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ADMINISTRATIVE MANUAL		Effective Date:	December 2016
System	[x]	Required Review:	Every 3 years
Hospitals	[]	Reviewed:	
Medical Practices	[]	Revised:	
Policy [x]	Procedure []	Responsible Position:	Director, Public Relations
Protocol []		Approval Requirements:	VP, Public Affairs Corporate Compliance Program Manager, Privacy Officer CEO/President, NorthBay Healthcare Board of Directors
Title: Photography and Recording Within NorthBay Healthcare Facilities by Patients Visitors, Employees, Volunteers, Physicians. and Media			

I. PURPOSE:

Some events that happen within our facilities are memories that families may want to capture in photography or in recordings for posterity. Other events are newsworthy, and may attract media attention. In addition, there are times when employees want to capture an event in the workplace involving their team or a patient. NorthBay Healthcare is legally required under the Health Insurance Portability and Accountability Act (HIPAA) and under California’s Confidentiality of Medical Information Act (CMIA) to protect the privacy of its patients and the security of information about them. NorthBay Healthcare also has a responsibility to protect the privacy of our visitors, physicians, volunteers and business associates and to safeguard certain categories of staff personal information, such as health benefits records subject to HIPAA and employee medical records subject to the CMIA. This policy spells out rules and regulations for staff, patients, visitors and volunteers when photography and/or recordings are involved at NorthBay Healthcare’s facilities.

- A.** To establish guidelines for situations in which patients and/or staff, physicians and volunteers may or may not be photographed, video or audio recorded within NorthBay Healthcare facilities.
- B.** To establish guidelines for taking photos and recording audio or video.
- C.** To facilitate compliance with HIPAA, the CMIA, and all other federal and state laws and regulations.
- D.** This policy does not apply to any security cameras on the premises, diagnostic imaging for medical purposes, telemedicine and the documentation of wounds for medical reasons or law enforcement purposes or other photography or audio or video recording approved by NorthBay Healthcare management to advance the hospital’s legitimate business purposes, such video recordings for marketing purposes or telephone recording for quality assurance purposes.

II. POLICY:

- A.** Guidelines for photographing/audio recording/video recording of patients and staff, physicians and volunteers by patients, family members and the patients’ visitors:

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1. NorthBay Healthcare is not required to obtain consent from the patient when the patient is the subject of the photography/audio/video recording and such recording is performed by the patient or the patient’s family members or the patient’s visitors at the patient’s request.
 2. Patients, family members or visitors are not permitted to take photographs of, or audio or video record other patients or staff, physicians and volunteers without a verbal consent.
 3. Patients, family members or visitors are not permitted to take photographs of patient procedures or medical equipment or of any patient records.
 4. If staff is aware of any inappropriate attempt to photograph or record a patient, staff, physician or volunteer without consent, then staff must take reasonable steps, including a call to security, to stop the activity.
- B. Photographing/Audio Recording/Video Recording of Patients by Staff, Physicians, Volunteers, Business Associates or members of the media:**
1. Written consent of the patient (or the patient’s guardian or personal representative) is required before an employee, physician, volunteer, business associate or member of the media may photograph or record a patient.
 2. Public Affairs must be notified in advance when media is involved.
- C. Photographing/Audio Recording/Video Recording of Staff, Physicians, Business Associates and Volunteers by Staff, Physicians, Business Associates, Volunteers or media:**
1. Verbal consent is all that is required in these situations.
 2. Verbal consent is not required when staff photograph or record only other NorthBay Healthcare employees engaging in activities related to the terms or condition of employment, such as photographing workplace injuries or unsafe working conditions. Staff should be aware, however, that California law generally prohibits recording of communications without the consent of all parties to the communication.
 3. Public Affairs must be notified in advance when media is involved.
- D. Photographing/Audio Recording/Video Recording of medical procedures on patients and of medical equipment is not permitted except when:**
1. The patient has signed a written consent and the staff and physicians involved have granted verbal consent.
- E. Signage should be prominently posted in patient areas to support this policy and should read: “Patient and staff permission required before photos are taken or recordings are made. See NorthBay.org/photosandrecordings for details.”**

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III. PROCEDURE:

- A. When a signed copy of patient permission is required, a copy of the “HIPAA Authorization and Consent to Photograph and/or Interview and Publish” form is attached and can be downloaded off the Public Relations page on ShareSpace. A copy should be placed in the patient’s record. A copy should be given to the patient, and the third copy should be sent to Public Relations.

REFERENCES:

Code of Federal Regulations (CFR). 45 CFR 160.103 (HIPAA definition of PHI). Retrieved from the internet 11/10/2016: <https://www.gpo.gov/fdsys/pkg/CFR-2009-title45-vol1/pdf/CFR-2009-title45-vol1-sec160-103.pdf>

U.S. Department of Human Services (HHS.gov. HIPAA for Professionals Retrieved from the internet 1/10/2016: <http://www.hhs.gov/hipaa/for-professionals/index.html>

California Civil Code Section 56 (Confidentiality of Medical Information Act). Retrieved from the internet 11/10/2016: <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=civ&group=00001-01000&file=56-56.07>

2016 CHA Consent Manual, Chapter(s) 1, 8.4 and 24.1-4

APPROVED BY:

Gary Passama
President/CEO, NorthBay Healthcare

NorthBay Healthcare is always pleased when patients are willing to communicate their stories, experiences, and information about their treatment. Sharing your story can help others who are interested in knowing more about the patient services provided by NorthBay Healthcare and can help promote its mission.

To ensure that NorthBay Healthcare is acting in accordance with your wishes, and using your personal information with your authorization, we ask you to fill out and sign this form. NorthBay Healthcare will keep this form on file and you will receive a copy for your records.

I hereby give my permission to be photographed and/or interviewed for publication while receiving treatment at the hospital or in any NorthBay Healthcare facility. The term "photograph" includes videotaping or still photography, in digital or any other format, and any other means of recording or reproducing images.

I agree that NorthBay Healthcare and my physician(s) may use the photographs and health information for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals, and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner. I am aware that once the photographs and health information are published or disclosed pursuant to this authorization they may be subject to re-disclosure by the recipient and will no longer be protected by state or federal privacy law (HIPAA).

I am entering into this agreement in order to assist scientific treatment, educational, public relations, and/or charitable goals and hereby waive any right to compensation for these uses by reason of the foregoing authorization. I and my successors or assigns hereby hold NorthBay Healthcare, its employees, my physician(s) and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph," as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, videodisc, and any other mechanical or electronic means of recording and reproducing images. Images may be used in publications or online.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to receive treatment. I may revoke my authorization up to a reasonable time before the photograph is used, but must do so in writing and submit the request to: Public Relations, NorthBay Healthcare, 4500 Business Center Drive, Fairfield, CA, 94534. If not revoked, this consent expires ten years from the date that I sign it.

Print Name: _____

Date: _____ Time: _____ Signature: _____

(patient/parent/conservator/guardian)

If signed by other than patient, indicate relationship: _____

Witness: _____

 **NORTH BAY HEALTHCARE** 1200 B. Gale Wilson Blvd., Fairfield, CA 94533

HIPAA AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND/OR INTERVIEW AND PUBLISH



00015-9411 (12/16) Consents Treatment

Admission Data