



CONSENT FORM: PHOTOGRAPHY, AUDIO/VISUAL RECORDING AND INTERVIEW

Consent Requirements

For Patients/Clients: A consent form must be signed whenever a photo, image or interview is used by Island Health (for publications such as newsletters, annual reports, video productions, website, etc.) or by external media (news, public websites, social media, blogs, etc.). A copy of this form will be retained in the patient/client file. This includes activities that are initiated by a patient/client.

For Island Health staff: A consent form must be signed whenever a photo or image is used externally (media, public website, social media, blogs, etc.). This includes photographs/videos that are initiated by a staff member. Verbal consent is sufficient for internal use.

With patient or guardian authorization, the attending care staff will allow Communications and Public Relations and/or Multimedia Services and/or external companies to film, photograph or interview patients/clients for public relations purposes and/or to accompany members of the media who have been permitted to film, photograph or interview patients/clients.

By signing this form, you authorize Island Health and/or news media and/or external companies to conduct interviews, take photographs, audio/visual recordings or to facilitate media requests for same, of you or your child. At your request, Communications and Public Relations can be available to support you through this process. You also release Island Health, its agents and employees from all claims, demands and liabilities whatsoever in connection with the above.

Name: <i>(please print)</i>	
Description: <i>(patient/client, volunteer, staff, title)</i>	
Name of Photographer or Media Organization:	
Site/Location/Event:	
Date of interview/photo/video:	
Signature: <i>(parent/ guardian if under 18)</i>	
Contact info: <i>(if you wish to be contacted prior to your image being used [each time], please note preferred contact info)</i>	

Please fax signed consent forms to the Communications & Public Relations department 250-740-2669 (52669).



CONSENT FORM: RELEASE OF CLIENT INFORMATION TO MEDIA

Disclaimer: To protect the privacy and confidentiality of all patients and their families, Island Health will not provide any detailed information about any patient without first discussing the request with the patient or guardian and obtaining additional written permissions. Patients/clients should also be aware of potential social media and other electronic uses of their images. If a patient/client changes their mind about sharing their information publicly, there is still the potential that the material may be accessible to people through cached internet pages.

Personal Information about specific patients/residents/clients or staff:

- In accordance with Island Health's confidentiality policy and the *Freedom of Information and Protection of Privacy Act* (FOIPPA), details containing personal information about an individual patient/resident/client or staff member can be released to the media **ONLY** with the consent of the patient/resident/client/staff - or if incapable, the legal representative of that person, or as authorized by law.
- Information confirming a patient is currently admitted to an Island Health facility may be provided to media without patient consent, unless the patient has been designated as a 'no information patient.' Media must have the full name (first and last) of the patient before admittance confirmation is made.
- Media requests for "no information" patients are responded to by indicating "I have no information to provide on that individual."
- A 'no information patient' means the patient, a family member, guardian, police or other authority has requested that no information be released about the person, including whether they are even receiving care at an Island Health facility.
- Patient/resident/client consent **is not required** to give a one-word ("good/stable/serious/critical") condition report, unless the patient is identified as a 'no information patient.' The following terminology is used to indicate condition:
 - Good: Vital signs stable/within normal limits. Patient is conscious/comfortable. Indicators are excellent.
 - Stable: Vital signs stable/within normal limits. Patient is conscious/possibly uncomfortable. Indicators are favourable.
 - Serious: Vital signs unstable/not within normal limits. Patient is acutely ill. Indicators are questionable.
 - Critical: Vital signs unstable/not within normal limits. Patient may not be conscious. Indicators are unfavourable.
- Consent to release information or a name is not required in a situation deemed to pose a risk to public health. This information is released by the Chief Medical Health Officer or their designate.
- Whenever possible, before releasing patient information, the Communications and Public Relations department will attempt to ensure the patient/family/guardian is aware of the limited information to be released and obtain their consent.
- Death may be confirmed, provided next-of-kin has been notified. The cause of death may not be released without consent of a legal representative.
- With the signed consent of the patient/family/guardian, Island Health may release the following information:
 - Your name _____ (initials)
 - Your age _____ (initials)
 - Your home community _____ (initials)
 - Confirmation of hospitalization _____ (initials)
 - Admission/discharge dates _____ (initials)
 - Confirmation of child's birth, if applicable _____ (initials)

I, _____, (patient or guardian's name), hereby agree to permit Island Health's Communications and Public Relations department to release the information initialed above to media.

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