

Office of Origin: News Services/Office of Strategic Communications and University Relations, 415.502.NEWS

I. PURPOSE

To assist UCSF Medical Center in fulfilling its primary obligation to protect our patients' welfare and privacy, while simultaneously permitting us to deal effectively and fairly with representatives of the news media attempting to fulfill their responsibilities to the public.

II. REFERENCES

Health Insurance Portability and Accountability Act (HIPAA) of 1996, set forth at 45 C.F.R. parts 160 and 164

Health Information Technology for Economic and Clinical Health (HITECH) Act, set forth at 42 U.S.C. § 17921 et seq.

CMS Condition of Participation, Patient Rights, 42 C.F.R. § 482.13 (c)(1), see Interpretive Guidelines, State Operations Manual

California Confidentiality of Medical Information Act (CMIA), set forth at California Civil Code § 56.10 et seq.

III. DEFINITIONS

Not applicable.

IV. POLICY

The procedures in this policy will be followed by UCSF Medical Center personnel who are called upon to answer questions from the news media about patients. News Services (415-502-NEWS) is staffed by on-call personnel 24 hours per day, 365 days a year.

V. PROCEDURES

A. Who Is Authorized To Provide Information?

A spokesperson will be designated by News Services in consultation with a Medical Center manager or applicable staff person. The spokesperson might be a News Services representative or a physician, administrator, nurse manager, supervisor or designate, etc.

B. What Information May Be Released

In order to protect the privacy and confidentiality of personal information and protected health information, all UCSF Medical Center staff and News Services staff must follow federal and state laws and regulations, including HIPAA, HITECH AND

CMIA and University policies, regarding access to and releasing of patient information.

C. The basic standards include:

1. News gathering activity: A member of the health care provider team must make the initial contact with a patient or the patient's family or designated representative about further discussion with a member of News Services regarding possible release of patient information or photography.
2. Authorization (Consent) form: Prior to disclosure of the patient's medical information to any outside entities or before an interview or photography session takes place, the patient must sign a consent form, the Consent for Photography/Authorization for Publication (see Appendix 1), available at nursing units and from News Services.
3. Basic information: If the media requests specific information about a patient, the caller must first identify the patient by name. (Note point "c" regarding Emergency Situation and point "g" regarding Pediatric Patients). The Medical Center or News Services representative will ask the patient or the patient's family or designated representative, if the patient is unavailable, for permission before confirming that the patient is in the institution and the patient's condition. Release of information about a patient's condition is limited to the following:
 - a. Condition information
 - i Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
 - ii Fair: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.
 - iii Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
 - iv Critical: Vital signs are unstable and not within normal limits. Patient is acutely ill. Indicators are unfavorable.
 - v Deceased: News of the death of a patient is public information only after the family or designated representative has been notified and given an opportunity to limit or restrict information or all reasonable attempts to notify the family or designated representative have been made. With or without the family or designated representative's permission, the following information taken from the patient's death certificate may be released:
 - (a) basic patient information (as shown above)
 - (b) time of death
 - (c) cause of death may be reported when it is entered on the death certificate by the attending physician or the coroner. Further questions about the deceased may be referred to the funeral director if known.

- b. Restriction of basic information: At any time a patient or the patient's family or designated representative, if the patient is unavailable, may restrict or prohibit the use or disclosure of information regarding the patient's condition by notifying the Admitting Department about his or her listing in the hospital directory, which contains basic information such as name and condition.
4. Special situations
 - a. Emergency situation: If a patient has not had an opportunity to limit or restrict basic information in the facility directory because the care is being provided in an emergency situation, including but not limited to mass emergencies, the patient's family or designated representative will be notified and provided an opportunity to limit or restrict the release of basic information. If family or designated representative is not available or reachable, a professional judgment must be made as to whether the patient would otherwise permit disclosure of this information to an outside caller. In some emergency situations, it also will be a professional judgment as to the release of condition information when the patient's name is not known by the news media but the circumstances of emergency care are newsworthy (such as a fire, near drowning, etc.) In emergency situations, the name of a patient is never released to a news media representative, even if the media representative has specific information that could identify the individual, unless the patient has signed a Consent Form.
 - b. Circumstances of an accident or major trauma: No statement may be made by UCSF Medical Center or News Services spokespersons about how the incident occurred. This may be a matter of public record and may actually be widely known through earlier news reports, but it is not appropriate for the hospital to provide such details (for example, the type of accident, specifics of an assault, or where it occurred). Such questions should be referred to the appropriate police or other public agency.
 - c. Battered children: No statement may be made that a child's injuries appear to be the result of child abuse, even if an official report has been filed. However, the condition of the patient may be released in accordance with these guidelines.
 - d. Psychiatric or drug and alcohol abuse patients: Federal and state laws and regulations strictly prohibit the giving of any information about psychiatric or drug and alcohol abuse patients, including information as to whether they are in the hospital or not. Reporters may have information from police or other sources about persons who subsequently become psychiatric or substance abuse patients. It is recommended that all such inquiries be answered, "We cannot, under federal and state laws and regulations, comment on this case." No statement should ever be made about whether a patient is intoxicated or whether the person has ingested alcohol or drugs.
 - e. Pediatric Patients: Unless a pediatric patient is listed as confidential (at the request of the family or designated representative, when the child is a psychiatric patient, etc.), a general condition report may be given to the media if the family or designated representative has granted permission to

release this basic information. The family or designated representative is contacted if the child's case appears to be a high-profile situation likely to generate media attention. It is always the family's decision whether to release further information about the child's condition and prognosis.

5. Photographs/Digital images: Photographs, video or other digital images of patients may be made with the patient's written authorization (consent) if the attending physician confirms his or her condition will not be jeopardized. The patient, or his/her guardian, must sign a Consent for Photography/Authorization for Publication form, copies of which are available at many nursing units or from News Services. A member of the health care provider team must make the initial contact with a patient or his/her guardian about further discussion with a member of News Services about the possibility of taking a photograph (as noted in number V. C.-1 above.) The consent form must be retained a minimum of six years by the consenting department in accordance with University policies.
6. Interviews: Interviews of patients may be conducted with the patient's written authorization (consent) if the attending physician confirms his or her condition will not be jeopardized. The patient, or his/her guardian, must sign a written consent form, copies of which are available at many nursing units or from News Services. A member of the health care provider team must make the initial contact with a patient or the patient's family or designated representative about further discussion with a member of News Services regarding possible release of information (as noted in number V. C.-1 above). The consent form must be retained a minimum of six years in accordance with University policies.

VI. RESPONSIBILITY

Questions about the implementation of this policy should be directed to the Executive Director, News Services, Office of Strategic Communications and University Relations, at 476-8254.

VII. APPENDIX

[A copy of the Consent for Photography/Authorization for Publication form can be found on UCSF.edu Media Coverage page at: http://www.ucsf.edu/news/news-media-services/media-coverage-guidelines .](http://www.ucsf.edu/news/news-media-services/media-coverage-guidelines)

VIII. HISTORY OF POLICY

Reviewed March 2003 by Carol Fox, Assistant Vice Chancellor for Public Affairs

Reviewed April 2003 by the UCSF Office of Legal Affairs and Medical Center Risk Management

Approved April 2003 by the Executive Medical Board and the Governance Advisory Council and Chancellor J. Michael Bishop

Revised November 2011 by Amy Pyle, Executive Director/News Services

Approved January 2012 by Policy Steering Committee

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Copy of the Consent for Photography/Authorization for Publication form

		UNIT NUMBER	
		PT. NAME	
		BIRTHDATE	
DATE:	TIME:	LOCATION	DATE
<p>CONSENT FOR PHOTOGRAPHY / AUTHORIZATION FOR PUBLICATION</p> <p>I hereby give my consent for photography, filming, videotaping and/or audio recording or other means of capturing my image or voice and/or being quoted in the media or printed materials (including social media websites) at UCSF and hereby authorize release of such to:</p> <p>_____</p> <p>_____</p> <p>Check one of the following:</p> <p>I am a/an Patient ___(or) Patient's surrogate (legal representative) _____. Staff ____, Volunteer ____, Visitor ____, Other (describe) _____.</p> <p>I authorize the use or disclosure of such for the following purposes (check all that apply):</p> <p><input type="checkbox"/> Research Activities (faculty, staff or vendors). <input type="checkbox"/> External Teaching (Publication in scholarly journals and textbooks; educational seminars, conferences and scientific exhibits/illustration; educational lectures to professional and public groups, etc.). <input type="checkbox"/> Marketing, Advertising and Media (Public Relations and charitable goals: UCSF publications and websites, printed materials, news reporting, documentary films, commercials, television or film, social media websites, etc.). <input type="checkbox"/> Other uses (describe): _____</p> <p><u>THE FOLLOWING QUESTIONS ARE APPLICABLE TO PATIENTS ONLY:</u></p> <p>Please specify the types of health information regarding your medical condition or treatment you authorize for release: _____.</p> <p>Dates of Treatment: _____.</p> <p>The following information will not be released unless you specifically authorize it by initialing the relevant line(s) below:</p> <p><input type="checkbox"/> I specifically authorize the release of information pertaining to drug and alcohol abuse, diagnosis or treatment (24 C.F.R. Sections 2.34 and 2.35). <input type="checkbox"/> I specifically authorize the release of information pertaining to mental health diagnosis or treatment (W&I Code Section 5328). <input type="checkbox"/> I specifically authorize the release of HIV/AIDS test results (H&S Code Section 120980(g)). <input type="checkbox"/> I specifically authorize the release of genetic testing information (H&S Code Section 124980(j)).</p> <p>Information disclosed pursuant to this Authorization could be re-disclosed by the recipient. Such disclosure may no longer be protected by state or federal confidentiality laws.</p> <p>I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.</p>			

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**CONSENT FOR PHOTOGRAPHY
AUTHORIZATION FOR PUBLICATION (Page 1 of 2)**



UNIT NUMBER

PT. NAME

BIRTHDATE

DATE:

TIME:

LOCATION

DATE

CONSENT FOR PHOTOGRAPHY / AUTHORIZATION FOR PUBLICATION

THE FOLLOWING IS APPLICABLE TO PATIENTS AND NON-PATIENTS:

I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I and my successors or assigns hereby hold UCSF and its personnel and affiliated programs harmless from any and all liability which may or could arise from activities authorized by this agreement.

This authorization expires on _____. If no date given, authorization will expire 12 months after the date of signature of this form. Upon expiration of this Authorization, UCSF will not permit further release of any photography or information, but will not be able to call back any photography or information already released.

I may request cessation of filming or recording at any time. I may rescind this Authorization up until a reasonable time before the photography or information is used, but I must do so in writing.

I have a right to receive a copy of this Authorization.

UCSF will ___will not ___receive compensation for the use or disclosure of my photography or information. _____

UCSF Contact Information:

PATIENT SIGNATURE:

Signature: _____ Date: _____
(patient or patient's surrogate)

If signed by someone other than the patient, indicate relationship:

Print name: _____
(patient or patient's surrogate)

Contact Information (Name, address, phone number & email address):

Witness _____ Date: _____

Language: English ___ Other _____

Interpreter used (in person): ___ (telephone) ___

Interpreter Name (please print): _____

NON-PATIENT SIGNATURE:

Signature: _____ Date: _____

Witness _____ Date: _____

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