

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 not be used if: ETSU Health will receive financial remuneration 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 [ETSU HIPAA Compliance Office](#) 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 not 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

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: