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**EFFECTIVE DATE:** *June 19, 2019***PROCEDURE TITLE:***Members of the Media on Premises*

*To be reviewed every three years by:  
Executive Vice President, Growth, Strategy and Innovation*

**REVIEW BY:** *July 1, 2022*

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**PROCEDURE**

This Procedure is intended to safeguard patient privacy during visits to Trinity Health facilities by members of the media and to provide the system's designated media contacts and Marketing and Communications teams with tools that protect Trinity Health and its Ministries from legal, reputational and litigious risks related to unintentional breaches of patient privacy.

**Media Permission**

Only designated media contacts for Trinity Health and its Ministries are permitted to manage their organization's relationships with media and/or to accept or coordinate requests for media interviews, tours or visits. In all cases, these designated media contacts must give their verbal and/or written permission to inquiring members of the media, regardless of who received the first contact, prior to the scheduling of any interviews, photography, etc., of patients, colleagues, and/or clinical staff members, and this is the case whether such interactions take place on site or by computer or phone. Additionally, a designated media contact must also be present for these activities if they take place on site, facilitating the visit and/or conversations, etc., and/or making themselves available and accountable for providing pre-interview counsel and post-interview follow-up, and for making certain all policies are followed. The required presence of a designated media contact on facilitated phone calls is to be determined by that contact on a case-by-case basis.

**Registration and Visit Notice**

Designated media contacts must require a check-in for members of the media upon arrival and, unless the member of the media is well known to them, should require that the visitor present photo identification.

## **Escorted Access**

Designated media contacts are required to accompany members of the media at all times during their visit on premises and must make reasonable efforts to ensure that no unauthorized interviewing, filming, photographing, etc., of patients, facilities, and/or colleagues takes place during the visit. Such efforts can include the designation of authorized and "no-access" areas.

## **Designated Areas**

Designated media contacts should attempt to restrict visiting members of the media to areas designated by the Ministry as "public places" whenever possible, or to areas otherwise devoid of PHI. Public places are locations that, generally, do not risk disclosure of PHI and may include lobbies, waiting rooms, cafeterias, parking lots, etc. In some of these cases, you may choose to cordon off areas where others may be present during a media visit to protect the privacy of patient or non-patient individuals and groups who do not wish to participate with media in this forum. Designated media contacts may, with sufficient notice, and authorization from clinical leaders and teams, provide members of the media with access to protected private areas (e.g., emergency room, patient rooms, surgery centers, radiology, clinical care areas) or sensitive areas (e.g., NICU, ICU, behavioral health, substance use disorder treatment). All patients featured, or even present, in such areas must authorize the release – or potential release – of their private health information by signing a HIPAA-compliant private health information release authorization form.

## **Patient Authorization**

Marketing and Communications team members seeking permission to disclose a patient's identity - to members of the media or, otherwise, to the public for marketing, public relations or educational purposes - are required to obtain and file HIPAA-compliant authorization forms signed by the patient. This formal authorization from patients is required prior to the disclosure of any PHI, excluding information available in the Patient Directory - and is applicable, even, to the sharing of a patient's name with a member of the media. Compliant authorization forms can be obtained from local or System Privacy Officers.

All Ministries will maintain a standard process for archiving authorizations. The process must include storing signed copies in a central, locked/secured-access physical location and storing digital copies on a secured-access shared team drive, using the common, standard naming convention described below. Whether the forms are in printed or electronic format, media relations teams are expected to store the forms in alphabetical order by patient last name. Only the following standard naming convention for digital copies is acceptable: Patient Last Name-Project Name-Date (e.g., Smith-CancerCenterNewsConference-06302019). Digital copies of the forms should be saved in a clearly labeled and easy-to-find folder (e.g., "1-Authorization Forms") on a shared team drive.

Note: All ministries are expected to make thoughtful, compassionate and ethical judgment calls regarding the reuse of authorized PHI, checking in with patients to make certain they are aware when/if their information will be used again, and making HIPAA-compliant efforts to confirm the authorizing patient is not deceased.

Trinity Health Ministries should always make every effort to ensure they are not using a deceased person's likeness, name or story for marketing purposes out of respect for their surviving loved ones. Very careful judgement should be applied if considering using the likeness, name or story of a deceased individual for educational or internal purposes and only with the verbal consent of the patient's next of kin.

Additionally, if a patient's identity or information will be used in a new way, or for other purposes than agreed to after the initial use, a new authorization for must be filed.

### **Removal of Media Representatives**

Members of the media may be asked to leave or removed from the Ministry for inappropriate conduct, including but not limited to unauthorized filming/photography, unauthorized access to private or sensitive areas, unauthorized release of protected private health information, etc. If necessary, designated media contacts should enlist the support of their facility's security team.

### **PURPOSE**

The purpose of this Procedure is to ensure compliance with HIPAA and that our media relations practices fully respect the dignity of the patients and families we serve in alignment with our Mission, Strategy, Core Values and Vision.

### **SCOPE/APPLICABILITY**

This Procedure applies to all Trinity Health Ministries when performing functions directly as covered entities, or indirectly as business associates, and to all members of the Trinity Health workforce.

### **DEFINITIONS**

**Directory** means a list maintained by a Ministry, which contains patient name, patient location within the Ministry, and patient condition. Patients have the option to opt-out of the Directory.

**ICU** means Intensive Care Unit.

**Ministry** means a first tier (direct) subsidiary, affiliate, or operating division of Trinity Health that maintains a governing body that has day-to-day management oversight of a designated portion of Trinity Health System operations. A Ministry may be based on a geographic market or dedication to a service line or business. Ministries include Mission Health Ministries, National Health Ministries, and Regional Health Ministries.

**NICU** means Neonatal Intensive Care Unit.

**Policy** means a statement of high-level direction on matters of strategic importance to Trinity Health or a statement that further interprets Trinity Health's governing documents. System Policies may be either stand alone or Mirror Policies designated by the approving body.

**Procedure** means a document designed to implement a policy or a description of specific required actions or processes.

**Protected Health Information ("PHI")** means Individually Identifiable Health Information subject to the exceptions and exclusions in HIPAA.

**Standards or Guidelines** mean additional instructions and guidance which assist in implementing Procedures, including those developed by accreditation or professional organizations.

## **RESPONSIBLE DEPARTMENT**

Further guidance concerning this Procedure may be obtained from Marketing and Communications.

## **RELATED PROCEDURES AND OTHER MATERIALS**

- HIPAA Procedures

## **APPROVALS**

**Initial Approval:** June 18, 2019

**Subsequent Review/Revision(s):**