

ACR Guidance for Institutional Policies on Chaperone Use in Sensitive Radiologic Examinations

Purpose

The purpose of this document is to provide guidance from the American College of Radiology regarding institutional policies for chaperone use in sensitive radiologic examinations. This guidance is grounded in the ethical principles outlined by the American Medical Association Council on Ethical and Judicial Affairs (CEJA), Report 07-A-25 (2025), and supported by peer-reviewed literature addressing patient comfort, trust, safety, communication, and professional integrity.

The American College of Radiology encourages practices performing sensitive radiologic examinations to develop institutional policies addressing chaperone use, chaperone qualifications, communication and documentation. Such policies support patient trust, transparency, professional accountability, risk management, and protection of both patients and importantly, also the healthcare professionals involved.

This document is intended as an educational and advisory resource to assist practices in developing policies appropriate to their local clinical settings, patient populations, staffing models, applicable laws and regulations, and available resources. It is not intended to establish inflexible rules, requirements of practice, or a legal standard of care.

Background

For the purposes of this document, sensitive radiologic examinations include examinations that may cause patients to feel physically or emotionally vulnerable, including but not limited to examinations involving exposure or examination of the breasts, genitalia, or rectal region.

A chaperone is a trained healthcare team member who supports the patient during a sensitive radiologic examination. Chaperones should understand examination workflows, professionalism, patient privacy, and confidentiality expectations.

The AMA CEJA Report (2025) addresses the availability of chaperones, documentation practices, and additional safeguards for minors and patients with impaired decision-making capacity.¹

Studies across multiple clinical settings demonstrate that patient preferences regarding chaperone use vary based on examination type, cultural background, gender, prior experiences, and individual comfort.²⁻⁸ Provider practices also vary considerably in the absence of clear institutional policies.⁹⁻¹¹

Radiology presents unique considerations because many sensitive examinations occur without direct physician presence. Practices should develop institutional policies that reflect local clinical settings, applicable laws and regulations, and available resources.

Institutional Policies on Chaperone Use in Sensitive Radiologic Examinations – Recommended Components:

1) Qualifications of Chaperones

Institutional policies should address the qualifications and training of chaperones during sensitive radiologic examinations. Those qualifications may include training in professionalism, patient privacy, confidentiality, communication, and examination workflows.

2) Circumstances for Chaperone Use

Institutional policies should address circumstances in which chaperones will be made available during sensitive radiologic examinations. Those circumstances may include but are not limited to:

- Transvaginal or transrectal examinations
- Exposure or examination of the breasts, genitalia, or rectal region
- Situations in which the patient requests a chaperone
- Situations in which the provider, radiologist or technologist requests a chaperone
- Minors or persons with impaired decision-making capacity
- Circumstances addressed by institutional or state policy

3) Patient Communication

Institutional policies should support clear communication and shared decision-making and should address cultural considerations, gender identity, and the presence of physical, emotional, or cognitive disability.

4) Documentation

Institutional policies should address documentation practices related to chaperone use in accordance with local practice standards, institutional requirements, and applicable laws and regulations.

5) Compliance

Institutional policies should reflect local clinical settings, patient populations, staffing models, applicable laws and regulations, and available resources. Policies should be reviewed periodically and updated as institutional practices, professional guidance, and regulatory requirements evolve.

References

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