Submit. The next window gives you a final chance to enter a 'Title' for your Progress note.
- Click on Sign to finish. Enter your password for final confirmation.
- Confirm that the photos are there: The Progress note will appear in the Documentation list. In the Patient Summaries tab, locate the MMF Media Gallery to access all the uploaded photos in the patient's eMR. Open the Multimedia Viewer by clicking on the View Image icon to see all the photos attached to the Progress note.
- Double check that you have uploaded the images to the right patient's file. If there has been an error:
 - Step 1: Modify any note that includes the image, and clear image from the note.
 - Step 2: In Multimedia Manager - Select the image, right click, and inactivate the image.
 - Step 3: In error the document. IMPORTANT: If a document is in-errored before removing the image, the image will be visible in the in-errored document and

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cannot be cleared. Inactivating an image will remove the image from MultiMediaManager and Media Gallery, but will not remove it from any documents it has been included in.

- Once you have confirmed image transfer, delete the images from the camera's memory card, unplug the camera, turn the camera off, and return all imaging equipment to secure storage.
- DO NOT DOCUMENT YOUR VAN PROGRESS NOTE ON THIS ENCOUNTER, complete it against your usual encounter.