

TITLE: PHOTOGRAPHING, VIDEO RECORDING, AUDIO RECORDING OF PATIENTS AND STAFF

POLICY:

It is the policy of the Hospital, consistent with its respect for patients' privacy and confidentiality, to provide clear and concise guidelines for the procurement of HIPAA Authorizations, and if necessary other legal releases, from patients prior to photographing, taking video or making audio recordings ("filming") of such patients. The Hospital will obtain a consent from staff members prior to filming staff members. NYP personnel and staff members should report any violation of this policy to the Privacy Officer.

PURPOSE:

This policy applies to "filming" or photograph for 1) external purposes and 2) internal purposes including education, training and performance improvement.

PROCEDURES:

I. PROCEDURES FOR EXTERNAL PURPOSES:

Public Affairs must be notified in advance of "filming" for external purposes (defined as "filming" that will be seen or heard by the public, including third party affiliates).

1. Requests by television crews, production companies, newspapers, magazines, or other media-related entities ("film crews") to photograph, video/audio tape and/or to transmit live productions from hospital locations, including inpatient and outpatient areas, must be approved by Public Affairs 5 days in advance to the start of filming.
2. Public Affairs must obtain approval from the Office of Legal Affairs & Risk Management and the Privacy Officer before Public Affairs approves any filming for external purposes. The Office of Legal Affairs & Risk Management and the Privacy Officer must approve the filming, including the process by which the filming will take place. The Office of Legal Affairs & Risk Management will provide the necessary forms that must be obtained (including, the HIPAA authorization, the acknowledgement of no rights as to the Intellectual Property and acknowledgement for the use in publications) from patients (or their healthcare agent, guardian or family member) and/or staff who will be appearing in a production.

3. Public Affairs is responsible for obtaining the written consent, the HIPAA Authorization, and any other releases required by the Office of Legal Affairs & Risk Management. All required forms must be signed prior to the start of filming.
4. If the filming will include patients, Public Affairs will obtain the HIPAA Authorization, specifying disclosure of patients' PHI to the film crew present in the area(s) where patients' PHI will be disclosed, and any other releases required by the Office of Legal Affairs & Risk Management from the patient, or (where applicable) the patient's legal guardian.
5. If the filming will include staff and faculty, Public Affairs will obtain the written consent and any other releases required by the Office of Legal Affairs & Risk Management from the staff and faculty.
6. Once approved by The Office of Legal Affairs & Risk Management, Public Affairs will coordinate the execution of location agreements and other documents required by law and/or Hospital policy before filming may commence.
7. Public Affairs is responsible for informing the "subjects" to be "filmed" of the nature and purpose of the "filming" and of its intended use, and obtaining the appropriate HIPAA authorization and consent forms prior to filming. Future uses of the same "filming" require "subjects" to re-consent (sign new HIPAA authorization forms and consent forms) if the new use is for an unrelated or unknown purpose by the "subjects." Future uses must be pre-approved by the Office of Legal Affairs & Risk Management and the Privacy Officer
8. All signed forms must be retained by Public Affairs in accordance with the Hospital Retention Policy. A copy of the signed forms must be kept in the patient's medical record and provided to the Office of Legal Affairs & Risk Management.
9. Public Affairs must actively monitor all filming for external purposes that takes place. Someone from Public Affairs must be present for all filming for external purposes.

II. PROCEDURES FOR INTERNAL PURPOSES

Internal purposes include but are not limited to education, training and performance improvement. These guidelines apply only when there is no potential for "external use." Only NYP personnel may conduct internal filming.

1. "Filming" to be used for internal purposes, other than for the identification, diagnosis, or treatment of the patient, requires the written consent of the patient or the patient's legal guardian.
2. The "subjects" to be "filmed" must be informed of the nature and purpose of the filming and of its intended use.
3. For noninvasive procedures, including outpatient visits, refer to Form "Consent to Photograph, Video Record, or Audio Record for Internal Organizational Purposes"(Form 51314,51314SP).The signed consent must be filed in the patient's medical record. A HIPAA Authorization form is not required, and external use is prohibited. Questions about consent for internal purposes should be directed to the Privacy Officer.
4. For surgical/invasive procedures, refer to Form "Consent for Surgical/Invasive Procedure". The signed consent must be documented by initialing the appropriate box on the form and filed in the patient's medical record. A HIPAA consent form is not required, and external use is prohibited. Questions about consent for internal purposes should be directed to Patient Services Administration.

III. GENERAL PROCEDURES:

FOR PATIENTS:

1. In all cases, patients have the right to refuse consent and/or to rescind consent. For external purposes, a patient or patient's surrogate may revoke consent at any time by sending a written notice, signed by the patient or on the patient's behalf, to Public Affairs. For internal purposes, a patient may revoke consent at any time by sending written notice, signed by the patient or on the patient's behalf, to Patient Services Administration. Patients have the right to request cessation of "filming."
2. Photographs of a patient, other than a newborn, taken by a member of the patient's family may be permitted if the patient does not object, it is not prohibited by the patient care unit, and it is not disruptive to the staff

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or other patients. Patients and their visitors may not photograph or “film” care, treatment, other patients, staff or faculty.

3. Obstetrical Patients:
 - a. Photography by the patient’s family or friends is permitted in the labor room, birthing/delivery room for vaginal delivery, or operating room for cesarean delivery.
 - b. Videotaping by the patient’s family or friends is not permitted in the labor, birthing or delivery rooms, regardless of type of delivery.
 - c. Videotaping and photography by the patient’s family or friends are permitted in the mother’s room.
4. Burn Patients: Inquiries regarding videotaping or photography of patients in the Burn Center are to be directed to the Burn Center’s administrative coordinator.
5. “Filming” of hospital staff is not permitted without their expressed consent.

FOR STAFF:

Hospital staff attending NYP Events, including meetings, celebrations, recognitions and fundraising events where “filming” is taking place, are assumed to provide implied consent to be “filmed” for internal and external purposes.

For questions about filming for external purposes:

Contact Public Affairs: E-mail address: pr@nyp.org

Questions from all campuses (Columbia, Weill Cornell, MSCH, Allen, Westchester, LMH) can be directed to either of the Public Affairs offices.)

New York Presbyterian/Columbia
627 West 165th Street Service Building 6-621
(T) 212-305-5587 x 55587
(F) 212-305-8023

New York Presbyterian/Weill Cornell
425 East 61st Street, 7th floor
(T) 212-821-0560 x 10560
(F) 212- 821-0567

After regular business hours, please call the Administrator on Call (AOC).

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For questions about filming for internal purposes, contact Patient Services Administration:

Columbia and MSCH: 212-305-5904

Allen Hospital: 212-932-4321

Weill Cornell: 212-746-4293

Westchester: 914-997-5920

Lower Manhattan Hospital: 212-312-5034

After regular business hours, please call the Administrator-on-Call (AOC):

RESPONSIBILITY:

Vice President Public Affairs

Senior Vice President Patient Services Administration

POLICY DATES:

ISSUED: November 2007

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