

ETSU HEALTH STAFF INSTRUCTIONS

MEDIA/MARKETING HIPAA CONFIDENTIALITY AGREEMENT Activities Inside Clinical Facility

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

- [Jonathan Roberts](#), Marketing and Communications Specialist, ETSU | (423) 439-4317
- [Kristen Early](#), Director, 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 provider or patient has volunteered to participate in a media/marketing related activity *that will occur inside an ETSU Health clinical facility*.

**This form authorizes the media/marketing representative(s) to be present in the facility. This form does not authorize individual patient information to be shared. If a patient or identifiable patient information will be involved in the media/marketing activity, patients must complete the HIPAA Authorization to Use and/or Disclose Protected Health Information for a Media/Marketing Purpose in addition to this form.

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 media/marketing representative. 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 media/marketing representative completely and accurately before the media representative comes to the clinical facility.
- ✓ Determine an appropriate entry door for the media/marketing representative. When possible, the media representative should enter through a door that is not the front door to avoid patient concern.
- ✓ Ensure the media/marketing representative is escorted at all times.
- ✓ Ensure the activity takes place in a location that does not expose media/marketing representatives to health information of patients who have not completed the required HIPAA Authorization to Use and/or Disclose Protected Health Information for a Media/Marketing Purpose.

MEDIA/MARKETING HIPAA CONFIDENTIALITY AGREEMENT

This agreement dated _____ day of _____, 20____, is entered into between _____ and _____

Representative(s), Name(s) or Organization

East Tennessee State University (“ETSU”), Medical Education Assistance Corporation, and the Northeast Tennessee Community Health Centers, Inc. (collectively referred to as “ETSU Health”).

ETSU Health has legal and ethical responsibilities to safeguard the privacy of our patients, and we are committed to protecting the privacy and security of our patients' protected health information, including but not limited to, patient names, addresses, telephone numbers, social security numbers, license plate numbers, diagnoses, pharmacologic and surgical interventions, as well as the testing and results associated with delivery of care to a patient at any ETSU Health clinical facility. This includes health information whether written, spoken, observed, in a computer system, or any other form or media.

As a condition of being granted access to an ETSU Health clinical facility, I understand and agree to the following:

- I am prohibited from initiating contact with patients in an ETSU Health clinical facility. Media/marketing representatives will be escorted into designated areas only.
- As a result of your presence at an ETSU Health clinical facility, media/marketing representatives may be incidentally exposed to patient health information. Media/marketing representatives are unequivocally prohibited from using/disclosing patient health information that results from an incidental exposure.
- I am prohibited from taking photographs or audio and video recordings of patients except as specifically authorized.
- I am prohibited from using any video recording equipment inside the clinic generally. Video recording is allowed during authorized activities and in designated areas.
- I am prohibited from using any audio recording equipment inside the clinic generally. Audio recording is allowed during authorized activities in designated areas.
- While inside an ETSU Health clinical facility, I agree to be accompanied at all times by a member of ETSU Health’s team.
- While outside an ETSU Health clinical facility, I agree not to take footage of any kind (audio, video, still photography, etc.) in the entryway or exit of the clinical facility, or in the parking lot, in a manner where patients or their vehicles (specifically their license plates) are visualized.

ETSU Health grants permission for the named Representative(s) or Organization to be present at the following ETSU Health clinical facility:

_____ on the following date(s): _____ .

Confidentiality obligations required by this Agreement shall continue in perpetuity.

By signing this agreement, you acknowledge your understanding of the above and agree to abide by the same. If you fail to comply, this agreement will be terminated and your ability to be involved in any future recording, filming, or interviewing activities at ETSU Health will be permanently revoked. Additionally, failure to comply with this agreement may also subject

you personally to investigation by the Office of Civil Rights in conjunction with the Department of Health and Human Services.

Media Outlet/Organization

Story Topic/Activity

Printed Name

Signature of Representative

Contact Phone Number/Email

Date

Additional Representative(s):

Printed Name

Signature of Representative

Contact Phone Number/Email

Date

Printed Name

Signature of Representative

Contact Phone Number/Email

Date

Printed Name

Signature of Representative

Contact Phone Number/Email

Date

Printed Name

Signature of Representative

Contact Phone Number/Email

Date