

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

No: IN AD – 1 (formerly UN AF-1)

Subject: **MEDIA AND CRISIS COMMUNI-**
CATION GUIDELINES FOR
SUNY DOWNSTATE

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I. PURPOSE:

These media guidelines are intended to assist employees of SUNY Downstate Medical Center in communicating with the news media. They are not intended to limit communication from this institution, but to ensure that SUNY Downstate is represented accurately and favorably in the mass media (television, radio, newspapers, magazines, etc.) by calling attention to:

- * Newsworthy events and interesting programs
- * Noteworthy Hospital developments
- * Scientific developments of interest to the general public
- * New sources of research support and general institutional support
- * Innovations in health care
- * Involvement in professional and community affairs.

II. POLICY:

The Office of Institutional Advancement is responsible for tailoring materials to media specifications, for targeting stories to interested audiences, and for disseminating information about SUNY Downstate to key editors, news producers, writers and reporters. It also retains responsibility for ensuring that this institution's messages are accurate, prepared with good judgment and taste, and delivered professionally.

In order to protect patient privacy and avoid the disruption of activities at SUNY Downstate, Institutional Advancement is the only department authorized to arrange press conferences or

interviews at/or concerning SUNY Downstate; to communicate official SUNY Downstate policy to the news media; to prepare and issue press releases regarding the institution; and to request or authorize media coverage of SUNY Downstate-related individuals, programs, or events on campus.

Employees contacted directly by a member of the media for information regarding Downstate-related activities should refer the caller to Institutional Advancement. All inquiries from the press, including requests for interviews or photography, must be coordinated through Institutional Advancement, ext. 1176, or during non-business hours through the page operator, ext. 2121, who will contact Institutional Advancement. In the event of a Hospital media-related emergency situation, the Chief Executive Officer (CEO), Hospital Marketing Director or designee may act on behalf of Institutional Advancement staff members.

When deemed appropriate, Institutional Advancement will supply a knowledgeable spokesperson, sensitive to patient concerns, to help provide information to the press, while maintaining patients' rights.

III. DEFINITION(S): None

IV. RESPONSIBILITIES (Include all departments/services involved in development/implementation and/or monitoring): Institutional Advancement, Campus Police/Public Safety, Health Information Management, and all employees of SUNY Downstate Medical Center are responsible for ensuring compliance with this policy.

V. PROCEDURES / GUIDELINES:

VISITING NEWS MEDIA

News media personnel must arrange all interviews, filming, videotaping, and photography through the Office of Institutional Advancement.

To ensure compliance with the federal Health Insurance Portability and Accountability Act, and to ensure patient confidentiality, privacy, and sensitivity, news media personnel must at all times be accompanied on campus by an Institutional Advancement staff member. Campus Police (Office of Public Safety) may remove unauthorized members of the news media from the premises if necessary.

RELEASE OF PATIENT INFORMATION

The federal Health Insurance Portability and Accountability Act (HIPAA) governs how a patient's Protected Health Information (PHI), may be released to the public, including to the news media. Under HIPAA, patients must be informed how their PHI will be used and given the option of restricting the release of such information.

No information can be released to the media if the patient has opted out of the Hospital Directory. In responding to a request for patient information from the news media, Institutional Advancement will first confirm with the patient's care provider or with Hospital administration that the patient has not opted out of the Directory.

If the patient is listed in the Directory, Institutional Advancement may give a one-word description of the patient's condition if the news media asks about the patient by the patient's full name.

For the one-word condition, one of the following terms will be used, as defined below.

Undetermined – Patient is awaiting assessment.

Good – Patient’s 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.

The term “stable” is not to be used to describe the patient’s condition to the news media.

Additional details about a patient’s condition may be released to the news media only if the patient or patient representative has expressly authorized and has specified what information may be released in a signed copy of SUNY Downstate’s Media Authorization Form (see “Requests for Interview, Filming, Videotaping, or Photography” below).

The patient’s location in the hospital should not be released if it would potentially reveal protected information, such as treatment for substance abuse, psychiatric conditions, treatment of HIV disease, etc.

MATTERS OF PUBLIC RECORD AND OTHER SPECIAL CASES

The news media often will ask hospitals for information involving the police, accidents, or natural disaster. However, in cases of public record (those reportable to police, fire, or other public authorities), patients have the same hospital privacy rights as at any other time.

Institutional Advancement cannot provide any information to the news media regarding the condition of crime victims or even to confirm the patient’s presence in the facility. Institutional Advancement may refer callers from the news media regarding a crime victim to appropriate authorities, such as the Police Department, who will handle the media’s request in accordance with their own regulations. No statement can be made to the news media by Institutional Advancement or other employees regarding whether a patient is a victim of domestic violence or child abuse.

HIPAA privacy regulations establish a minimum acceptable threshold for the use and release of Protected Health Information. New York State has established stricter standards for certain conditions. Institutional Advancement may not release any information to the news media about HIV, sexually transmitted disease, psychiatric, or substance abuse patients, without express written authorization.

Celebrities, as any other patient, may opt out of the Hospital Directory, in which case no information may be given to the news media, including whether the celebrity is in the facility.

Additional information is available in the “Guidelines for Releasing Information on the Condition of Patients,” published by the American Hospital Association (www.aha.org).

REQUESTS FOR INTERVIEWS, FILMING, VIDEOTAPING or PHOTOGRAPHY

To ensure that there is no disruption of patient care or breach of privacy, cameras (still, film or video) may not be brought into SUNY Downstate without obtaining prior approval from Institutional Advancement or Hospital Marketing. Photographers will be met at building entrances and will be accompanied by a member of the Institutional Advancement staff, Hospital Marketing Director, or by a designated Hospital Administrator.

Photographers representing the media must wait at University Police/Public Safety entrance posts until they are properly accompanied.

Patients who agree to be photographed and/or interviewed must first sign a HIPAA-compliant authorization form. The request to sign the authorization form must be made by the patient's physician or health care provider, as opposed to public relations or administrative staff. A copy of the signed authorization form is to be kept in the patient's record.

The media authorization form, which has been updated to comply with HIPAA regulations, is included in this section of the Policies and Procedures manual. This authorization form is also available in the Office of Institutional Advancement, the Hospital Marketing Office, and in a printable version on the SUNY Downstate website in the News and Events section at (www.downstate.edu/ia/documents/mediaauthorization.doc).

The original version of the signed authorization form is to be filed in the patient's medical records and a copy of the signed release is to be filed in the Office of Institutional Advancement. The patient may also be given a copy on request. When possible, the patient's medical record number label should be affixed to the authorization form.

Employees of SUNY Downstate Medical Center are not permitted to invite film or videotape crews to campus for exclusively personal, non-professional reasons.

NOTIFICATION OF VISITING MEDIA

Coordination of all media (press, radio and TV) visits to the Hospital is essential. Institutional Advancement should notify all appropriate personnel of a forthcoming visit. Individuals and/or units who may require to be notified by Institutional Advancement include:

- a. Chief Executive Officer/Chief Operating Officer
- b. Supervising Physician and/or Departmental Chairperson
- c. Nursing Station
- d. Patient
- e. University Police/Public Safety
- f. Parking Office
- g. Operating Room
- h. S.M.I.C.
- i. Facilities Management and Development
- j. Other key Medical Center personnel, such as Associate Administrator for the Service

On evenings, nights, and weekends when the Evening/Night Administrator or Weekend Administrator receives a call from the news media (newspaper, radio, or television), he/she is to contact the representative from Institutional Advancement who is on duty, and who will be reachable through the page operator (ext. 2121). Prior to that, the Administrator should spend a reasonable amount of time attempting to obtain as much information as possible regarding the circumstances surrounding the inquiry. Every effort should be made to call Institutional

Advancement within fifteen (15) minutes of the inquiry. To ensure a prompt response, the Administrator should obtain the caller's name, affiliation, and telephone number to supply to the Institutional Advancement representative.

The night-time Administrator or designee will also contact the CEO, Hospital Marketing Director, or designee immediately and inform him/her of the inquiry.

EMERGENCY SITUATIONS

In the event of natural or other disasters in the region, or disaster within SUNY Downstate itself, it is the usual policy of SUNY Downstate that the news media be kept informed of the manner in which the situation is being managed. This is both to allay unnecessary concerns in the community, and to communicate the whereabouts and condition of patients to family members and significant others, under the restraints of normal confidentiality procedures.

In the event of such an emergency, a Command Center will be set up within the Office of the CEO of University Hospital of Brooklyn (physical conditions warranting). Representatives of Institutional Advancement and Hospital Marketing will be present to telephone or carry information from the Command Center to the Office of Institutional Advancement for dissemination to the media. An Institutional Advancement post may be set up adjacent to the Command Center if conditions warrant.

Similarly, If conditions warrant, a space will be set up for visiting news media, both print and electronic, in a secure area of the Center, ideally the Special Functions Room in the Health Science Education Building. Representatives of Institutional Advancement will staff the news media briefing room.

The Office of University Police/Public Safety will maintain security as required in managing news media access to Downstate Medical Center, including University Hospital. The Office of Institutional Advancement will maintain communication with Police, Fire, or Emergency personnel pertaining to the emergency situation through the Hospital Command Post and/or University Police/Public Safety.

The Office of Institutional Advancement will inform the news media of Hospital-related developments through regular contact with the commercial news wires (Associated Press, etc.), with other major news media, and with media who call to request specific information. If a news media briefing room is established for the duration of the emergency, news conferences will be held there when warranted.

The Office of Institutional Advancement will inform the SUNY System Administration Office in Albany of the developing situation.

EMERGENCY WEBSITE LINK

The Office of Institutional Advancement, working with the institution's Webmaster, will create a link from the SUNY Downstate website (www.downstate.edu) to a special crisis communications page for both the press and public. The crisis link will be activated when warranted, and will be regularly updated. The link will provide an e-mail address for Internet users to forward messages, which will be monitored closely throughout the crisis. E-mail from the public will be answered to the extent the situation permits.

HOME TELEPHONE NUMBER DIRECTORY

A list of home telephone numbers of all essential administrative and Hospital personnel should be made available to the Office of Institutional Advancement for use under emergency circumstances. Such a list should be updated annually, by January 1.

NON NEWS MEDIA-RELATED PHOTOGRAPHY OR VIDEOGRAPHY:

Requests from law enforcement authorities to videotape patient statements or depositions should be directed to Campus Police/Office of Public Safety at ext. 2626.

Requests to videotape births fall under the guidance of the OB/GYN departmental policy and procedure, "Photography: Birthing Suite, Mother-Baby Unit," and the accompanying patient consent form, "Authorization for Photographing, Videotaping, on Premises." This policy may be found on the SUNY Downstate University Hospital of Brooklyn website at: <http://www.uhb.org/pnp/policies/OBGYN-01.PDF>.

COMMERCIAL VENTURES IN THE HOSPITAL FACILITIES

Institutional Advancement may grant authorization for the use of SUNY Downstate facilities by commercial ventures in special cases. In general such requests will be honored only if the purpose is educationally sound or worthwhile to the promotion of health care information. Sufficient time must be allowed to be sure that the use of any facility does not disrupt patient care or education. Proposals should be forwarded in advance to the Director of Institutional Advancement, or the Director of Communications, in the Office of Institutional Advancement, Box 2, or ext. 1176.

VENDORS

Companies doing business with SUNY Downstate Medical Center and University Hospital of Brooklyn sometimes ask if they may issue a news release about or otherwise promote the fact that they have contracted with the facility. Such requests must first be forwarded to Institutional Advancement at ext. 1176 to determine whether it is in the interest of the campus to cooperate with the vendor in this regard.

VI. Reasons for Revision:

- ☐ **Changes in regulatory or statutory laws or standards**
- ☐ **System failures/changes**
- ☐ **Institutional/operational changes**

VII. Attachments: Media Authorization Form.

VIII. References: HIPAA Regulations; JCAHO Standards.

Date Reviewed	Revision	Required (Circle One)	Responsible Staff Name and Title
	Yes	No	
	Yes	No	
	Yes	No	

	Yes	No	
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**AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION TO NEWS MEDIA
AND TO GENERAL PUBLIC
(Media Authorization Form)**

We understand that information about you and your health is personal and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your special authorization before we may use or disclose your protected health information to communicate with the news media and the general public as described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form. A representative of SUNY Downstate Medical Center is available to answer any questions regarding this authorization.

Patient Name: _____ MR#: _____

Address: _____

DOB: _____ Telephone #: _____ (Day) _____ (Eve)

I authorize that a statement/interview, and/or photograph, and/or illustration, and/or video, and/or movie, and/or audio recording may be taken of me by SUNY Downstate Medical Center (and/or its agents) or by members of the news media regarding my personal and medical history, condition(s), and treatment(s) for the purposes of publicizing, promoting, marketing, or advertising SUNY Downstate Medical Center's activities, programs, and services.

I grant permission for the above-described material(s), which may include Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), to be used by news media, including professional medical or healthcare journals, for publication, and/or broadcast, and/or distribution via other means to the general public, not excluding its use at professional meetings, symposiums, poster sessions or other events. I recognize that the precise manner in which the information and material(s) may be used will be determined solely by the aforesaid media and I therefore acknowledge that SUNY Downstate Medical Center has no control over or responsibility for the use of such information and material(s).

I grant permission for SUNY Downstate, at its option, to use the information and material(s) as it sees fit in publications and or productions of its own making and distribution.

Person(s)/ Organizations at SUNY Downstate providing the information: _____

The information may be disclosed to and used by the (*name of media outlet*) _____

Information to be disclosed: _____

I understand that I may be identified by name in connection with the public use of the information and material(s).

I release and agree to indemnify SUNY Downstate and its affiliates, successors and assignees and their respective employees, trustees and agents from and against any and all liability, including reasonable attorneys' fees, arising out of the exercise of the rights granted by this authorization.

I understand that SUNY Downstate ___ will ___ will not receive direct or indirect remuneration as a result of this authorization.

This authorization expires on _____.

and that expiration of this authorization will not cause the aforesaid news coverage or promotional, marketing, or advertising materials made as a result of this authorization to be withdrawn from public circulation at the time of expiration or any time thereafter.

New York State regulations [NY Public Health Law §2782(1)(b)] require a special authorization for release of information regarding mental health, any HIV- related condition (including HIV-related test, illness, AIDS or any information indicating potential exposure to HIV) or drug and alcohol abuse.

- ☐ Do not authorize release of this information.
☐ Authorize release of this information.

By signing this authorization form, you authorize the use or disclosure of your protected health information as described above. This information may be re-disclosed if the recipient(s) described on this form is not required by law to protect the privacy of the information.

If you are authorizing the release of HIV-related information, you should be aware that the recipient(s) is prohibited from re-disclosing any HIV-related information without your authorization, unless permitted to do so under federal or state law. If you experience discrimination because of the release or disclosure of HIV-related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

You have a right to refuse to sign this authorization. Your healthcare, the payment for your healthcare and your healthcare benefits will not be affected if you do not sign this form.

You have a right to receive a copy of this form after you sign it.

You have the right to revoke this authorization at any time, except to the extent that action has already been taken based upon your authorization. To revoke this authorization, please write to:

*SUNY Downstate Medical Center
Office of Institutional Advancement, Box 2
450 Clarkson Ave., Brooklyn, NY 11203*

Signature: _____ Date: _____
(Participant, Personal Representative or Legal Guardian)

Witness: _____ Print Name: _____

Personal Representative or Legal Guardian: [Print Name] _____

Authority: _____ Telephone: _____

Address: _____