

Vermont Psychiatric Care Hospital Procedure

Media

Revised: X

Date: 04/07/14

- I. Statements regarding the Vermont Psychiatric Care Hospital (VPCH) policies, facilities and activities by VPCH staff to the media:
 - A. All statements made in response to media inquiries as well as any other formal statements to the media shall be issued by the VPCH Chief Executive Officer, DMH Commissioner, or others as designated by the Commissioner or Chief Executive Officer.
 - B. Except as otherwise provided in this subsection, no statements issued to the media shall disclose individually identifiable patient health information unless:
 1. The media has a demonstrable need for such information, the disclosure is not reasonably expected to be detrimental to the patient or others, and written informed consent has been obtained from the patient or the patient's personal representative in accordance with the procedural requirements set forth in the Agency of Human Service's HIPAA Standards and Guidelines.
 2. A court order requires such disclosure to the media.
 3. If a patient has been officially charged with the commission of a crime, the public has a substantial and legitimate interest in information regarding criminal activity in the community and the alleged participants, provided the patient has authorized a disclosure to the media in accordance with the procedural requirements set forth in the Agency of Human Service's HIPAA Standards and Guidelines. Otherwise media requesting this information should be directed to the government officials involved in the investigation or prosecution of the case.
- II. Visits by the media to VPCH:
 - A. The media may visit VPCH only under the following conditions:
 1. A formal request in writing has been submitted by the media to VPCH Chief Executive Officer prior to the planned visit;
 2. Prior approval of the media's visit in writing has been granted by the DMH Commissioner or VPCH Chief Executive Officer;
 3. Prior to the approved visit, the media has signed a VPCH Nondisclosure Agreement for Media form; and
 4. Prior to the approved visit, VPCH staff has completed a VPCH Staff Patient Notification and Description of Media Visit form and VPCH staff has provided notice and description as specified in this form.
 - B. During an approved visit at VPCH, the media may interview or photograph patients for public information and education positions only under the following conditions:

1. The patient must be informed of the nature of the media contact and of his/her right to refuse to participate; and
2. Written informed consent has been obtained in accordance with the Agency of Human Service's HIPAA Standards and Guidelines via the patient's execution of a GMPCC Consent for Photographing, Other Imaging or Interviewing by the Media And Authorization for Release as applicable, or only de-identified information is used in any story, program, or account which results from the media contact such that the identity of the patient cannot be reasonably determined. In no event shall censor's marks be used as a means of shielding a patient's identity.

Approved by	Signature	Date
Frank Reed, Commissioner of DMH		11/29/16

**VERMONT PSYCHIATRIC CARE HOSPITAL
NONDISCLOSURE AGREEMENT
FOR MEDIA**

It is the legal and ethical responsibility of the Vermont Psychiatric Care Hospital (VPCH) to protect each patient's right to confidentiality with respect to information regarding his/her care and treatment.

Therefore to protect each patient's rights to confidentiality with respect to information regarding his/her care and treatment, Vermont Psychiatric Care Hospital requests that all members of the media touring the facility sign this agreement.

In consideration for being able to tour VPCH I agree to not disclose any protected health information that I encounter, directly or indirectly, while touring VPCH.

Signature: _____

Date: _____

Name: _____

Job Title: _____

Employer: _____

**VERMONT PSYCHIATRIC CARE HOSPITAL
STAFF PATIENT NOTIFICATION AND
DESCRIPTION OF MEDIA VISIT**

To be filled in by a VPCH clinical staff member prior to media tour of the VPCH facility:

VPCH must notify patients that a tour for a member of the media will be given. Notification should include the date, time, and locations in the facility that will be toured.

Date of Notification: _____

Name of Staff notifying patients of tour:

Signature: _____

Job Title: _____

Name of Staff giving tour:

Job Title: _____

Date of Tour: _____

Time of Tour: _____

Purpose of Tour:

Location(s) to be toured within VPCH:

VERMONT PSYCHIATRIC CARE HOSPITAL
Consent for Photographing, Other Imaging or Interviewing by the Media
And Authorization for Release

I consent to the taking of photographic, videotaped images, or other images to be made of myself or my family member for the purposes of (check all that apply):

- News media, including newspaper, magazines, wire services, television & radio stations
- Interview with news media
- Other _____

I authorize the release of the above information by the Vermont Psychiatric Care Hospital upon demonstration by the Media of a need for such information.

- I have the right to refuse to sign this Consent.
- I understand I have the right to revoke this Consent/Authorization at any time with written Notice to the Director of Social Services.
- I understand that my revocation will not apply to information that has already been released in response to this Consent/Authorization.
- I understand that my stay at the Vermont Psychiatric Care Hospital will not be affected if I do not sign this form.

Signature of Individual or Personal Representative Date

Printed Name of Individual or Personal Representative

Description of Personal Representative's Authority

Signature of VPCH Employee Explaining Authorization Process

Printed Name of VPCH Employee Explaining Authorization Process

Position and Job Title of VPCH Employee