



ADMINISTRATIVE POLICY MANUAL

TITLE: Response to Media Requests for Patient Information	POLICY NUMBER: SHS-ADM-168
POLICY DATE: January 23, 2023	EFFECTIVE DATE: February 8, 2023
REVISION DATES:	REVISION EFFECTIVE:
REVIEW DATES:	

PURPOSE:

To establish a process for responding to media inquiries while protecting patient and employee privacy and confidentiality and acting in the best interests of Southcoast Health System (SHS).

POLICY:

This policy provides organizational procedures for employees handling inquiries from the media, including news media or other requesting organizations/individuals, and for directing the media to the proper persons within SHS in response to such inquiries. In addition, the policy provides guidelines for handling media inquiries, including implementing applicable requirements under the Health Insurance Portability and Accountability Act of- 1996 and its regulations (HIPAA).

PROCEDURE:

I. Handling Media Inquiries

- A. All SHS personnel should treat all members of the news media courteously but recognize that the first priority for SHS personnel is the delivery of high-quality health care and the protection of the privacy and confidentiality of SHS patients, employees, and their family members. All SHS personnel should recognize that information provided to third (3rd) parties may be the subject of media interest, and that safeguards need to be in place to prevent inadvertent or impermissible disclosures to the media (directly or indirectly), including without limitation via social media and print/television media.
- B. Only authorized SHS personnel should cooperate with news media inquiries as circumstances permit. All other employees should direct the inquiring individuals to the Marketing and Communications Department. The Media Relations contact information is located at www.southcoast.org/southcoast-media-inquiries/. Deadlines and other time pressures applicable to the news media (or imposed by media representatives) are not a basis for any SHS personnel to not follow this policy.

- C. SHS is cognizant that time is an important factor in responsible news gathering and reporting; however, news media representatives should be given the requested information by authorized SHS spokespersons only (as long as the requested information meets policy guidelines) or referred to the Marketing & Communications Department, typically within thirty (30) minutes of the initial inquiry or as expeditiously as practicable under the circumstances.
- D. All media inquiries, including any media arriving onsite, should be directed to the Marketing & Communications Department's Public Information Officer (PIO). If the PIO is unavailable, they should be directed to the PIO's authorized designee, which is the deputy PIO or, if the deputy PIO is not available, to the Administrator on Call.
- E. If media representatives arrive onsite, they will be asked to wait until the PIO or the PIO's authorized designee confirms they are authorized to be onsite and a designated Marketing & Communications staff-member arrives to accompany them while on the premises, as set forth below.
- F. Any unexpected or uninvited media not approved to be onsite by the PIO or the PIO's authorized designee must be reported to Public Safety, who should politely but firmly direct them to leave SHS property. Public Safety will notify the PIO or their authorized designee immediately upon receiving the report. Nothing in this policy shall be construed to prevent or limit an individual's ability to present onsite at SHS for health care services, even if that individual is also a member of the news media (provided that the individual may not 'live stream,' 'live blog' or similarly seek to engage in media activities in connection with the receipt of health care at SHS).
- G. Cameras and/or reporters are not allowed in any SHS facility without prior approval from Marketing & Communications and from the Legal Department. All media personnel must be accompanied by Marketing & Communications staff at all times when on SHS property. This includes, without limitation, news media outlets as well as private photographers or camera crews that are not associated with a news media outlet (e.g., for educational purposes, construction/design firms, schools wanting to take photos of interns, patients, family members, etc.).
- H. Internal communications and information must not be shared with the media without the prior authorization of the Marketing & Communications Department.

II. Guidelines for Releasing Patient Condition and Other Information

Patient confidentiality is a primary concern and responsibility of SHS when working with the media. No one is allowed to invite the media onto SHS property or speak about a patient's care to the media without receiving prior authorization through the Marketing & Communications Department and the Legal or Compliance Department. This includes all employees, physicians and other providers, visitors, volunteers, and staff. Personnel should contact a supervisor and the PIO or the PIO's designee immediately upon being contacted by

anyone inquiring about a patient, including patient condition and information.

III. Media Requests for Information

The following procedures must be followed when patient information is requested by the media:

- A. SHS policy is that no information about a patient may be released or confirmed with a media outlet unless the inquiry specifically contains the patient's first and last name and the patient, legal guardian or other authorized representative has not opted out of the patient directory or otherwise placed any restrictions on the directory information that may be shared. When those conditions have been met, only information contained in the hospital's patient directory (a one-word description of the patient's condition and whether they have been admitted) may be released, as set forth below. Employees must document the name of the inquiring media outlet and reporter/producer, and the name of the patient they are calling about. Employees should never volunteer any patient names or provide a list of patient names to the media or the general public or provide or confirm information about a specific patient to any third party without reasonably verifying the identity of the inquiring individual.
- B. Condition Description: The PIO or their designee may acknowledge the treatment or admission of a patient to the Hospital or other SHS facility, as well as the following information about condition, only for inpatients or Emergency Department (ED) patients who have not "opted out" of SHS' patient directory or otherwise restricted the directory information which may be shared about the patient.
 1. Condition Description consists of:
 - Confirmation of patient name; and
 - One (1) of the following limited (bolded) descriptions of the patient's general condition (no additional specific information may be offered):
 - **Undetermined:** Patient awaiting provider assessment.
 - **Good:** Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
 - **Fair:** Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indications are favorable.
 - **Serious:** Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
 - **Critical:** Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
 - **Treated and Released:** Received treatment but not admitted.
 - **Treated and Transferred:** Received treatment. Transferred to a different facility. The facility the patient was transferred to must not be disclosed.

2. Please note: the term “stable” is for internal definition only and should not be shared publicly to describe a patient’s condition; only one (1) of the bolded terms above may be used as part of the furnishing of directory information. Furthermore, the term “stable” should not be used in combination with other conditions, which by definition, often indicate a patient is unstable.

C. Beyond the Condition Description: If a patient or authorized representative desires that additional information be provided to the media, the patient or authorized representative must first (1st) approve the information and also sign a HIPAA-compliant Authorization and a consent to release information to the media. Both of these forms are available through the Marketing & Communications Department or the Legal Department.

1. Minors: No information about a minor (individuals under the age of eighteen (18)) shall be given to the media without written consent to release information and a HIPAA Authorization, signed by the minor's parent(s) or guardian. This includes any acknowledgment relating to treatment in the ED or admission to the Hospital.
2. Death of a Patient: The death of a patient can only be confirmed if the deceased is still within the facility and if the next of kin have been notified. No information on the cause of death can be given without a HIPAA Authorization signed by the deceased’s legal representative. Therefore, the hospital cannot share information with the media about deaths, whether sudden, violent, or accidental or deaths from natural causes, without a signed HIPAA Authorization. SHS also may not disclose a patient’s date or time of death to the media.
3. SHS cannot release any patient information in any of the following circumstances:
 - The patient or their authorized representative has “opted out” of the hospital directory or otherwise restricted the sharing of certain information;
 - If the confirmation of treatment at the hospital would endanger or embarrass the patient; or
 - The release could convey information which would violate specific laws governing sensitive health information (such as information conveying that the patient is on the psychiatric unit or is recovering from an overdose), including treatment for substance use disorder or psychiatric or mental health services, or related to HIV/AIDs, or family planning or similar sensitive conditions.

IV. The Following Activities Require a Signed HIPAA Authorization from the Patient or their Authorized Representative in addition to a Signed Consent to Release Information to the Media

A. Pictures, Television Coverage, and Video

1. Media are not allowed into any treatment or other areas of SHS facilities where patients or patient information will be accessible, including in written, electronic, oral, or other visual or audio form, unless a written HIPAA Authorization is first (1st) obtained from each patient who is or will be in the area, and the access is specifically reviewed and approved by the Legal and Compliance Departments.
2. No media photographs or other images, for any purpose, may be taken of a patient in a SHS facility or vehicle (i.e., SHS Health Van) without approval from Marketing & Communications and confirmation that a signed HIPAA Authorization and consent to release information to the media are both in place. This includes all media devices, including but not limited to cameras, smart phones, video cameras, tablets, and computers. This also includes photographs and video being taken by individuals who are not part of the media such as for personal use, education, internal hospital, and documentation purposes. Once all approvals, Authorizations and media release consents are obtained, the scheduling of such photography or filming shall be coordinated with the appropriate Nurse Manager and Marketing & Communications. No photographs will be taken that might cause embarrassment to the patient or SHS, or that might jeopardize the condition of the patient. A Marketing & Communications representative or their designee must be present during photography or filming sessions.
3. Where possible, in lieu of using actual patients, SHS will use employees or staff (who provide signed releases) to stand in for patients, and any photography or filming will take place in unused facility areas, to reduce privacy concerns and risk to SHS.
4. Photographs or other images may not be taken of any patient, visitor or SHS employee who has not signed a consent to release information to the media. Patients will also need to sign a HIPAA Authorization. These forms must be in place even if the individuals are in the background, and safeguards must be in place to prevent media from capturing sensitive health or personal information in the background of any media coverage.

B. Interviews

1. Before a patient may be interviewed by the news media or other authorized entities on SHS premises or otherwise through SHS, a HIPAA Authorization must be signed, a media release consent must be obtained, clearance must be obtained from the attending physician, and approval obtained from the PIO or their designee. A SHS Marketing & Communications representative or their designee must be present at the interview to help ensure the patient's privacy.
2. In the event that any SHS employee, volunteer or other person affiliated with SHS is being interviewed, they may not share any patient information, including, without limitation, names, health conditions, family members, or visitor identities, or

confirm any such information if offered by the interviewer or other third (3rd) party.

C. Forms for Consent to Media Release and HIPAA Authorizations

Consent forms and HIPAA Authorizations are available through the Marketing & Communications department. The media consents and HIPAA Authorizations will be securely maintained by the Marketing & Communications department in accordance with the document retention policies of SHS.

V. Matters of Special Circumstance:

A. Unusual Event / Disasters

The following must be reported immediately to the Marketing & Communications Department by any SHS personnel aware of such event or occurrence: accidents, disasters or other unusual occurrences causing the admission of a public figure, the performance of a postmortem examination in a police case that has received or is likely to receive wide press attention, or an event inviting more than day-to-day news media interest (fire, explosion, riot, etc.). Patient privacy will be protected in making such report, and only the minimum necessary information may be provided. Response to such events will be governed by the media provisions in the SHS Emergency Management Plan in coordination with the Administrator On-Call and others as appropriate.

B. To Dispel Public Anxiety

In the event that a large number of casualties (e.g., school bus accident, explosion, etc.), or the major outbreak of a communicable disease, SHS may release general information to help reduce undue anxiety such as number of patients who have been brought to the facility by gender or by age group (i.e., adults, children, teenagers). The hospital also defers to the U.S. Secretary of Health & Human Services guidelines regarding the suspension of HIPAA Privacy Rule during matters of national or public health emergencies under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act. Risk Management and Compliance should be consulted before any action is taken.

<http://www.hhs.gov/hipaa/for-professionals/faq/index.html>

C. Matters of Public Record

All media questions with regard to matters of public record should be referred to the overseeing public entity such as the coroner's office, police, fire, or health department that receive such reports.

D. Celebrities/Public Figures

Celebrities, public figures, and public officials are not subject to more relaxed standards

and their information must be protected as with any patient. Marketing & Communications personnel should notify Compliance and Information Technology in the event a public figure or official is known to be undergoing treatment and may be the subject of interest so that additional privacy safeguards can be implemented to protect privacy and reduce the risk of non-compliance.

E. Media at Court Arraignments

In the event a court arraignment of a patient at SHS, media will not be allowed to attend unless such attendance is in accordance with this policy, including obtaining the necessary media release and HIPAA Authorization from the patient and all other patients who are, or whose information is, in the area. Media will be obligated to pool cameras and audio in order to minimize disruption at SHS.

F. Social Media

All aspects of the above policy apply to the release of information, pictures, video and other images or likenesses via social media outlets. The only social media outlets approved to represent SHS, and release information are the official sites and services administered by the SHS Marketing & Communications Department. Under no circumstances should an employee post to a social media outlet about any situation that is occurring at a SHS facility. This includes, but is not limited to, information about a mass casualty, individual patients, or work environments.

Social media outlets include, but are not limited to, Twitter, Facebook, Instagram, YouTube, LinkedIn, SnapChat, TikTok, Pinterest, among many others.

More information can be found in SHS' social media policy.

G. SHS Media Policy

The hospital's full media policy can be found online at www.southcoast.org/southcoast-media-inquiries

VI. Responsibility and Accountability

All employees, providers, visitors, volunteers and staff, and anyone acting on their behalf including vendors, are required to adhere to this policy when engaging with the media. Failure to follow this policy may subject the individual or entity to disciplinary action, and this policy shall continue to apply to individuals after the end of their particular employment or engagement by or at SHS.

Attachments:

None

References:

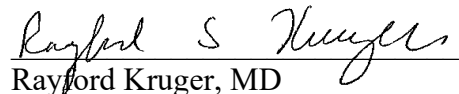
<https://www.hhs.gov/hipaa/index.html>

Cross-References:

SHS-CLI-012, Use of Photography, Videotaping and Audio Recording and Live Streaming
SHS-ADM-HR 7.06, Electronic Communications

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