



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: MEDIA RELATIONS**

**POLICY NO. 118**

<b>CATEGORY:</b> Patient Rights	<b>EFFECTIVE DATE:</b> 1/83
<b>POLICY CONTACT:</b> Azar Kattan	<b>UPDATE/REVISION DATE:</b> 8/21
<b>REVIEWED BY COMMITTEE(S):</b>	

**PURPOSE:**

To establish guidelines for hospital personnel in dealing with the media.

**POLICY:**

In accordance with media access guidelines of the Los Angeles County Department of Health Services, Harbor-UCLA Medical Center shall cooperate with the media at all times to the extent possible consistent with patient-care needs, safety, privacy and applicable laws and regulations, specifically including the Health Insurance Portability & Accountability Act (HIPAA). **No hospital staff member shall release information directly to the media, nor permit members of the media access to facilities, patients, visitors, or other staff without specific authorization from Hospital Administration.**

**DEFINITIONS:**

**Media:** The various means of mass communication considered, including television, radio, magazines, newspapers, and Internet together with the people involved in their production.

**Capacity:** The ability to understand the nature and consequences of that to which one is asked to consent.

**PROCEDURE:**

**I. GENERAL INFORMATION**

**A. Personnel Designated to Assist the Media**

Refer all media requests to Harbor's Public Information Officer (PIO):

1. During regular business hours contact Hospital Administration at extension 66580.
2. After 5:00 p.m. and on weekends, contact the Shift Nurse Manager, extension 64276, who in turn will notify the PIO or Administrator on Duty (AOD).

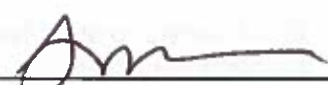
**B. Notification of the DHS Public Relations Office and Sheriff**

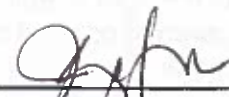
The PIO or designee shall notify the DHS Communications Office at (213) 240-8059 (or by e-mail) of all media inquiries of a non-routine nature, and notify the on-site Los Angeles County Sheriff's station when media are on, or expected to be on campus.

**REVISED: 08/86, 10/92, 03/96, 02/99, 01/02, 02/05, 08/10, 7/11, 12/11, 08/17**

**REVIEWED: 04/89, 10/92, 01/02, 08/07, 08/10, 11/16, 08/17, 8/21**

**APPROVED BY:**   
 Anish Mahajan, MD  
 Chief Executive Officer

  
 Anish Mahajan, MD  
 Chief Medical Officer

  
 Joy LaGrone, RN, MSN  
 Interim Chief Nursing Officer



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

SUBJECT: MEDIA RELATIONS

POLICY NO. 118

**C. Handling of Media Requests**

Additional directions for specific scenarios are outlined below:

1. **Media requests for patient-specific information.**  
Refer to Section II "Media Requests for Patient-Specific Information" of this policy.
2. **Media requests for facility access (interviews, tours, or filming/taping/photographing on campus)**  
Refer to Section III "Media Requests for Facility Access" of this policy.
3. **Press Releases**  
Refer to Section IV "Press Releases" of this policy.
4. **"Code Triage" Disasters**  
Refer to Section V "Code Triage Disaster Situations" of this policy.

**II. MEDIA REQUESTS FOR PATIENT-SPECIFIC INFORMATION**

**A. Pre-requisites for Release of Information**

1. No information about a patient shall be given to the media, unless:
  - a. **The media inquiry specifically contains the patient's name, and;**
  - b. **The patient/guardian has not requested confidentiality.**
2. **Information that could embarrass or endanger patients:** Under HIPAA, the following situations dictate that hospitals not release patient information:
  - a. Information that could embarrass a patient. Such information could include the room location of the patient (e.g. admission to an obstetrics unit following a miscarriage, or admission to an isolation room for treatment of an infectious disease, etc.).
  - b. Information that could endanger the patient. Do not report a patient's location within the hospital – or even confirm the patient's presence at Harbor – if that information could potentially endanger the patient (e.g. Harbor has knowledge of a stalker or abusive partner, etc.).
3. **Incapacitated Adult**
  - a. When a patient is incapacitated, but has a surrogate decision maker (e.g. closest available relative, conservators, designated agent, or surrogates under a Power of Attorney for Health Care or Advance Director), the surrogate decision maker may authorize (or object to) the release of the patient's information to the media.
  - b. If a patient is incapacitated and there is no surrogate decision maker, Harbor may disclose some or all of the allowed information if such disclosure is consistent with a prior expressed preference of the patient, or is considered to be in the best interest of the patient. However, use discretion in making this decision, and the patient must be informed of the use or disclosure of information as soon as it is practical to do so.
4. **Minors:** HIPAA defers to state law with respect to the rights of parents to control disclosure of information concerning children. Under California law:
  - a. When a parent or legal guardian has the authority to make medical decisions on behalf of a child, that parent/guardian also has the right to authorize/object disclosure of medical information to the media. Thus, if parental consent was needed for treatment, then written authorization from the consenting parent/legal guardian is needed before releasing **ANY** information to the media.



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

SUBJECT: MEDIA RELATIONS

POLICY NO. 118

- b. In cases when the minor has the legal authority to consent to a health care service, that minor also has the ability to authorize/object to release of information regarding that health care service, regardless of whether a parent/legal guardian has given authorization. Thus, if the minor could consent to the medical care, then the minor may authorize the release of medical information.
- c. "Emancipated" minors have the ability to authorize/object to disclosure of their health information. However, when a parent/legal guardian has the right to make healthcare decisions for an emancipated minor, the parent/legal guardian has the right to authorize/object to the disclosure.

5. **Physician Names:** Do **NOT** release the name of the patient's physician(s) without the permission of the physician(s).

**Note:** Refer to Section II.D for procedures regarding matters of public record and Section II.E for special circumstances (John/Jane Doe) and public figures.

**B. Description of the Patient's Condition**

1. **General terms:** In compliance with Section II.A.1, authorized personnel may disclose a patient's condition **only in the following general terms** that do not communicate specific medical information:

- **Undetermined:** Patient is awaiting physician 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. Indicators 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.

These are the **ONLY** appropriate descriptions of a patient's condition. **DO NOT use the term "stable"**.

**Note:** Refer to Section II.C for procedures for description on the type/nature of injuries or other conditions.

2. **Patient Death:** Per HIPAA, a patient's death is a "patient condition," and may be disclosed **only** if the media inquiry contains the patient's name and then **only** using the one-word description "deceased".
  - a. **Generally, it is the coroner's officer – not Harbor – that makes a death announcement to the media.** Prior to making any announcement about a patient's death, verify the patient's family/legal representatives do not have objections to disclosure and that next-of-kin have been notified or a reasonable attempt has been made to notify them.
  - b. **Do not release additional information about the patient's death – including the date, time and cause of death – without written authorization** from a legal representative of the deceased.
  - c. Although Harbor may report more information about the patient's death to other agencies



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

SUBJECT: MEDIA RELATIONS

POLICY NO. 118

(e.g. coroner, law enforcement), such reporting does not enlarge the scope of information that Harbor may release to the media.

**C. Description of the Type or Nature of Injury or Other Conditions**

HIPAA prohibits release of a description of the nature of a patient's accident or injuries without written authorization from the patient. Without authorization, the only information that may be disclosed to the media is the one-word description of the patient's condition as defined above.

**Even with written authorization from the patient, specific restrictions apply to providing information on certain conditions:**

- **AIDS Patients:** Do not release a patient's AIDS or HIV status.
- **Battered Children:** Do not state that a child's injuries appear to be the result of child abuse.
- **Burns:** Describe the severity of the burns – first, second, or third degree – **only** after diagnosis by a physician.
- **Fractures:** Describe **only** the bone involved, and the fracture as either "simple" or "compound."
- **Head Injuries:** Do not state that the skull is fractured. Do not comment on the severity of the injury until the condition is definitely determined. Do not make a prognosis.
- **Internal Injuries:** Do not specify the location or condition of the injuries.
- **Intoxication:** Do not state whether or not the patient is intoxicated or the ingested material is alcohol or other drugs.
- **Poisoning (Cases of):** Do not state the trade name of poisoning substance; use only generic names, such as caustic, cleaning compound, etc. Do not comment concerning the possibility of accident or suicide. Do not make a prognosis.
- **Psychiatric Patients:** Do not provide information about psychiatric patients, including whether or not they are at Harbor. Answer media inquiries about such patients, as follows: "We cannot, under Federal regulations and/or California law, comment on this case".
- **Sexual Assaults:** Do not release names, or the nature of the incident or injuries.
- **Shooting and/or Stabbing:** Do not state when, where or how the incident occurred.
- **Suicide Attempt:** Do not state that there was a suicide or attempted suicide.
- **Transplant Recipients/Donors:** Release of donor and recipient names requires written consent. If the donor is deceased, get consent from the donor's family/legal representative.
- **Unconsciousness:** Do not state the cause of unconsciousness.

**D. Matters of Public Record**

Matters of public record refer to situations that are reportable by law to public authorities such as law enforcement agencies, the Coroner, or Public Health Officer. The fact that a hospital has an obligation to report certain confidential information to a government agency does not make that information public and available to the media.

Public record cases are no different than other cases with regard to the release of information, and Harbor must take the same precautions to protect patient privacy as in other situations, including complying with the HIPAA requirement that information be released only if the media inquiry specifically contains the patient's name. For example, if reporter requests information about an accident victim transported to Harbor by paramedics, the reporter must state the victim's name before Harbor can provide any patient information.





LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

SUBJECT: MEDIA RELATIONS

POLICY NO. 118

Thus, refer media questions on matters of public record to the appropriate agencies (e.g. police, fire, coroner's office, etc.). The public entity will decide based on the laws applicable to it, whether it can release any or all the information it has received.

**E. Special Circumstances**

**1. Unidentified (John/Jane Doe) Patients**

Harbor sometimes provides care to patients who cannot be identified through available means (e.g. personal identification, police or dental records, etc.). When these situations occur, Harbor sometimes provides a photo of the unidentified patient to the media to help locate the patient's next-of-kin. Under HIPAA, Harbor may do so **only** after certain legal determinations have been made first:

**A. Determine whether or not the patient has the capacity to make healthcare decisions**

- o If a "John/Jane Doe" patient is determined to have capacity, the hospital may release information only if the patient agrees or is provided a reasonable opportunity to object and does not do so.
- o If the unidentified patient lacks capacity, Harbor may disclose only the minimum necessary information that is directly relevant to locating the patient's next-of-kin, if doing so is in the best interest of the patient. Under no circumstances, however, may a patient's mental health, developmental disability, HIV or substance abuse information be released."

**2. Public Figures and Celebrities**

The standards for release of information and permissible disclosures are no different for public figures or celebrities than for other patients. However, given the likelihood of media interest, the PIO/designee shall when possible verify with the patient (or the patient's representative) whether there is objection to the disclosure of information to the media. If the VIP has a spokesperson, the PIO will coordinate media-relations activities with that spokesperson.

**III. MEDIA REQUESTS FOR FACILITY ACCESS**

Each request for facility access to interview patients/staff, to tour or observe patient care areas, or to film/tape/ photograph on campus shall be evaluated by the PIO and appropriate hospital personnel as to safety, potential effect on the delivery of patient care, and privacy of patients, visitors, and staff. In making this evaluation, the following individuals will be consulted as necessary:

- Chief Executive Officer (CEO) or designee (will decide final approval or denial)
- Chief Medical Officer (CMO)
- Chief Nursing Officer (CNO) or designee
- Physician of Record
- Sheriff
- DHS Communications Office

Every media member is required to complete and sign the hospital's "Confidentiality Agreement for Recording, Filming, and Media Interviews" form (Appendix I) before proceeding with facility access.

**A. Interview Requests**

**1. Patient Interviews**

Media interviews of patients are permitted only when:

- a. The Physician of Record agrees that the patient's condition will not be jeopardized,
- b. Hospital Administration concurs, and



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER

**SUBJECT:** MEDIA RELATIONS

**POLICY NO.** 118

c. The patient (parent/guardian) gives written, informed consent.

**2. Staff Interviews**

**All staff must immediately notify the PIO upon receipt of media request for an interview.** All requests for in-person and/or telephone interviews must be approved by the PIO. For in-person interviews, the PIO (or designee) may need to be present. In all instances, the PIO must notify the DHS Communications Office.

**B. Media Requests to Tour or Observe Patient-Care Areas**

Hospital Administration and the DHS Communications Office must approve all media requests to tour/observe patient care areas without cameras to facilitate research for or feature stories. The PIO (or designee) must escort the media personnel at all times while touring or observing patient care areas.

**C. Filming, Taping, Still Photography by the Media**

At all times during filming/taping/still photography in the hospital or on hospital grounds, the hospital PIO or designee will accompany the photographer/film crew.

**1. Patient Care Areas**

Filming, taping, and/or still photography by the media is prohibited in the Emergency Room, Operating Room, Labor & Delivery, Psychiatric Emergency Room, and Psychiatric Unit, all Intensive Care Units, and any additional patient care areas determined inappropriate.

**2. Non-Patient Care Areas**

Filming, taping, and/or still photography by the media is permitted under certain conditions in non-patient care areas.

**3. Patients**

Filming, taping, and/or still photography of patients by the media is permitted only when:

- a. The Physician of Record agrees that the patient's condition will not be jeopardized,
- b. Hospital Administration concurs, and
- c. The patient (parent/guardian) has given written, informed consent. The official consent form titled "Consent to Photograph and Authorization for Use or Disclosure" [Appendix IIA (English), Appendix IIB (Spanish)] will be used and this form will become a permanent part of the patient's medical record. [Refer to Policy 118A for more detailed instruction on the use of this form.]

**4. Use of Images Prior to Informed Consent**

Informed consent is a process that considers patient needs and preferences, compliance with law and regulation, and patient education. When recordings, films, or other images of the patient are produced, the patient must give written, informed consent that includes notification of his/her right to request cessation of the production of recordings, films, or other images. In the event that a patient is unable to give informed consent prior to the production of recordings, films, or other images:

- a. The production may occur with the approval of CEO or designee, and
- b. The product remains in the hospital's possession and is not used for any purpose until and unless informed consent is obtained.



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: MEDIA RELATIONS**

**POLICY NO. 118**

In the event informed consent for use cannot subsequently be obtained, the hospital either destroys the product or removes the non-consenting patient from the product.

**IV. PRESS RELEASES**

**PRIOR** to distribution, a press release must be pre-approved by the hospital PIO and/or Hospital Administration and the DHS Communications Office.

**V. "CODE TRIAGE" DISASTER SITUATIONS**

"Code Triage" disaster situations require that Harbor operate in highly emotional and rapidly changing situations. The very real need to keep the public informed, must be balanced with the privacy rights of patients and their families. In such highly charged situations, Harbor may release information that is beneficial to the public good, but extra care must be taken to protect information that can be linked to a specific patient.

Rules governing the release of patient information to the media do not change in disaster situations – a report must have a patient's name before any information can be released to the media. Harbor may tell the media the number of patients that have been brought to the medical center by gender or age group (e.g. adults, teens, children, etc.) and the general cause of their treatment needs (an explosion, earthquake, etc.) as long as it is not identifiable to a specific patient.

During a "Code Triage" incident, all media inquiries **MUST** be directed to the Hospital Incident Command System (HICS) Public Information Officer in the Command Post.



**Confidentiality Agreement for Recording, Filming & Media Interviews\***

Harbor-UCLA Medical Center (HUMC) has legal and ethical responsibilities to safeguard the privacy of patients and their families and to protect the confidentiality of their protected health information. Federal and state laws govern the privacy of our patients and their health information. You are expected to uphold these legal and ethical responsibilities as a condition of being allowed to engage in photographing, filming, or other media-related activities at HUMC.

When you observe medical care, conduct interviews, or take photos/video at HUMC, you are involved in a special and complex health experience. During this time, you may encounter other patients and their families, and/or you may witness discussions involving confidential information relating to patients and their families.

This confidentiality acknowledgement applies to all patient and family encounters and includes all their personal and health information, except information that has been identified by a patient (18 years or older), legal guardian or authorized hospital representative for release to the public.

As a condition of being granted access to HUMC for any recording, filming or interviewing, I understand that:

- I agree not to access HUMC facilities or premises for photographing, recording, filming or interviewing activities without first contacting the Public Information Officer or Hospital Administration at HUMC.
- I agree to be accompanied at all times by the Public Information Officer or approved Hospital Representative.
- I agree not to photograph, film, or record any patient or other individual without first obtaining the individual's consent to do so, or County designee per hospital policy.
- I agree to maintain and safeguard the privacy and identity of any patients, the confidentiality of any and all protected health information, and the confidentiality of any confidential and proprietary institutional information that I may encounter at HUMC.
- I will not access, use or disclose protected health information (including filming) except as specifically authorized by a patient (18 years or older), legal guardian or authorized hospital representative for release to the public.

***I understand and agree that if I fail to comply with the conditions listed above, my ability to be involved in any future photographing, recording, filming or interviewing activities at HUMC will be revoked.***

Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Media Outlet/Organization: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Story Topic/Subject: \_\_\_\_\_

Period of Time: \_\_\_\_\_

**Return this completed form to:**

Harbor-UCLA Medical Center  
1000 W. Carson Street, Box 1  
Torrance, CA 90509

Attention: Hospital Administration - Public Information Officer

**For more information, contact:**

Hospital Administration/Public Relations Office: (310) 222-2101

\*Applies to members of the news media and others seeking permission to record, film and interview within hospital campus





**Harbor-UCLA**  
MEDICAL CENTER

**Office of Communications**  
1000 W. Carson Street  
Torrance, CA 90509  
(424) 306-6580

# MEDIA CONSENT

I HEREBY GRANT PERMISSION TO HARBOR-UCLA MEDICAL CENTER TO USE MY:

Photograph    Videotaped Image    Quotes/Comments    Name

for publicity and educational purposes in any and all publications and media without limit or reservation.

Full name (Please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number      (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mobile Phone Number      (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone Number      (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are the legal guardian signing for a minor, please complete this form with your name and print the minor's name and your relation here:

Minor's Full Name \_\_\_\_\_ Relation \_\_\_\_\_



**Harbor-UCLA**  
MEDICAL CENTER

**Office of Communications**  
1000 W. Carson Street  
Torrance, CA 90509  
(424) 306-6580

# MEDIA CONSENT

POR ESTE MEDIO ORTORGO MI PERMIS AL HARBOR-UCLA MEDICAL CENTER PARA QUE:

Fotografi  Imagen grabada en video  Frases/comentarios  Nombre

Para el uso publicitario o educacional en todas y cualquier tip de publicaciones sin límite o reserva.

Nombre complete (En letra de molde) \_\_\_\_\_

Domicilio \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Condigo postal \_\_\_\_\_

Número de teléfono de casa (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Número de teléfono de celular (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Número de teléfono del trabajo (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Firma \_\_\_\_\_ Fecha \_\_\_\_/\_\_\_\_/\_\_\_\_

Si usted es el tutor legal firmando para un meno de edad, pro favor llene este formulario con su nobre y escribe abajo el nombre del niño y su parentesco:

Nombre complete del nino \_\_\_\_\_ Parentesco \_\_\_\_\_