Community Action Health Center

Policy: Audio, Photo, and Video Recording Policy	**Policy Revised Date:**
Procedure Revised Date:	**Policy Board Approved:11/30/2023**

I. Purpose

As a responsible health care provider, Community Action Corporation of South Texas (Health Center) must take reasonable steps to protect its patients, visitors, employees and other staff members from unauthorized photography or recording. Due to the sensitive nature of patient information and to protect patient privacy, the policies and guidelines below apply to all photography, imaging, audio, video, or other electronic recording of patients, visitors, employees, or other persons present within Health Center facilities.

II. Definition

For the purposes of this policy, "photography or recording" refers to recording an individual's likeness (e.g., image or picture) or voice using photography (e.g. cameras or cellular telephones), audio recording (e.g, a tape or digital recorder), video recording (e.g., video cameras or cellular telephones), digital imaging (e.g., digital cameras or web cameras), or other technologies capable of capturing an image or audio data (e.g., Skype). This does not include medical imaging such as MRIs, CTs, laparoscopy equipment, or images of specimens.

III. Policy

To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) and regulations and guidelines promulgated thereunder, as well as to ensure that the Health Center is able to effectively provide the highest quality treatment for its patients, the following policies apply to all photography or recording in the Health Center facilities. These policies apply to patients, family members, visitors, other third parties, employees, and other Health Center staff members as set forth below:

A. Photography or Recording by Patients, Family Members, Visitors, and other Third Parties

The following guidelines apply to all photography or recording by patients, family members, visitors, and other third parties. The photography and recording policy applicable to patients, family members, visitors, and other third parties should be prominently posted on signs throughout the facilities.

1. Patients, family members, and/or the patient's visitors are generally permitted to take photographs or recordings of one another, related to the patient who is being visited, unless otherwise instructed by Health Center staff, provided that such activity

complies with the guidelines below.
2. Patients, family members, visitors, and other third parties are prohibited from photographing or recording Health Center personnel, equipment, or facilities.
3. The patient, the patient's family members, and the patient's visitors are prohibited from photographing or recording other Health Center patients without obtaining the Health Center's consent.
5. Medical equipment or set-up should not be moved to accommodate photography or recording.
6. All equipment used for photography or recording should be battery powered.
7. Patients, family members, visitors, and other third parties are prohibited from taking photographs or recordings for insurance and/or legal purposes without the Health Center's consent.
8. The Health Center reserves the right to prohibit any photography or recording for any reason or for no reason.

B. Photography or Recording for Clinical Purposes

1. When taking photographs or recordings of patients for clinical purposes, patients should be advised. Any such photographs or recordings should also be made a part of the patient's electronic medical record.
2. Any such photograph, video, or recording should be released and/or used only as authorized or required by law.
3. Any such photograph, video, or recording should be made only with Health Center-owned equipment.
4. Any photograph, video, or recording of a patient made for clinical purposes should be deleted from the Health Center's equipment once they have been placed in the patient's electronic medical record.

C. Policy Regarding Photography and Recording by Health Center Personnel for Non-Clinical Purposes

1. Health Center employees, staff members, or other personnel affiliated with the Health Center are prohibited from taking any photographs or recordings for non-clinical purposes except as otherwise provided below.

D. Policy Regarding Photography or Recording for Marketing or Promotional Purposes

When taking photographs or recordings for marketing or promotional purposes, the following guidelines should be followed.

1. Before taking any photographs or recordings for marketing or promotional purpose, written consent shall be obtained from the patient (or authorized legal representative) using the following form:
   a. The "Consent to Use Photography or Patient Story" Form.

2. A health care provider, or appropriately delegated person, is responsible to explain to the patient (or authorized legal representative) why a consent documented is required by describing:
   a. The purpose of taking the photography or recording; and
   b. The proposed use(s) of the photograph or recording (e.g., marketing or promotional purposes).

3. A patient may revoke consent as set forth in the form. No further use or disclosure shall be made of the photograph or recordings after a written revocation is received from the patient or authorized legal representative.
4. Any such photograph, video, or recording should only be made with Health Center-owned equipment.

IV. Procedure

A. Procedure for Inappropriate Photography or Recording by Patients, Family Members, Visitors, and Other Third Parties

1. If a patient, family member, visitor, or other third party is engaging in photography or recording in violation of the above guidelines, the patient, family member, visitor, or other third party should be given a copy of the above policy and politely asked to cease the inappropriate photography or recording.
2. If a family member, visitor, or third party refuses to cease the inappropriate photography or recording, the family member, visitor, or third party should be politely asked to leave the premises.
3. If the family member, visitor, or third party refuses to leave the premises, the facility manager should be notified.
4. If the family member, visitor, or third party refuses to leave after being asked by Health Center management, law enforcement should be called to remove the family member, visitor, or third party from the facility.
5. Health Center personnel should never deny treatment of the patient due to violation of the photography or recording policy, however a Health Center Clinician may require the patient to discontinue recording prior to initiating or resuming the clinical visit.

CONSENT TO SHARE PHOTOGRAPH OR PATIENT STORY

Completion of this document demonstrates consent to share a photograph or patient story, as set forth below, consistent with state and federal laws and regulations. Failure to provide all information requested may invalidate this Consent. Another HIPAA-compliant authorization may also be required, in addition to this Consent for mental health, substance abuse treatment, or HIV treatment records.

Patient/Individual Name: ______________________

I. CONSENT TO SHARE PHOTOGRAPH OR PATIENT STORY

I hereby consent to share my picture and/or "Patient Story" concerning my health care at Community Action Corporation of South Texas ("Health Center"). The term "Patient Story," means story as shared by patient in print, verbally, or in photography or audio/visual recording via email, verbal or written interview, video or any other format, and any other means of recording a story.

II. PURPOSE

I hereby authorize the use or disclosure of Patient Story for the following uses or purposes:

[Describe the permitted uses, e.g., dissemination to Staff, physicians, other healthcare providers, and members of the public for treatment, educational, research, scientific, marketing/public relations, and charitable purposes and/or to members of the news media for publication in print and/or online].

III. CONSENT AND AUTHORIZATION

I hereby consent to share my Patient Story in order to assist in the Health Center's treatment, educational, marketing/public relations, and/or charitable purposes or goals. I hereby waive any right to compensation for such uses by reason of the foregoing Consent. I and my successors and assigns hereby hold the Health Center and the photographer and their directors, officers, providers, contractors, agents, employees, and other persons, and their successors and assigns, harmless from and against any claim for injury or compensation resulting from the activities authorized by this Consent.

IV. EXPIRATION

This Consent is valid until the earlier of the occurrence of the death of the patient; the patient reaching the age of majority (if the patient is a minor); or consent is revoked.

V. NOTICE OF PATIENT RIGHTS AND OTHER INFORMATION

I understand that I may refuse to sign this Consent. My refusal will not affect my ability to obtain treatment or eligibility for benefits. I may inspect or obtain a copy of the Patient Story whose use and/or disclosure I am authorizing. I may revoke this Consent at any time, but I must do so in writing and submit it to the address below. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Consent; in other words, whatever parts of the Patient Story have already been shared with third parties, including the media, cannot be rescinded. I understand that have a right to receive a copy of this Consent.

Community Action Corporation of South Texas Privacy officer can be reached at (361) 664-1417 ext. 2002

VI. SIGNATURE

I have read this release, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature: ______________________________________ Date:

Print Name: ______________________________________

Address: ____

City: ______________________________ State: ________ Zip Code: ________________________

Signature of Personal Representative/Guardian if applicable: ____

Printed Name of Personal Representative/Guardian: ____

Relationship, if Personal Representative/Guardian: ____