



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: PATIENT AUDIO, VISUAL, DIGITAL RECORDINGS

Policy No.: B502
Supersedes: January 4, 2016
Revision Date: June 30, 2022
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PURPOSE:

To provide a standardized procedure for managing *digital*, audio, or visual records (all formats) in accordance with applicable hospital regulations and accreditation/licensing standards.

POLICY:

Recording of patients via *digital*, audio, or visual media shall be considered in the same context as confidentiality of other medical records. Every effort shall be made to protect a patient from being recorded via digital, audio, or visual media without his/her knowledge or consent.

Digital, audio, or visual recording will be allowed when proper consent has been obtained and documented. Other patients in the background shall not be recorded without the expressed permission of the patient (or designee).

Digital, audio, or visual records are divided into two major categories: Clinical and Other.

A. Clinical Records: Digital, Audio, or Visual Format

Digital, audio, or visual records may be a part of the clinical care process at RLANRC. Such records may be used as an adjunct to the written medical record. These records become part the permanent medical record. Example: images of wounds or contractures.

B. Other Records: *Digital*, Audio, or Visual Format

“Other” records are those that are used for the purposes other than direct clinical care. Such records are the property of RLANRC and are to be used only for the expressed purpose that is documented in the “Authorization and Consent for *Digital*, Audio, Visual Recording” form. Example: Images of therapist and patient participating in exercises are given to patient’s family for education or used in a staff education presentation.

EFFECTIVE DATE: May 1997

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

PROCEDURE:

A. Clinical *Digital*, Audio, or Visual Records

1. RLANRC's General Medical Consent Form/Conditions of Admission Form authorizes clinical digital, audio, or visual records.
2. Clinical digital, audio, or visual records are a part of the patient's permanent health record and are managed in the accordance with the hospital's medical record documentation standards.

B. Other *Digital*, Audio, or Visual Records

1. Obtain patient's consent by completing "Authorization and Consent for Audio-Visual Recording" Form
2. The completed form is scanned into the patient's medical records.

References:

RLANRC A111	Media Access
RLANRC A306	Health Record Management and Accountability
RLANRC A307	Retention of Health Records and X-Rays
RLANRC A326	Medical Records Documentation Standards
<i>RLANRC B501</i>	<i>Photographing of Patients and County Facilities</i>
RLANRC B503	Confidentiality of Records
DHS 304	Photographing of Patients and/or Facilities
DHS 361.23	Safeguards for Protected Health Information
DHS 390.1	Employee Access to Patient Records

AUTHORIZATION AND CONSENT FOR AUDIO-VISUAL RECORDING

The term audio-visual recording used in this agreement means photograph, motion picture, or any other format (including film/negative, analog, digital, tape, video, and any other means of recording and reproducing voice/images.)

Your signature below indicates that you give permission to Rancho Los Amigos National Rehabilitation Center, staff, representative(s), or other authorized persons to take photos, video, other recordings of (patient name): _____.

Your signature indicates that the audio-visual recordings may be used for purposes including, but not limited to: education, treatment, research, public relations, and charitable purposes. You may indicate purposes which you do not wish the photos or videos to be used: _____.

Your signature indicates that you wish to assist in research, treatment, educational, public relations, and/or charitable goals. You will give up any right to be compensated unless funds or services are provided as an approved part of the activity (for example, you will not be paid or receive any special services unless a research project specifically offers services/stipend). You, your family, or significant others shall hold harmless the hospital, employees, physician, and any other person participating in your care or involved with this activity against any claim for injury or compensation resulting from the activities authorized by this agreement.

PURPOSE:

TYPE OF MEDIA:

DISPOSITION:

- Education
- Research
- Marketing
- Treatment
- Other: (specify)

- Photograph(film, digital, etc)
- Video-recording
- Audio-recording
- Other: (specify)

- Given to patient/representative
- Used by Rancho Staff: (specify dept)
- Given to Media (external to Rancho) specify
- Archived, if appropriate: (specify location)
- Other: (specify)

Date: _____

Witness: _____

Signature: _____
(patient/family member/conservator/guardian)
Relationship

PATIENT INFORMATION	
MRUN	
NAME	
DOB/GENDER	

AUTHORIZATION AND CONSENT FOR AUDIO-VISUAL RECORDING



AUTORIZACIÓN Y CONSENTIMIENTO PARA GRABACIÓN AUDIOVISUAL

El término grabación audiovisual según se usa en este acuerdo, significa fotografías, película cinematográfica o cualquier otro formato (incluyendo, rollo/negativo, formato digital, análogo, grabadora, videocinta, videodisco y cualquier otro medio de grabación y reproducción de voz/imágenes).

Al firmar abajo indica que usted da permiso a Ranch Los Amigos Nacional de Rehabilitación, al personal, representante(s) u otras personas autorizadas a que fotografien, realicen un video u otra grabaciones a (nombre del paciente): _____

Su firma indica que las grabaciones audiovisuales pueden usarse con propósitos que incluyen, pero no se limitan a: la educación, tratamiento, investigación, públicas y caridad. Usted puede indicar los propósitos por los cuales usted no desea que se usen las fotos o videos: _____

Su firma indica que usted desea asistir en metas de investigación, educativas, de relaciones públicas y/o caritativas. Usted desistirá de cualquier derecho a compensación a menos que los fondos o servicios sean brindados como una parte aprobada de la actividad (por ejemplo: a usted no se la pagará o recibirá ningún servicio especial a menos que un proyecto de investigación ofrezca específicamente servicios/remuneración). Usted, su familia o pareja deben eximir al hospital, de empleados, médicos y cualquier otra persona que participa en su atención o que esté involucrado en esta actividad, de cualquier reclamo en o contra de perjuicio o compensación que pudiera resultar de las actividades autorizadas por este acuerdo.

PROPOSITO:

- Educativo
- Investigación
- Mercadeo
- Tratamiento
- Otra: (especifique)

TIPO DE MEDIO:

- Fotografía (Filmación, digital, etc)
- Videograbadoras
- Grabación de audio
- Otra: (especifique)

DISPOSICIÓN:

- Entregado al paciente/representante
- Utilizado pro el personal de Rancho (especifique el dept)
- Entregado a los medios (afuera de Rancho) (especifique)
- Archivado, si es apropiado (especifique el lugar)
- Otra: (especifique)

(Fecha): _____

(Testigo): _____

(Firma): _____
(paciente/miembro de familia/conservador/tutor)
Relación

PATIENT INFORMATION	
MRUN	
NAME	
DOB/GENDER	

AUTORIZACIÓN Y CONSENTIMIENTO PARA GRABACIÓN AUDIOVISUAL

