

HARBOR-UCLA MEDICAL CENTER

SUBJECT: MEDIA RELATIONS

POLICY NO. 118

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 as a whole, 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 2101.
2. After 5:00 p.m. and on weekends, contact the Shift Nurse Manager, extension 3434, 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.

C. Handling of Media Requests

Additional directions for specific scenarios are outlined below:

EFFECTIVE DATE: 01/01/83

SUPERSEDES:

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

REVIEWED COMMITTEE:

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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.
 - 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.

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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 (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.

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- **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.

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:

1. Determine whether or not the patient has the capacity to make healthcare decisions.
 - 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.

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- 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
- 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 Communication 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

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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.

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.