

C.A.I. A Cardiovascular & Arrhythmia Institute

REGARDING PHOTOGRAPHY, VIDEO, AUDIO, AND ELECTRONICALLY RECORDED DATA POLICY

DEFINITIONS:

For the purposes of this policy, “photography or recording” refers to recording an individual’s likeness (e.g., image or picture) or voice using photography (e.g. cameras or cellular telephones), audio recording (e.g, a tape or digital recorder), video recording (e.g., video cameras or cellular telephones), digital imaging (e.g., digital cameras or web cameras), or other technologies capable of capturing an image or audio data (e.g., Skype).

PURPOSE:

As a responsible health care provider, C.A.I. Cardiovascular & Arrhythmia Institute must take reasonable steps to protect its patients, visitors, employees and other staff members from unauthorized photography or recording. Due to the sensitive nature of patient information and to protect patient privacy, the policies and guidelines below apply to all photography, imaging, audio, video, or other electronic recording of patients, visitors, employees, or other persons present within a C.A.I. facility.

POLICY:

To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) and regulations and guidelines promulgated thereunder, as well as to ensure that C.A.I. is able to effectively provide the highest quality treatment for its patients, the following policies apply to all photography or recording in C.A.I. facilities. These policies apply to patients, family members, visitors, other third parties, employees, and other C.A.I. staff members as set forth below:

I. Policy Regarding Photography or Recording by Patients, Family Members, Visitors, and other Third Parties

The following guidelines apply to all photography or recording by;

1. Patients, patients family members, visitors, and other third parties are prohibited from photographing or recording CAI personnel, equipment, or facilities.
2. Patients, family members, visitors, and other third parties are prohibited from taking photographs or recordings for insurance and/or legal purposes.
3. C.A.I. reserves the right to prohibit any photography or recording for any reason or for no reason.

Patient Signature _____

Date: _____