

Manual Name: Administration

Document Name: Media & Videography Policy	Section: Public Relations
Effective Date:	Original Date: Revisions:

Policy Statement:

At Headwaters Health Care Centre, Headwaters Health Care Foundation and Headwaters Health Care Auxiliary (collectively referred to as *Headwaters* in this policy) we recognize our responsibility to the media to provide information of public interest. However, we must balance media interest with our responsibility to protect our patients, families, staff, physicians, volunteers and donors right to privacy and confidentiality. This includes the right not to be interviewed or photographed without consent.

All media inquiries must be directed to our Communications & Stakeholder Engagement Department.

Regular Office Hours: 8AM – 4PM

Phone: (519) 941.2702 x2551

Email: info@headwatershealth.ca

Scope:

To assist members of the media in accessing Headwaters information, coordinating interviews and navigate our facilities.

Roles & Responsibilities:

All media calls must be directed to the Communications & Stakeholder Engagement Department which is responsible for:

- Clearing all media interviews
- Escorting all media representatives visiting Headwaters Health Care Centre sites
- Obtaining written consent from patients, families, staff, physicians, volunteers and donors involved prior to media interviews
- Installing signs as necessary alerting staff, patients and/or families of photography or filming in the vicinity

Media representatives are asked to:

- Identify which media outlet they are employed by
- The date/time of when they would like to conduct the interview

- Submit interview questions in advance to ensure the correct spokesperson is made available

Videography/photography crews (not affiliated with news media) are asked to:

- Submit a contract or written synopsis that clearly outlines to scope of the project
- If approval to film is given, a written agreement must be signed
- Provide the number of people and equipment involved

All visitors to Headwaters Health Care Centre are asked to:

- Treat everyone at the hospital with dignity and respect; understanding that there will be patients and families in the facility that have not agreed to participate and are navigating a delicate time

Privacy:

Headwaters is committed to maintaining the privacy of its patients, families, staff, physicians, volunteers and donors, and to this end, will not share names, personal information and/or images without expressed consent to do so or where required by law.

For more information on the Freedom of Information and Protection of Privacy Act, visit the [Office of the Information and Privacy Commissioner of Ontario](#).

Cross Reference Policies/Procedures:

- [Privacy Policy](#)
- [Privacy – Breach of Patient Confidentiality](#)
- Photo/Video Consent Form (below)

Approval Date:	Approval Body:	Approval Signature:

PHOTO/VIDEO CONSENT FORM

The undersigned does hereby authorize Headwaters Health Care Centre, Headwaters Health Care Centre Foundation and Headwaters Health Care Centre Orangeville Auxiliary to photograph/videotape:

Name *(please print)*

The undersigned authorizes Headwaters Health Care Centre, Headwaters Health Care Centre Foundation and Headwaters Health Care Centre Orangeville Auxiliary to permit the use and display of said photographs/video footage in any publication, multimedia production, display, advertisement, fundraising material or online social media pages and our corresponding websites.

The undersigned agrees that Headwaters Health Care Centre, Headwaters Health Care Centre Foundation and Headwaters Health Care Centre Orangeville Auxiliary may use name, likeness, or biological information supplied by the undersigned.

The undersigned releases and forever discharges Headwaters Health Care Centre, Headwaters Health Care Centre Foundation and Headwaters Health Care Centre Orangeville Auxiliary, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

Signature of Subject

**Signature of Guardian
/ Substitute Decision Maker**

Date