

POLICIES AND PROCEDURES MANUAL	NUMBER: D-300
POLICY OWNER: Director of Communications	EFFECTIVE: Feb 2015
APPROVED BY: Senior Administration Committee, Directors Committee	REVISED: September 2018
	REVIEWED

PHOTOGRAPHY AND VIDEOS (Non-Media)

PURPOSE

This policy does not cover medical photography and clinical photography, nor does it cover the use of closed circuit televisions and video surveillance for hospital security.

The purpose of this policy is to ensure patient and employee confidentiality and privacy by providing guidelines for photographing, video recording, or audio recording for the purposes of social media, marketing or sharing with friends/family/colleagues.

POLICY STATEMENT

Photography and Digital Recording of Staff, Physicians and Volunteers

- Photography and digital recording of staff, physicians and volunteers is not permitted without the expressed, informed consent of any individual(s) present in the image or recording.
- Families may be requested to discontinue photographing, videotaping, or recording at any time if it is interfering with the provision of care.
- Images or recordings may not be published without the separate and distinct consent from those involved.

Photography and Digital Recording of Patients

- QCH staff, physicians and volunteers who take photos or digitally record patients may only do so with the expressed, informed written consent of the individuals present in the image.
- Photos/recordings taken by patients and families must not include any images of other patients. If they accidentally include another patient in the photo/recording, they must either delete it or obtain specific consent for it. That consent must be documented as part of the patient chart.
- Photographs taken for or by the Police require prior consent by the patient or substitute decision maker. If the Police use their own consent form, a copy with the date and time should be obtained and placed on the patient's chart.
- Photographs and videos may be taken in the Childbirth Unit with the advance consent of the patient and the Medical Staff. The Attending Physician may determine what may be photographed.
- Families may be requested to discontinue photographing, videotaping, or recording at any time when, in the opinion of the Physician, it is interfering with the provision of care.

Persons found to be in violation of this policy will be asked to delete the image(s) or recording(s) and may be dealt with pursuant to the Trespass to Properties Act R.S.O. 1990, CHAPTER T.21.

PRACTICE STATEMENT

- QCH staff, physicians, and volunteers may contact Security to request assistance in dealing with someone in violation of this policy if necessary.
- Consent forms are available from the Communications Department or attached to this policy, and are to be stored on the patient chart or with the Communications Department.

- QCH utilizes Closed Circuit Television for security/ safety purposes through the hospital. These files may be used for internal investigations involving a breach of privacy, other QCH investigations, or may be used in legal proceedings.

DEFINITIONS

Photography, videotaping, and audio recording equipment include but may not be limited to:

- Digital Cameras
- Regular Film Cameras
- Video Cameras
- Cell Phones, Tablets, or other personal devices with a camera and/or recorder
- Tape Recorders

Informed consent:

The individual giving consent must be in a position to provide consent (e.g. Legal Guardian, Power of Attorney), informed of the intended use of the image(s), video, or recording, and have the right to refuse or withdraw consent at any time.

APPENDICES

Consent for photographs, videos, recordings, and interviews

REFERENCES

K-021 Patients at Risk of Elopement

E-099 Confidentiality of personal and hospital information policy

D-150 QCH Branded Social Media Tools Policy

H-001 Media Relations Policy



Consent form for photographs, videos, recordings and interviews

I, _____, hereby give my consent for representatives of Queensway Carleton Hospital to produce photographs, videotape and/or sound recordings, and interview material on myself or the undersigned _____.

I understand this material may be used by the hospital in a variety of ways through publication or broadcast.

I exempt the hospital and its employees from any and all liabilities associated with these materials.

Signature of patient, visitor or appropriate parent/guardian

Date

Witness Signature

Date

*People first.
Caring always.*