

CATHOLIC CHARITIES INDIANAPOLIS INC.  
AGENCY POLICIES AND PROCEDURES

Policy Name:	<b>Client Protection from Unauthorized Disclosure of Images &amp; Recordings</b>
Domain:	<b>Client Rights 8.5</b>
Policy Location:	<b>www.archindy.org/intranet/shared/cci/index.html</b>
Date of Adoption:	<b>03/09</b>
Dates of Revision:	<b>03/09; 3/12,11/15; 6/16; 11/19, 11/22</b>
References:	<b>Authorization for Use/Disclosure of Information and Consent/Use of Photographs and Audio/Video Images; Client Research Protection Policy</b>

**POLICY:**

Catholic Charities Indianapolis will have established guidelines for situations where clients may or may not be photographed, recorded, publicized in social media, or otherwise imaged for any purpose. CCI will take reasonable steps to protect clients/client family members from unauthorized photography, video or audio recording or other images.

- Photography - includes recording individual likenesses while using cameras, cellular telephones, digital imaging using digital cameras, web cameras or other technology capable of capturing an image.
- Video or audio – includes recording an individual’s voice using video cameras, cellular telephones, tape recorders or other technology capable of capturing audio video recordings.
- Social Media – “Social Media” is an umbrella terms that encompasses several different types of technology. It allows for real time interactive dialoging among groups of end users utilizing text, images, and videos. Social Media applications include for example Facebook, Skype, LinkedIn, Pinterest, YouTube, Twitter, web blogs, web sites, instant messaging, and texting.

**PROCEDURE:**

1. Written client informed consent is required using the *Authorization for Use/Disclosure of Information and Consent/Use of Photographs and Audio/Video Images* before clients may be photographed, publicized in social media or video/audio recorded unless otherwise required by law.
2. When photographing and video/audio recording of client/client family member:
  - Only designated CCI devices to photograph or audio record a client/client family member may be used by CCI or CCI contracted personnel.
  - CCI designated devices are securely stored, and photographs or records will be saved, stored, and disposed of by designated CCI personnel with access to the devices.
  - Photographs should not be stored on a device or on an unencrypted memory card and must be deleted from the device in a timely fashion.
  - Personal cellular telephones, cameras etc. cannot be used.

3. When photographing video/audio recording clients by client family members, and or the client's visitors:
  - CCI is not required to obtain consent from the client when the client is the subject of the photography video/audio recording and the recording is performed by the client and or the client's family member or the client's visitors.
  - Clients, family members, and or visitors are not permitted to take photographs of or video/audio recording of other clients without consent.
4. When photographing or video/audio recording clients by CCI personnel for research:
  - Any use and/or disclosure of photographs or video/audio recordings for research purposes will be in compliance with state and federal regulation concerning privacy and research.
  - If a photograph or video/audio recording is determined to be identifiable, the CCI Privacy Officer/Management Team monitoring the specific research project will advise the Service Line/Program Director if additional authorizations are required based on privacy laws.
5. When photographing or video/audio recording client by CCI personnel for marketing/publicity purposes:
  - CCI must obtain written authorization using the *Authorization for Use/Disclosure of Information and Consent/Use of Photographs and Audio/Video Images* form, from the client prior to photographing or video/audio recording the client for marketing/publicity purposes.
  - The authorization is only good for the type of photograph/recordings indicated and the timeframe listed in the authorization. Otherwise, a new authorization form must be obtained.
6. When photographing or video/audio recording clients /client family members for law enforcement:
  - CCI may disclose photographs and or video/audio recording to law enforcement when required by state laws such as for child abuse, neglect, domestic violence, elder abuse, and similar disclosures required by law.
7. Photographing or video/audio recording clients/client family members for tele mental health or the internet:
  - Written client consent is required prior to transmitting or using client photographs/audio recordings or telemental health or on the internet.
  - Information management policies and procedures for encryption and other security requirements must be followed.
8. Photography or video/audio recording of clients or the client's visitors within CCI- by-CCI personnel for personal use:
  - CCI personnel are prohibited from photographing or video/audio recording the client or client visitors for personal use including taking pictures to share with friends or coworkers or posting on the internet using social media e.g., Facebook, twitter.

9. Storage
- Photographs and recording will be clearly identified and securely stored and readily accessible for retrieval.
10. Disclosure:
- CCI will not release photographs and video/audio recordings without specific written authorization from the client/client representative unless the disclosure is for treatment, payment for healthcare operation purposes or as otherwise permitted by law.
  - Unless prohibited by law, photographs and video/audio recordings may be released to the client /client representative in accordance with the client's right to access.
  - CCI will retain all originals.

*David J. Bethuram*

David J. Bethuram  
Executive Director

*12/14/2022*

Date

# Catholic Charities Indianapolis (CCI)

## Authorization for Use/Disclosure of Information and Consent/Use of Photographs and Audio/Video Images

### Purpose of Request:

Catholic Charities Indianapolis (CCI) is always pleased when clients are willing to communicate the stories, experiences, and information about their service received at CCI. Sharing your story can help others who are interested in knowing more about the client services provided by CCI and can help CCI promote its mission of service. CCI respects the privacy of our clients, visitors, and staff. Ensuring that protected health information is kept confidential is among our highest priorities. CCI seeks your permission to use your information and your consent to allow us to take and use audio/video/photographic material of you in CCI internal and external communications, including general interest publications, and distribute such materials online, in print, and in social media (such as Facebook.) To ensure that CCI is acting in accordance with your wishes, and using your personal information with your authorization, we ask you to fill out and sign this form. CCI will keep a copy of your written permission on file.

### Client Identification

**Printed Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Program:**  Adult Day Services  Caregiver Support  Counseling  Crisis Office  Development  Holy Family Shelter  
 Immigration  Refugee  RSVP  Senior Companions  St. Elizabeth/Coleman  School Social Work

### Information to Be Released – Covering the Periods of Service

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

### Payments to CCI

This marketing activity involves direct or indirect compensation/payment from a third party to the facility for this use of protected health information. **Check** Yes  No

### Authorization for Use and Disclosure of Information

- I give my permission for CCI to use my or my child's name and share details of my or his/her service and experience as a client in communications produced by or on behalf of CCI, and consent to take and make use of my and/or my child's audio/video/photographic images in publications produced by or on behalf of CCI. This permission extends both to electronic versions on the CCI websites and other internet/electronic applications as well as to printed, filmed, and taped versions.
- I give my permission for CCI to release my or my child's name and details of services to the news and electronic media including, but not limited to, internet/online publications, TV, radio, newspapers and/or magazines, and allow the news media to make images (digital, video, or otherwise) of me or my child for purposes of illustrating my services and experience as a client of CCI.
- I specifically authorize the release of information pertaining to alcohol, drug, and/or substance abuse, diagnosis, or treatment.
- I specifically authorize the release of information pertaining to mental health diagnosis or treatment.
- I specifically authorize the release of information pertinent to HIV/AIDS test results.

### Expiration & Right to Revoke Authorization

I understand that I may revoke or withdraw this permission at any time to prohibit future use of my information. To do so, I must send written notice to the CCI Privacy Officer at Catholic Charities Indianapolis Inc., 1400 N. Meridian St, Indianapolis, IN 46202-2305. I understand that CCI, as well as other persons or entities, will retain copies of any electronic or printed communications produced pursuant to this authorization and shall retain these versions forever. Any revocation of this authorization will only extend to the exclusion of my information from future versions of communications within CCI's control. If previously authorized, upon revocation, CCI shall no longer share my information to the news and electronic media. If not revoked/withdrawn by me, this authorization expires three (3) years from the date that I sign it, and CCI shall treat information as if I revoked the authorization upon expiration.

### Re-disclosure

I understand the information disclosed by this Authorization may be subject to re-disclosure by anyone receiving it, and the information disclosed will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. To the extent permitted by law, CCI and its personnel are hereby released from any legal responsibility or liability for disclosure of the above information as indicated and authorized herein.

The information authorized for release may include records that may indicate the presence of a communicable disease or non-communicable disease.

### Signature of Patient or Personal Representative Who May Request Disclosure

I am not required to sign this authorization. CCI does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this form. I can request a copy of this authorization be mailed to me. I understand that I will not be entitled to any payment or other form of remuneration as a result of any use of any information and audio/video/photographic material. I authorize CCI to use and disclose the protected health information specified above for the purposed set forth above.

I agree to the terms of the Authorization for Use and Disclosure of Health Information.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name and Relationship of legal representative to client (e.g. parent, guardian)** \_\_\_\_\_