



POLICY TITLE: Audiovisual Recording of Patients and Premises for Non-Treatment Purposes	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.22	CATEGORY: Compliance & Ethics
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Prepared by: Office of Legal Affairs; Office of Corporate Compliance	Notations:

GENERAL STATEMENT of PURPOSE

To present a policy for the purpose of Audiovisual Recordings within Northwell Health (Health System) sites and facilities for filming, research, education and other non-treatment purposes.

POLICY

It is the policy of Northwell Health that audiovisual recordings may be taken in the Health System only in accordance with the requirements outlined in this policy. Still photography by the patient, or patient’s family/visitor, is permitted for their own personal use in clinical care settings upon provider permission; however, there shall be no audiovisual recording or live streaming in any clinical care setting without written consent. Still photography is permissible in non-clinical care settings so long as no other patients, employees or visitors are captured in the photograph. Under no circumstances will audiovisual recordings be permitted to interfere with the provision of patient care, under conditions that may compromise a patient’s privacy or contrary to any applicable Health System policy.

An Authorization for Release of Protected Health Information is required in certain situations as outlined in this policy and must be obtained prior to taking patient photographs, videotapes or audiotapes that are intended to be used for any purpose, transmitted or published by the Health System, its personnel or any other person or entity that may be designated or authorized by the Health System in any medium including publications in educational forums outside of Northwell Health.

This policy does not apply to audiovisual recordings for treatment purposes. Please refer to Northwell Health Policy #800.23 – *Audiovisual Recordings of Patients for Treatment Purposes*.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

Audiovisual Equipment: includes, but is not limited to, film cameras, digital cameras, video and/or mobile phones, video recorders, and digital video recorders. Audiovisual recording incorporates photographs, audio recordings, videotapes, films and/or media interviews by personnel or contractors, news media organizations, or any person, firm or organization that may be designated or authorized by the Health System, in connection with medical, mental health and other services.

A/V Authorization: shall mean the Authorization to be Audio/Visually Recorded (VD013).

General Authorization: shall mean the Authorization for Release of Health Information (VD001).

Filming: means engaged in filming, photographing or other audiovisual recording.

Industry: shall mean any pharmaceutical, biotechnology, medical device or other healthcare related entity.

Minor: shall mean an individual that is under the age of eighteen (18) years old.

News Media Staff: a member of the media includes anyone engaged in the acquisition of news at any Northwell Health facility with the intent of disseminating it through legitimate and recognized mediums, including TV, radio, newspaper, magazine, books, documentary film/video productions, the internet, and various wireless delivery formats. Also included, but not limited to, are those supporting the press, including camera crews, set-up crews, lighting crews, makeup artists, and photographers.

Northwell Employees: shall mean all Northwell Health providers, employees, volunteers, students, trainees and any other individuals treated as a member of Northwell's workforce.

Northwell Representative(s): shall mean one or more representatives specifically designated by Northwell who will oversee all activities related to Filming and who must be present with Production Company Staff at all times while Filming, or otherwise interacting with any patients, or with any of Northwell's Employees or visitors, or when present in any areas of Northwell property.

Personal Representative: shall mean a person who has legal authority to make specified decisions for an individual.

Production Company Staff: all members of the film crew, including but not limited to all producers, videographers, production assistants and other staff members.

Protected Health Information (“PHI”): Any oral, written or electronic individually identifiable health information. PHI is information created or received by Northwell that (i) may relate to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The Health Insurance Portability and Accountability Act (“HIPAA”) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of a ZIP code in certain situations;
3. All elements of date (except year) for dates directly related to an individual, including birth date, discharge data, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical Device Identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

The Authorizations: collectively mean both the A/V Authorization and the General Authorization. Filming: shall mean any filming, photographing or other recording.

Responsible Provider: shall mean a healthcare provider responsible for the subject patient.

PROCEDURE

Patient Authorization – All requests for audio visually recording patients and/or hospital premises for any publicity, advertising, marketing or professional engagement purposes must first be approved by Service Line Leadership and the Public Relations or Marketing Departments, when applicable. All patients, guardians of minor patients, or persons otherwise authorized to sign on behalf of a patient must sign #VD013 “*Authorization to be Audio/Visually Recorded Form*” (Vital Docs Website link-

<https://secure.vitaldocs.cexpforms.com/>) before any photograph or recording is made and prior to providing any Protected Health Information to Service Line Leadership, the Public Relations or Marketing Departments. The signed authorization form must be maintained by the department responsible for the recording or the Public Relations or Marketing Departments, as applicable.

Northwell Health’s Public Relations Representatives (“Northwell PR Rep”) may be contacted during regular business hours at 516-321-6701. After hours and on weekends, a Northwell PR Rep can be reached at 516-840-0644. The public relations contact telephone numbers at other Northwell hospitals are the following: Staten Island University (718-226-2483), Lenox Hill (212-434-2400), Huntington and South Shore (516-350-3014), Mather (631-476-2723), Northern Westchester (914-666-1266), Phelps (914-366-3103) and Feinstein Institute for Medical Research (516-465-2752). Northwell Health PR Reps will make arrangements with a photographer/recorder and supervise this individual while the audiovisual recording takes place.

Social Media

All requests for audio visually recording patients and/or hospital premises for use on any social media platform must have advanced written permission from Northwell Health’s Content Management team as outlined in *HR Policy Part 13-11 – Social Media Acceptable Use*. Northwell Health’s Content Management Team may be contacted via email at socialmedia@northwell.edu. The Content Management Team will procure patient consent via the #VD013 “Authorization to be Audio/Visually Recorded Form.” In the event a user is contacted by a member of the media concerning the Health System on any social media site, the user must immediately notify Public Relations and get approval prior to responding.

Audiovisual Recording of Patients and/or Hospital Premises by Outside Film Crews – The following procedures apply to all Northwell Employees and to all members of the Production Company Staff at any Northwell Health facility. These policies and procedures do not apply to filming by news media videographers or photographers. For news media, please refer to the Filming by News Media section below.

Pre-Filming Requirements:

1. Approvals

- a. All Filming requests will be considered on an individual basis. Please contact the Office of Legal Affairs (“OLA”) as soon as possible so that the proper approvals may be obtained, and the requisite documents may be drafted. The amount of advance notice must always be commensurate with the scope of the Filming project. For smaller projects, OLA typically needs at least three (3) weeks’ notice, but in cases where a three (3) week lead time is not feasible, requests will be considered on a case-by-case basis. Large scale Filming projects need at least six (6) months’ advanced notice.
- i. All requests for Filming shall include at a minimum, the Northwell locations, purpose, dates, specifications and duration of the Filming as well as to what audience it will be geared and where it will be aired. Requests should also include the requisite approvals. Approvals must be obtained from:
 1. Northwell Health Marketing Communications (site Public Relations for small scale projects);
 - a. Sponsorships and Events/Integrated Marketing if the project takes place with a Northwell partner/vendor;
 2. The Chair of the Service Line(s);

3. The Executive Director of the site(s); and
4. Compliance whenever a voluntary physician or any Industry is involved, or where there is any payment, product endorsement, or other potential conflict of interest. (Please note: it is our general policy that we do not permit voluntary physicians to Film at Northwell owned facilities).

2. Production Services or Location Agreement

- a. If permission to Film at Northwell is granted, the Production Company must sign Northwell Health's Production Services or Location Agreement (as applicable) prior to the start of any Filming.
- b. A Certificate of Insurance naming Northwell Health and any of its respective parents, partners, subsidiaries, members, affiliates, officers, directors, trustees, employees, agents, successors, assigns and representatives as additional insured as their interest may appear, for the days of the shoot must be provided to Risk Management InsuranceCertificates@northwell.edu at least 24 hours before Filming. All Certificates of Insurance shall comply with the terms and limits set forth in the applicable Production Services or Location Agreement.

3. Business Associate Agreement

- a. If any Northwell Health facility or medical staff member wishes to hire a vendor to Film at a Northwell Health facility, the videographer or Production Company Staff must sign Northwell Health's Business Associate Agreement prior to the start of any Filming. This includes, but is not limited to, Filming of procedures for educational purposes.

4. Authorizations and Appearance Releases

a. Generally:

- i. All forms must be completed in their entirety.
 1. NO Northwell forms may be edited in any manner. OLA is available to assist with creating an auto filled A/V Authorization (to the extent appropriate) for Filming projects upon request.
 2. If before Filming, it is agreed that any part of an individual's likeness will be altered (blurred, voice altered, AI generated, etc.) the same process iterated below must still be completed in its entirety. Production Company Staff is solely responsible for working with the individual on the details of the alteration.
 3. All Authorizations must be obtained by Northwell Employees as specified below.
 4. Originals of all forms referenced below will be kept securely in paper format or electronically and forms not obtained by Northwell will be provided to Northwell Public Relations as often as practicable.

b. Patients:

- i. The Responsible Provider must determine whether or not it is appropriate, based on the patient's condition and circumstances, to give the patient the option to be Filmed, or to have any of their PHI used or disclosed.
 1. Under no circumstances will any patient who lacks capacity, as determined by the Responsible Provider, be considered for Filming.
- ii. The Responsible Provider must describe the nature of the Filming project to the patient and must then obtain the A/V Authorization and, if appropriate, the General Authorization, from the patient. Alternatively, the Responsible Provider may, after explaining the nature of the Filming project to the patient, get verbal consent from the patient for the Northwell

Representative to obtain the A/V Authorization and, if appropriate, the General Authorization (as detailed below) from the patient.

1. If any HIV, substance use treatment, genetic test or mental health treatment information is included in any Filming, the patient must sign the General Authorization and must specifically authorize the use/disclosure of such information, in addition to the A/V Authorization.
- iii. If Production Company Staff is obtaining an appearance release (after review and approval by OLA) (an "Appearance Release"), they may be introduced to the patient and answer any questions only after the Authorizations have been signed.
- iv. All aforementioned forms must be completed by the patient themselves (except for Minors as set forth in the section below). Consent from a patient's Personal Representative is not an acceptable substitute for patient consent for Filming. The role of a Personal Representative is only to make decisions necessary for medical treatment or refusal of treatment.
- v. For the avoidance of doubt, NO engagement between the patient and Production Company Staff is to occur until the aforementioned steps are taken.
- vi. The patient or their Personal Representative (in the case of a Minor) should be provided with a copy of the Authorizations once completed.
- vii. Patients or their Personal Representatives (in the case of a Minor) must have the right to revoke the Authorizations at any time, except to the extent they have been relied upon.

NO NON-NORTHWELL EMPLOYEES ARE TO HAVE ANY EXPOSURE TO PATIENTS OR PHI PRIOR TO THE AUTHORIZATIONS BEING SIGNED AND ALL QUESTIONS RELATED THERETO BEING ADDRESSED BY NORTHWELL HEALTH.

c. Employees and Non-Patients

- i. All Responsible Providers and all other Northwell Employees who will engage with Production Company Staff must complete Northwell's Film Participation Training prior to any Filming. Production Company Staff is responsible for confirming with the Northwell Representative that all such Northwell Employees to be Filmed have received the training.
 1. The Northwell Representative is responsible for maintaining a list of all Northwell Employees identified to be Filmed and arranging for scheduling the applicable Northwell Film Participation Training prior to authorizing any Filming or any other engagements with Production Company Staff that could result in the disclosure of PHI.
 2. The Northwell Representative must maintain a log of the date that all Northwell Employees identified above were trained, as well as obtain and maintain a signed attestation from all such Northwell Employees attesting to the completion of their training.
- ii. All employees and non-patients must consent to the use of their picture, likeness, image and voice on film, video (digital or tape format) or still photographs by signing an Appearance Release form (if applicable) and the Irrevocable Consent to be Recorded, which may be obtained from the Office of Legal Affairs.
 1. The Irrevocable Consent must be maintained by Northwell.
- iii. For all family members, friends and visitors of patients who may be Filmed, the Irrevocable Consent and any Appearance Release (if applicable) will only be provided after the subject patient signs the applicable Authorizations. However, with approval from the Northwell Representative(s), once the subject patient has agreed to participate in the Filming project and has begun to complete the applicable Authorizations, the Irrevocable Consent and Appearance Release may be contemporaneously obtained.

- iv. The Northwell Representative(s) will provide the Irrevocable Consent and if requested by Production Company Staff, the Appearance Release. Only Northwell Employees may answer questions about the Irrevocable Consent, and all questions about the Appearance Release must be answered by Production Company Staff

d. Minors

- i. A Minor requires the consent of a parent or where applicable, legal guardian, in order to participate in Filming.
- ii. In a case where you believe the patient is an emancipated minor, please contact OLA.
- iii. Where a parent/legal guardian consents on behalf of a Minor, but the Minor objects to participating in Filming, no Filming may commence.
- iv. Both parent/legal guardian consent AND Minor consent is required when:
 - 1. The content of the Filming involves medical care for contraception (except sterilization), treatment for venereal disease or abortion, obstetrical care/delivery or HIV;
 - 2. The Minor is thirteen (13) or over unless they do not have capacity in which case they must give consent as soon as reasonably practicable upon regaining capacity in the event that they do; or
 - 3. The content of the Filming involves mental health or substance use treatment.
- v. If there are any questions or concerns about obtaining Minor consent in the above cases, please contact OLA before proceeding.
- vi. If a Minor is Filmed, whether or not they signed the Authorizations, and they are of age at the time of the production's release, a confirmatory consent is required to be obtained by Production Company Staff prior to release.

5. General Clinical Requirements Including Health Clearance and Screening

- a. All individuals working at a Northwell facility are required to complete the following medical clearance requirement(s) (unless medically contraindicated):
 - i. The Hospital Health Assessment Form (including health and immunization criteria), and/or the Media Health Screening Assessment Form, as applicable.
 - ii. Any individual with signs or symptoms of a communicable disease(s) or who has tested positive for Tuberculosis in the past year is prohibited from entering Northwell Health patient care areas. Communicable diseases include those that can be transmitted from person-to-person by the respiratory route (e.g., during coughing, sneezing, talking) or by casual contact. Such diseases include but are not limited to: COVID-19, tuberculosis, influenza, pertussis ("whooping cough"), chickenpox and measles.
- b. All individuals working at a Northwell facility may be required to wear personal protective equipment ("PPE)," as determined by Northwell Employees, which may include:
 - i. Masks: Production Company Staff entering any Northwell facility or vehicle may be required to wear a mask as directed by Northwell Employees.
 - ii. Other PPE: Production Company Staff may be required to wear additional PPE as requested by Northwell Employees. This may include eye protection, face shield or goggles.
- c. Depending on current federal or state guidance, or upon Northwell's determination that COVID-19 still presents a significant health or safety risk to patients, visitors and/or staff, the following COVID-19 specific screenings may be required:
 - i. COVID-19 PCR Testing: Production Company Staff may be asked to have a COVID-19 PCR test completed at a frequency determined by Northwell. All PCR testing must be completed at a location approved by Northwell. Production Company Staff will maintain all test results and provide such results to Northwell as reasonably requested.
 - ii. Daily COVID-19 Questionnaire: Production Company Staff may be responsible for

administering a daily COVID-19 questionnaire to all Production Company Staff that will be present at a Northwell facility or in any vehicle to determine if that Production Company Staff is safe to be present. The questionnaire must ask the same questions as that provided to Northwell Employees who will be present on site. Production Company Staff must maintain this questionnaire and provide copies to Northwell as reasonably requested. Production Company Staff will be responsible for reporting all Production Company Staff members that present a positive COVID-19 test who were at a Northwell facility within the past 14 days.

6. HIPAA Privacy and Security Training

- a. Generally. The HIPAA Privacy and Security Training shall include:
 - i. Review and understanding of these Filming Guidelines
 - ii. Review of guidance promulgated by the U.S. Department of Health and Human Services, Office for Civil Rights (“OCR”)
 - iii. Review of the HIPAA Monitor Checklist
 - iv. Live training session(s) with OLA
 - v. Any other material as deemed necessary by OLA
- b. Northwell Employees. All Northwell Employees who are involved in the Filming project must meet the following requirements:
 - i. Complete the HIPAA Privacy and Security Training and attest to the completion of such training by completing the HIPAA Privacy and Security Training Attestation form.
 - ii. Must have access to Northwell’s Policies and Procedures, in particular Northwell Health Corporate Compliance Policy # 800.23 Audiovisual Recording of Patients and Premises. Northwell requires all employees and staff to be familiar with and follow all of its policies and procedures.
 - iii. Responsible Providers should also sign the Patient Consent Process Attestation.
 1. Production Company Staff. All Production Company Staff who come onsite or who otherwise have access to PHI must meet the following requirements:
 - iv. Complete the HIPAA Privacy and Security Training and attest to the completion of such training by completing the HIPAA Privacy and Security Training Attestation form;
 - v. Review and agree to comply with Northwell’s relevant HIPAA Policies; and
 - vi. Sign a HIPAA Workforce Designation and Certificate of Compliance, which documents that the Production Company Staff will work under the direction of Northwell while onsite, will comply with all relevant policies, and will be considered members of Northwell’s workforce for HIPAA purposes.

7. Identification of Production Company Staff

- a. Production Company Staff must maintain and provide to Northwell a daily dated and timed log containing the names of each Production Company Staff member present during Filming, including the specific areas/rooms and duration where each Production Company Staff member was present. Such log shall be provided to Northwell on a weekly basis when Filming is occurring, unless otherwise agreed upon in writing.

Requirements While Filming:

1. Dates and Times

- a. Production Company Staff are only permitted to Film at a Northwell facility during the specific dates and times agreed upon in the applicable Production Services or Location Agreement.

2. Patient Care Areas

- a. Northwell's primary focus is the safe provision of patient care. Accordingly, Production Company Staff must adhere to all direction provided by Northwell Employees while at any Northwell facility.
- b. When at Northwell facilities, Production Company Staff must remain in public areas or those specifically identified by the Northwell Representative at all times. The Northwell Representative will oversee all Filming activities and they, or their designee, must be present with Production Company Staff at all times while Filming or otherwise interacting with patients, patient visitors or Northwell Employees.
 - i. It is the Northwell Representative's responsibility to ensure that any area it identifies for Production Company Staff to permissibly be in has been appropriately secured from a privacy standpoint. Please consult the HIPAA Checklist to ensure such area is properly cleared before permitting any Production Company Staff to enter.
 - ii. At no time may Production Company Staff be in any areas of a Northwell facility where patients and/or PHI are visible (in any form) unless a properly executed General Authorization has been obtained by each subject of the PHI by an appropriate Northwell Employee, or the area has been appropriately cleared in advance of Filming as specified above.
- c. At any time, the Responsible Provider may request that Filming be stopped if continuing would be detrimental to the subject patient in any manner, or presents any other situation that, in their judgement, requires Filming to be suspended. At such time, all Filming must be immediately stopped. The Responsible Provider is the ultimate decision maker as to whether Filming proceeds.
- d. If there is any question as to the permissibility of any Filming, no Filming should occur unless permission is obtained from Northwell Corporate Compliance or OLA.

3. Facility Property

- a. Production Company Staff shall prevent damage to Northwell's property and assumes all liability for any damage to Northwell and/or its employees, patients and visitors. The Northwell Representative shall promptly report any damage to Northwell property of which it is made aware to the appropriate individuals at the applicable facility.
- b. The Northwell Representative shall instruct Production Company Staff how to transport its equipment in as discreet a manner as possible through all areas of a Northwell Health Facility.
- c. Permission to Film does not include a license to use or depict the Northwell Health and/or site name, logo, trademark, etc., unless otherwise agreed upon, approved by Marketing and stipulated in the Production Services or Location Agreement. No mention is to be made of, or recognition given to Northwell Health and/or any of its entities, unless specifically authorized.

Post- Filming Requirements

1. Approval

- a. Northwell must review and give written approval of all footage prior to its broadcast or publication unless specified in the Production Services or Location Agreement.
- b. Production Company Staff shall use or depict the Northwell Health and/or site name, logo, trademark, etc. only as approved by Northwell as described above.
- c. All footage captured by Production Company may only be used for the purpose identified in the Production Services or Location Agreement.

Filming by News Media - The following policies and procedures apply to all Northwell employees and to News Media Staff.

Pre-Filming Requirements

1. Notification

- a. Notice of news media presence shall be provided to (as applicable):
 - i. The Chair of the Service Line;
 - ii. The Executive Director of the site;
 - iii. Responsible healthcare provider(s);
 - iv. Hospital Administration; and/or
 - v. Site Security.

2. Patient Authorization

- a. The Responsible Provider must determine whether or not it is appropriate, based on the patient's condition and circumstances, to give the patient(s) the option to be filmed, interviewed or recorded, or to have any of their PHI used or disclosed. If appropriate, the Responsible Provider must then obtain consent from the patient to speak to the Northwell Health Public Relations Representative.
- b. Upon receiving consent from the patient, the Northwell Health Public Relations Representative will obtain every patient's consent via a signed *#VD013 Authorization to be Audio/Visually Recorded*.
- c. If any **HIV, genetic information, substance abuse treatment or mental health treatment information** is included in any film, interview or recording, the patient or the patient's personal representative must also sign *#VD001 Authorization for Release of Health Information* form and must specifically authorize the use/disclosure of such information.
- d. For the avoidance of doubt, **no** filming, interviewing or recording is to occur until the aforementioned steps are taken.
- e. The patient or the patient's personal representative should be provided with a copy of all forms once they have been signed.
- f. Patients or their personal representatives have the right to revoke their Authorization(s) at any time.

NON-NORTHWELL EMPLOYEES MUST NOT HAVE ANY EXPOSURE TO PATIENTS OR PATIENT INFORMATION PRIOR TO THE AUTHORIZATION FORM BEING SIGNED AND ALL QUESTIONS RELATED THERETO BEING ADDRESSED BY NORTHWELL HEALTH.

Originals of all forms referenced above will be kept securely in paper format or electronically and provided to the Public Relations Department as often as practicable.

3. Health Clearance and Screening

- a. All Individuals working in patient care settings at a Northwell Health facility are also required to complete the Media Health Screening Assessment Form (unless medically contraindicated).

Any individual with signs or symptoms of a communicable disease(s) or who has tested positive for Tuberculosis in the past year is prohibited from entering Northwell Health patient care areas. Communicable diseases include those that can be transmitted from person-to-person by the respiratory

route (e.g., during coughing, sneezing, talking) or by casual contact. Such diseases include but are not limited to: COVID-19, tuberculosis, influenza, pertussis (“whooping cough”), chickenpox and measles.

Requirements While Filming:

1. Patient Care Areas

- a. News Media Staff must adhere to all directions of Northwell Health with respect to its presence at the Facility.
- b. The Northwell Public Relations Representatives or designees of hospital or health system administration, as appropriate, will oversee all news media activities and must be present with News Media Staff at all times while interacting with patients, patient visitors or employees.
- c. When at Northwell facilities, News Media Staff must remain in public areas or those specifically identified by the Northwell Public Relations Representatives at all times. At no time may News Media Staff be in any areas of a Northwell Health facility where patients and/or PHI are visible (in any form) unless a properly executed #VD001 “*Authorization for Release of Health Information*” has been obtained by each subject of the PHI by an appropriate Northwell Health Employee, or the area has been appropriately cleared of PHI by Northwell Health in advance.
- d. At any time, the responsible provider may request that filming, interviewing or recording be stopped if continuing would be detrimental to the subject patient in any manner. At such time, All news media activities must be immediately stopped.

2. Facility Property

- a. News Media Staff shall prevent damage to Northwell Health’s property and assumes all liability for any damage to Northwell Health and/or its employees, patients and visitors.
- b. News Media Staff shall transport all equipment through all areas of a Northwell Health Facility as directed by the Northwell Public Relations Representative and in as discreet a manner as possible.

Academic Activities (Training, Research & Publications)

Consent to photograph or videotape patients or research subjects for academic-related activities must be obtained with the appropriate forms. Audiovisual recordings for educational purposes must be taken using a Northwell approved secure application. In the event that PHI is being used for internal Northwell educational purposes, and the information can be de-identified (See: Northwell Health Policy #800.64 – De-Identification of PHI), patient consent is not necessary but the minimum necessary amount of PHI shall be used. If the information to be used requires the use of any identifiable PHI, patient consent must be obtained. The #VD013 *Authorization to be Audio/Visually Recorded* form is required to be completed prior to the use or disclosure of any image that contains patient identifying information and must be completed if PHI is used for external educational purposes. These guidelines apply to all audiovisual recordings for educational purposes including those made during telehealth visits via a video conferencing application.

Any audiovisual recording of patients for research activities to be used for external facing purposes, requires an #VD013 *Authorization to be Audio/Visually Recorded* consent form, a separate research consent form (See Northwell Health Policy GR094 – Access, Use and Disclosure of Protected Health Information for Research) and #VD001 *Authorization for Release of Information* form from the patient/research subject, patient’s/research subject’s guardian or authorized representative.

If the public relations or academic-related activity involves Industry (as defined in *Northwell Health Policy #800.04 – Gifts and Interactions with Industry*), the activity must be reviewed by Corporate Compliance. Additional review by Risk Management and the Office of Legal Affairs may be necessary to protect the interests of Northwell Health.

Research – If the purpose of the recording is for data collection as part of a research protocol, it must be reviewed and approved by a Northwell Health authorized IRB.

Attorneys – Audiovisual recordings of a patient by an attorney will only be considered following approval by the patient’s attending physician and with prior approval from Risk Management and/or the Office of Legal Affairs. The #VD013 *Authorization to be Audio/Visually Recorded* form is required to be completed by the patient and should be filed in the patient’s medical record. No hospital staff is permitted to be included in the audiovisual recording.

Patients – Patients or their families/visitors may not audio visually record *other* patients or their PHI. Patients may audio visually record only if the recording is for the patient and/or family’s personal use and is consistent with the site, facility or Northwell Health’s policies and procedures, and/or subject to the responsible physician’s approval, as applicable. In Labor and Delivery, still snapshots shall only be taken following the birth or surgical event under the direction and approval of the Labor and Delivery Room staff. Patients shall not audio or visually record any conversations with any physicians or staff or anything clinical in nature. Real time conversations involving video chat applications (e.g., FaceTime and Skype), shall follow these same requirements even if a recording is not contemplated at the time of the conversation.

Northwell employees may audio visually record patients and their families for the patient’s personal and private use, upon request. When audio visually recording a patient and/or family/visitor, employees shall adhere to the requirements outlined in this policy. Northwell employees shall not audio visually record anything that may be viewed as clinical in nature for a patient and/or a patient’s family member and, if requested to audio visually record anything that the employee is uncomfortable with, the employee shall contact his/her supervisor for guidance.

Premises – Patients, families or visitors shall not audio visually record the Health System’s premises without first obtaining the approval of the Health System Risk Management and/or the Office of Legal Affairs.

Employees – **Employees may not record any PHI for personal use without prior approval from Public Relations, the Office of Legal Affairs or Corporate Compliance. Physicians and/or any other staff members shall not be photographed, videotaped or recorded without their express permission.**

Unauthorized Use of Audiovisual Recording Devices

Any Northwell employee who observes any unauthorized use of audiovisual recording devices shall remind the patient/visitor of this policy and request that the file/photo/recording be deleted. If a patient or visitor/family member in any Northwell site has refused to comply with this policy, and it is

subsequently determined that the visitor/family member has taken an unauthorized audiovisual recording, the following procedure will be applied:

1. Visitors

The Executive Director/Designee will be contacted immediately. They will advise the visitor of the Hospital's policy, request the person to remove the film or delete the digital images and/or recording from the camera, and obtain the name, address and telephone number of the person. The Executive Director/Designee will observe the deletion of the digital images. If necessary, the Executive Director/Designee will arrange to have the film processed. All pictures, with the exception of any in which Protected Health Information or Northwell buildings or marks (branded signage) are depicted, will be returned together with a new roll of film, if applicable. Any confiscated film, digital imagery, cameras or other Audiovisual Equipment will be stored accordingly in the Security Department/Office.

If the visitor refuses to turn over the film or delete the digital images, the visitor will be advised that this is in violation of Northwell Health policy and subject to legal action if the pictures are utilized for any improper or privacy-violating purpose. If the visitor creates a disturbance, the visitor should be advised to leave the premises. Security may be called in to appropriately assist in escorting the visitor off Northwell grounds or, if necessary, the police may be called to remove the individual.

2. Patients

If there is reason to believe that a patient has taken unauthorized pictures, the Executive Director/Designee should be called and the same process for the removal/deletion of photographs is to be followed as outlined above under Section 1. The patient will be requested to voluntarily surrender the digital device for the removal of images or film for processing. The patient must be informed that all pictures, with the exception of any in which PHI or Northwell buildings or marks (branded signage) are depicted, will be returned together with a new roll of film, if applicable. Any confiscated film, digital imagery, cameras or other Audiovisual Equipment will be stored accordingly in the Security Department/Office.

REPORTING AND ENFORCEMENT

All violations of this policy or questions regarding the access, use, disclosure of PHI shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone.



All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation.

Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Human Resources Part 13-11 Social Media Acceptable Use
- Corporate Compliance Policy 800.04 – Gifts and Interactions with Industry
- Corporate Compliance Policy 800.23 – Audiovisual Recording of Patients for Treatment Purposes
- Northwell Health Policy 800.64 – De-Identification of PHI
- Northwell Health Policy GR094 – Access, Use and Disclosure of Protected Health Information for Research
- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Human Resources Policy, Part 5-3 Workforce Conduct/Progressive Discipline

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

<https://secure.vitaldocs.cexpforms.com/>

VD001 Authorization for Release of Health Information

VD013 Authorization to be Audio/Visually Recorded

<u>APPROVAL:</u>	
Northwell Health Policy Committee	07/23/2024
System PICG/Clinical Operations Committee	09/19/2024

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ☒ = Provisional; ❖ = Expedited

☒07/23/20

*09/24/20 **10/15/20

*09/22/22 **10/27/22

Authorization for Release of Health Information

Patient Name (Print)	Date of Birth
Patient Address (Print and include Apt#)	Telephone Number
	E-mail Address

1. Contact information or health care provider or entity to release this information (from who):

Name:	Address:
Phone #:	

2. Contact information of person(s) or entities who will receive this information (to who):

Name:	Address:	
Phone #:	Fax:	E-mail:

3.

Manner	Form/Format	Delivery Details
<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD	Mailing Address:
<input type="checkbox"/> Pick up at facility	<input type="checkbox"/> Paper copy <input type="checkbox"/> Secure USB Flash Drive <input type="checkbox"/> CD (where available)	N/A
<input type="checkbox"/> Electronic mail	<input type="checkbox"/> Secure email <input type="checkbox"/> Unsecure email (By checking here, I acknowledge that e-mail sent unencrypted means others may be able to access the information and read it once it is transmitted over the internet.)	Email Address:
<input type="checkbox"/> Fax	N/A	Fax Number:
<input type="checkbox"/> Other	Please explain:	



Authorization for Release of Health Information

4. **Verbal** _____ **PLEASE INITIAL HERE** to authorize the person or a representative from the entity specified in Section 1 to discuss the health information being released under this Authorization with the person, or representative from the entity, specified in Section 2. I understand that if this Authorization covers laboratory testing results, the laboratory CANNOT answer any questions in reference to interpretation, diagnosis or treatment of these results. Please address all questions with the PATIENT'S PHYSICIAN ONLY.

5. **Requested Health Information:**

- Medical Record Abstract (summary of record)
- Medical Record from (insert date) _____ to (insert date) _____
- Entire Medical Record
- Laboratory results for date of service _____
- Radiology images and reports for date of service _____
- Itemized bill for _____
- Other: Please explain _____

6. **Reason for release of information:**

- At request of individual Other: _____

7. **I, or my authorized representative, request that health information regarding my care and treatment be accessed, used and/or disclosed as stated on this form. In accordance with New York State Law, 42 CFR Part 2 and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:**

- a. I have the right to revoke this Authorization and my Permission to Send Information Requested by Unencrypted E-mail (if indicated in section 3 of this document) at any time by writing to the health care provider listed in Section 1. I understand that I may revoke this Authorization except to the extent that action has already been taken in reliance on this Authorization.
- b. I understand that signing this Authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- c. Information disclosed under this Authorization might be redisclosed by the recipient, and this redisclosure may no longer be protected by federal or state law. However, if I am authorizing the release of substance abuse treatment, mental health treatment or HIV-related information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law.

Authorization for Release of Health Information

8. The following types of information may be released unless you or your authorized representative initial in the appropriate spaces provided below to opt out of releasing these types of health information:

_____ Substance Abuse Treatment Information from an OASAS licensed unit or program¹ only (including diagnostic information, medications and dosages, lab tests, allergies, substance use history summaries, trauma history summary, employment information, living situation and social supports, and claims/encounter data)

_____ Mental Health Treatment information from an OMH licensed unit or program² only

_____ HIV-Related Information

9. **Expiration Date or Event**

This authorization will expire on (please check one and complete as applicable):

One (1) year

Other (please specify expiration date) _____

*This field must be completed with date or event

 Patient/Agent/Relative/Guardian* (Signature) Date Time Print Name Relationship if other than patient

 Telephonic Interpreter's ID # Date Time
OR

 Signature: Interpreter Date Time Print: Interpreter's Name and Relationship to Patient

 Witness to signature (Signature) Date Time Print Witness Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.

¹ Units or programs licensed by OASAS only include programs whose specific purpose is to treat substance abuse disorders.

² Units or programs licensed by OMH only include programs whose specific purpose is the treatment of mental illness.

Authorization To Be Audio/Visually Recorded

Patient Name (Please Print)

Date of Birth

Address

Telephone Number

City

State

Zip

Email

1. Permission

I, _____, hereby give my consent to the taking or making of photographs, audio recordings, video recordings, films, and/or the use of my health information for publications, marketing, advertising or other promotional campaigns, clinical publications, quotations and/or media interviews of me or the above-named individual ("Recordings") by a Northwell Health personnel or contractors, news media organizations, or any other person or entity that may be designated or authorized by Northwell Health, for the purpose of creating educational, clinical, scientific, informational, advertising, promotional and/or medical materials.

Check here if the use or disclosure you are authorizing is limited to a specific purpose and state the purpose below

2. Permitted Uses

I have freely consented to the use of such Recordings by Northwell Health personnel or contractors, or any other person or entity that may be designated or authorized by Northwell Health in any manner such parties desire with respect to all of the uses and disclosures described below which I have checked, editing these Recordings at their discretion, using and licensing others to use such Recordings in any manner of media whatsoever and incorporating these Recordings into film or video productions or otherwise.

If authorizing all uses and disclosures described immediately below, please check here:

All purposes specified below

If you wish to only authorize specific uses and disclosures, please check off all that apply:

Advertising Purposes

Brochures

Education, instructional or teaching purposes

Newsletters and Publicity



Authorization To Be Audio/Visually Recorded

Release to news media
 Social Media (YouTube, Facebook, Twitter, etc.)
 Northwell Health websites and Intranet
 Other (please explain): _____

Fundraising publications
 Commercial Television
 Research

3. Identification

I understand, agree and consent that I, or the above-named individual, may be identified by name or other identifying characteristic in connection with any public use of this material.

4. Release from Liability

I do hereby release and hold harmless Northwell Health, its affiliated health care providers, Hofstra School of Medicine and each of their respective governing bodies, officers, agents, appointees, students, employees, and medical and nursing staff from any and all responsibility or for liability resulting from the taking or making of Recordings of me or the above-named individual by Northwell Health personnel or contractors, news media organizations, or any person, firm or organization that may be designated or authorized by Northwell Health, and any resulting release of private and personal medical, mental health and social information concerning me or the above-named individual and respective families. Northwell Health and its affiliated health care providers are not responsible for the release by third parties to whom it discloses information pursuant to this authorization.

5. Waiver of Royalties

I do hereby waive any and all rights I or the above-named individual may have to Recordings and royalties or other compensation in connection with the publication or other use of Recordings. I further acknowledge that there were no promises of any compensation for such use by Northwell Health and that Northwell Health exclusively owns all rights to these Recordings irrespective of the form in which they are produced and used.

6. Expiration Date or Event

This authorization will expire on (please check one and complete as applicable):

- One (1) Year
 Other (please specify expiration date) _____

*This field must be completed with a date or event.

7. Revocation

I understand that I have the right to revoke this authorization at any time, except to the extent that Northwell Health or others have already taken action based upon the authorization. I hereby acknowledge that my revocation of this authorization will not prohibit the further disclosure of any Recordings by third parties who will have already received them based on this authorization. To revoke this authorization, please write to the **Northwell Health Department of Public Relations, 2000 Marcus Avenue, New Hyde Park, NY 11042.**

8. Voluntary Nature of Authorization

I understand this authorization is voluntary. Neither Northwell Health nor any health care providers with whom it is affiliated will condition medical treatment or other benefits on my willingness to sign this authorization.

Authorization To Be Audio/Visually Recorded

9. Redisclosure

I understand that persons or entities that receive Recordings under this authorization from Northwell Health may not be restricted from re-disclosing such Recordings under applicable law.

10. Signature

By signing below, I acknowledge that I have read and accept all of the above.

Sign Name of Patient or Personal Representative (*individual authorized to consent to the use or disclosure of information*)
[Note: The consent of a parent or legal guardian is required if the subject of the Recordings is under 18 years of age or lacks the capacity to consent.]

Print Name of Patient or Personal Representative (*individual authorized to consent to the use or disclosure of information*)

Relationship to Individual

Date

IF ANY HIV, GENETIC, SUBSTANCE ABUSE OR MENTAL HEALTH INFORMATION MAY BE INCLUDED IN ANY RECORDING MADE UNDER THIS AUTHORIZATION, THE INDIVIDUAL OR HIS OR HER PERSONAL REPRESENTATIVE MUST ALSO SIGN THE GENERAL NORTHWELL HEALTH AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION FORM AND MUST SPECIFICALLY AUTHORIZE THE USE/DISCLOSURE OF THIS SENSITIVE HEALTH INFORMATION BY INITIALING THE APPLICABLE AREA(S) OF THE FORM.

THE INDIVIDUAL OR HIS OR HER PERSONAL REPRESENTATIVE MUST BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED. IF MAILING IN THE FORM, PLEASE RETAIN A COPY.

[For internal use only] Event/Purpose/Story: _____]