# ETSU HEALTH STAFF INSTRUCTIONS

### HIPAA AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION FOR A MEDIA PURPOSE Activities Include Patients or Patient Information

Before scheduling media/marketing activities, ETSU departments must contact:

- Jonathan Roberts, Marketing and Communications Specialist, ETSU | (423) 439- 4317
- Kristen Early, Director of Marketing and Communications, ETSU Health | (423) 433-6038

If you receive a media/marketing request directly, please refer them to the above.

#### Instructions for use:

This form should be used when a patient has volunteered to participate in a media/marketing activity, or when a patient has agreed to have the healthcare team discuss their care or otherwise use their patient information in an identifiable manner for a media/marketing purpose.

\*\*If the interview will take place at an ETSU Health clinical facility, the Media/Marketing HIPAA Confidentiality Form must also be completed.

This form should <u>not</u> be used if: ETSU Health will receive financial renumeration from the activity; if the patient information involved includes information about substance use disorder, HIV/AIDS, abortion, or other sensitive information. Contact the ETSU HIPAA Compliance Office for further instruction.

### Staff must:

- Ensure you read this form critically in advance of the activity and ensure you understand the form and are able to explain it to the patient. Staff are responsible for contacting the ETSU HIPAA Compliance Office if they have any questions or concerns about the form prior to its use.
- ✓ Ensure the form is filled out by the patient completely and accurately.
- Ensure the activity takes place in a location that does not expose media/marketing representatives to health information. In general, media/marketing activities should *not* take place inside a clinical facility during business hours. However, if the activity necessitates media and marketing individuals being present at an ETSU Health clinical facility while the facility is open, please notify the <u>ETSU HIPAA Compliance</u> <u>Office</u> in advance and obtain approval from your department chair or other institutional authority (e.g. Dean).
- ✓ If a patient or a patient's information is involved, ensure the patient is comfortable and understands participation is voluntary, and they can end the activity at any time.
- ✓ Ensure a copy of this completed form becomes part of the patient's medical record.
- ✓ This form is valid for the interview at the time it occurs only. This form does <u>not</u> entitle ETSU Marketing and Communication staff or media/marketing representatives to contact ETSU Health and ask questions about the patient.

hipaa@etsu.edu | (423) 439-8533

ETSU Health - Media/Marketing HIPAA Authorization Form (Patient Information) v 07.22

ORIGINAL - Medical Chart

COPY - ETSU Marketing and Communications

## HIPAA AUTHORIZATION TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION FOR A MEDIA/MARKETING PURPOSE

I \_\_\_\_\_, authorize East Tennessee State Patient Printed Name

University, Medical Education Assistance Corporation, and the Northeast Tennessee Community Health Centers, Inc. (collectively referred to as "ETSU Health"), and their respective assigns, licensees, and legal representatives, to use and/or disclose my protected health information described in this form for any legitimate media, marketing, promotional and/or advertising purpose.

By signing this form, I authorize the use and/or disclosure of my protected health information created or collected in conjunction with the following activities: interviews with me or with ETSU Health staff about me; testimonials/reviews; demonstrations; photography; audio/video recording; and any other legitimate media/marketing activity in which I voluntarily participate.

I understand that this may directly or indirectly identify me as a patient of ETSU Health and may reveal information about me and my health condition, treatment, prognosis, etc. By signing this form, I understand, any health information obtained from the activities described above may be used or shared for any legitimate media, marketing, promotional and/or advertising purpose. That means my health information may be seen in newspapers and magazines, on websites and signage, on the television or radio. My information may also be published on the internet and social media websites. Once my health information is published and/or posted, I understand other people or groups including ETSU Health may republish or repost it.

I hereby authorize ETSU Health, to use and share my health information with the following:

- The ETSU Marketing and Communications Department or anyone authorized by ETSU Health for media, marketing, promotional and/or advertising purposes.
- Media/marketing representatives for local, state and national media outlets, including but not limited to newspapers, magazines, television broadcast stations, radio stations, internet and social media sites.

<u>Re-disclosure</u>: I understand that media/marketing representatives do not have to follow federal privacy laws and my health information may no longer be protected once disclosed. This means that my health information may be re-disclosed without asking my permission. I also understand that ETSU Health may have no control over the editing or use of information once disclosed.

<u>Revocation</u>: I understand that I can change my mind and cancel this authorization at any time. If I want to change my mind I must let ETSU Health know in writing delivered to the ETSU HIPAA Compliance Office, PO Box 70285, Johnson City, TN 37614 or vial email to hipaa@etsu.edu. If I change my mind, I understand that ETSU Health will not be able to take back the information already used or disclosed under this form.

I understand that I do not have to sign this form. If I refuse to sign this form my medical treatment, payment, benefit eligibility, or enrollment activities will <u>not</u> be affected.

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By signing below, I confirm that I have read and understand this form and that I had the opportunity to have it explained to me verbally. I confirm that I have had the opportunity to ask questions and that all my questions have been answered.

This authorization will expire when the media/marketing purpose has been fulfilled. However, once my health information is used or disclosed, I understand the media may continue to use and reuse my health information collected under this authorization indefinitely.

Signature of Patient

Date

#### Patient Telephone Number

\*This telephone number may be used to contact you in relation to your participation in a media/marketing activity.

If signed by someone other than the Patient, state your relationship to the Patient and a description of your authority to act on the Patient's behalf:

\*If signed by someone other than the Patient, proof of legal authority to act on the Patient's behalf must be provided.

If you are presently a patient of ETSU Health, please indicate which practice you are associated with (e.g. Family Medicine, Surgery, OBGYN, etc.):

If you are not presently a patient of ETSU Health, please check this box:

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