



		Category: CCH SYSTEM WIDE
Subject: Corporate Compliance	Page 1 of 9	Policy #: CC.016.01
Title: HIPAA: Informing and Responding to the Media	Approval Date: 2/26/24	Posting Date: 3/4/24

PURPOSE

The primary purpose of this policy is to protect and safeguard the patients and health plan members of Cook County Health (CCH) and CountyCare by providing the framework to respond to media. This policy establishes the uniform standards for responding to media inquiries, informing the media of CCH activities, ensuring patient and CCH Workforce member privacy, and communications in the event of a public safety issue. This policy also identifies the actions of any workforce member that may be contacted by the media or have a job requirement to contact the media.

AFFECTED AREAS

This policy applies to all CCH and CountyCare Workforce members, including personnel, members of the CCH medical staff or house staff, researchers, volunteers, and agency personnel. This policy also affects independent contractors, consultants and other business partners who are not employees but are working at CCH and CountyCare. CCH includes *Central Campus (John H. Stroger, Jr. Hospital of Cook County, Professional Building & Harrison Square)*; Provident Hospital of Cook County; Correctional Health Services of Cook County; Ambulatory & Community Health Network (ACHN); Cook County Department of Public Health; CountyCare; and Health Plan Services. The Department of Communications is responsible for directing and managing all communications with the media.

DEFINITIONS

Definitions are documented in the CCH Policy: *HIPAA Definitions*.

POLICY

- A. The Department of Communications will protect and safeguard the privacy and confidentiality of patient, health plan member and/or employee information by responding to all media inquiries pursuant to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and other relevant laws, rules, and regulations.
- B. All media inquiries **must** be directed to the Department of Communications prior to communicating with or inviting members of the media into CCH. The Chief Communications & Marketing Officer, or their designee, is the CCH's designated and authorized spokesperson(s).
- C. Media will not be permitted in areas where patients are treated, where protected health information (PHI) will be accessible, or where individuals have a reasonable expectation of privacy without prior authorization and consent from the patients/members, and CCH Workforce members who are or will be in the area or whose PHI will be accessible to the media, as well as prior authorization for media presence by the Chief Communications & Marketing Officer or their designee. Masking the patients' and members' identities (e.g., through blurring, pixilation, or voice alteration) is not an adequate substitute for a written authorization.
- D. The Department of Communications will respond to any inquiry regarding patients or members pursuant to the Health Insurance Portability and Accountability Act (HIPAA) regulations and guidelines offered by the Office for Civil Rights (OCR).
- E. The Department of Communications will inform the media of newsworthy events, services, personnel, research, etc., at CCH and CountyCare.
- F. The Department of Communications will communicate with outside regulatory agencies in

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matters of public safety in coordination with appropriate Senior Hospital Administrators.

- G. Pertinent documents will be posted on CCH's website to ensure media are aware of these policies.

PROCEDURE/PROCESS

- A. Workforce must contact the Chief Communications & Marketing Officer, or their designee, for the following:
 1. All media inquiries and requests to film, record, or photograph at CCH facilities and/or events. No access or interviews will be granted without notification to and approval of the Chief Communications & Marketing Officer or designee; and
 2. Anytime the Incident Command Team is activated for internal or external incidents or events.
 3. Workforce members that notice unattended media throughout CCH premises should immediately contact the Department of Communications, or after normal business hours, the On-Duty Administrator.
- B. Any time after normal business hours, weekends and holidays, the On-Duty Administrator (ODA) or any CCH Workforce member who was contacted or approached by media will contact the Chief Communications & Marketing Officer or designee regarding incidents that are likely to require a media response or that have already generated media inquiries.
- C. The Chief Communications & Marketing Officer or their designee will review the situation to determine if information may be released in compliance with HIPAA requirements. In the event that release of information is appropriate, only limited patient or member information ("minimum necessary") may be released.
 1. If a determination is made that the patient or member information can be released:
 - a. Obtain an *Authorization to Disclose Protected Health Information from CCH for Media Relations and Public Affairs* and,
 - b. Assure the signed Authorization is scanned into the patient's or member's medical record and maintain a copy in the Department of Communications.
 2. If a determination is made that the patient or member information cannot be released,
 - a. Notify the media, and
 - b. Provide the reason the information cannot be released.
- D. Other inquiries by the media, for CCH Workforce member, interviews or other CCH organizational issues should also be directed to and managed by the Chief Communications & Marketing Officer or designee.
 1. Approval for such media contact must be granted by the Chief Communications & Marketing Officer or designee, CCH Administration and the CCH Workforce member's Department Head.
 2. No patient information will be discussed without a signed Authorization to Disclose Protected Health Information from CCH for Media Relations and Public Affairs.
- E. Patient or member authorization using the "*Authorization to Disclose Protected Health Information from CCH for Media Relations and Public Affairs*" form is required to be obtained from individuals who are or will be in the area, or whose PHI will be accessible to the media. Members of the media will not be given access to treatment areas, waiting rooms, or other areas where PHI will be accessible in written, electronic, oral or other visual or audio form, without prior

authorization from the patients or members who are or will be in the area or whose PHI will be accessible to the media, as well as prior approval by the Chief Communications & Marketing Officer or their designee.

1. The Chief Communications & Marketing Officer or designee will obtain the Authorization and,
 - a. Explain in detail to the patient, member or their personal representative.
 - b. Include information to be used and with whom the information will be shared.
 - c. Advise the patient/member or their representative that they have the right to cease the interview, photography or film and revoke the Authorization at any time during the process.
 - d. Notify the patient/member or their representative that refusing to sign the Authorization in no way affects their treatment.
 - e. Ensure the form is completed in its entirety.
 - f. Provide the signed Authorization to the Department of Health Information Management (HIM) for inclusion with a patient/member's medical record and maintain a copy in the Department of Communications.
2. Without a completed "*Authorization to Disclose Protected Health Information from CCH for Public Affairs*" the media request will be denied.

F. No images, filming, recording, photographs, or other, of patients or members with life-threatening conditions, including severely burned, mutilated patients, unconscious, and deceased patients will be allowed without the written permission of patient, member or their personal representative and the Chief Communications & Marketing Officer and the Chief Compliance & Privacy Officer.

- G. If PHI is shared, viewed, discussed, or otherwise released, then the media representatives may be asked by the Department of Communications to sign a confidentiality agreement. The agreement indicates that media personnel will adhere to and only release information as agreed to through a signed authorization (see Procedure E above) by the individual whose image, voice, or information is being filmed, recorded, or released or his or her authorized representative.
1. The Chief Communications & Marketing Officer or designee will obtain the Confidentiality Agreement.
 2. The form must be completed in its entirety.
 3. The signed Confidentiality Agreement must be maintained in the Department of Communications.
 4. Without a completed Confidentiality Agreement, the media request will be denied.

***If PHI is NOT shared, viewed, discussed, or otherwise released, then a confidentiality agreement is not needed*.**

- H. Members of the media must be accompanied by the Chief Communications & Marketing Officer or designee at all times; this means from arrival to departure and within any and all CCH premises or locations where CCH and/or CountyCare are providing services or hosting an event. Members of the media may **never** be unaccompanied.
1. The Chief Communications & Marketing Officer or designee will meet with the media in a public location away from patient care areas.
 2. In very limited circumstances, pre-planned visits may occur to patient care areas.
 3. Workforce members that notice unattended media throughout CCH premises should

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immediately contact the Department of Communications, or after normal business hours, the On-Duty Administrator.

- I. If members of the media will be accessing areas where PHI is maintained, CCH must take reasonable safeguards to protect against impermissible disclosures or to limit incidental disclosures of other PHI that may be in the area, but for which an authorization has not been obtained.
- J. If a film crew is retained to produce training videos or public relations materials for CCH, and if patients or members are to be identified and interviewed by a film crew, or if PHI might be accessible during filming or otherwise disclosed, CCH must enter into a Business Associate Agreement with the film crew, in accordance with the CCH *HIPAA: Business Associates* policy. Additionally, if PHI will be included in any materials that will be publicly disseminated in any manner, the patient whose protected health information is to be disseminated must complete an authorization as outlined in Procedure E above.

SPECIFIC GUIDELINES FOR PUBLIC AFFAIRS FOR RESPONDING TO PATIENT INQUIRIES

- A. Patient's Condition. As long as the patient has not requested that information be withheld, the Department of Communications may release the patient's one-word condition to individuals who inquire about the patient by name without obtaining prior patient authorization. One-word conditions are:
 1. Undetermined (meaning: Patient is awaiting physician and/or assessment.)
 2. Good (meaning: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.)
 3. Fair (meaning: Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators are favorable.)
 4. Serious (meaning: Vital signs may be unstable and not within normal limits. Patient is acutely ill.
 - a. Indicators are questionable.)
 5. Critical: (meaning: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.)

IMPORTANT – DO NOT use the word “stable” as a condition. This word should not be used alone or in combination with any of the conditions listed above.

- B. Patient's Location. The patient's location of inpatient, outpatient, trauma and emergency department may be released only if the inquiry specifically identifies the patient by name, and where the individual has not objected to his or her information being included in the facility directory.
- C. Unidentified or Incapacitated Patient. CCH may seek to have the media help identify or locate the family of an unidentified and incapacitated patient in its care. In doing so, CCH may disclose limited PHI about the incapacitated patient to the media for that purpose, if CCH determines that doing so is in the patient's best interest.
- D. Death of a Patient. Information about a death cannot be disclosed until after efforts have been made to notify the next-of-kin. A legal representative of the deceased must approve its release unless the patient is still in the system's patient registry. CCH will not share information with the media on the specifics about sudden, violent or accidental deaths, or deaths from natural causes

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without the permission of the decedent's next-of-kin or other legal representative.

CROSS REFERENCES

HIPAA Definitions Policy (CC.009.01)

HIPAA Business Associates Policy

RELEVANT REGULATORY OR OTHER REFERENCES

[HIPAA Administrative Simplification. Privacy, Breach, and Security Rules - Combined Text.](#)

ATTACHMENT(S)/APPENDIX(IES)

ATTACHMENT A - Authorization to Disclose Protected Health Information from CCH for Media Relations and Public Affairs

ATTACHMENT B - Confidentiality Agreement Media Representatives

POLICY UPDATE SCHEDULE

This policy will be reviewed every three (3) years or in timely response to changes in local, county, state, or federal regulations. Modifications to the procedure will be made, as needed.

POLICY LEAD

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REVIEWERS

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POLICY HISTORY

Written: 2012 Dec	Approved: 2012 Dec	Posted: 2012 Dec
Reviewed/Revised: 2012 December New Policy # 01.02.25		
Reviewed/Revised: 2016 Feb	Approved: 2016 Feb 29	Posted: 2016 Feb 29
Replaces: JSH # 01.01.10 Media Relations; OFH # 4101 News Media Inquiries and Responses		
Old Policy # 01.02.25		
Reviewed/Revised: 2019	Approved: 4/25/19	Posted: 5/1/19
Reviewed/Revised: Dec 2023	Approved: 2/26/24	Posted: 3/4/24

Attachment A



**COOK COUNTY
HEALTH**

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION FROM CCH FOR MEDIA RELATIONS AND PUBLIC AFFAIRS

If patient (or patient's legally authorized representative) has agreed to allow disclosure of his/her health information:

Complete this form while reviewing the form with the patient (or patient representative)

1. Request the patient or legal representative to sign the Authorization
2. Place a patient label on the form and file the Signed Authorization in the patient's medical record and keep a copy in Public Affairs

Patient Last Name			Patient First Name			Patient Middle Name		
Medical Record Number								
Birth Date	Month	Day	Year	Today's Date	Month	Day	Year	
Address			City	State	Zip	Phone		
<input type="checkbox"/> John H. Stroger Jr. Hospital <input type="checkbox"/> Oak Forest Health Center <input type="checkbox"/> Public Health <input type="checkbox"/> ACHN _____				<input type="checkbox"/> Provident Hospital <input type="checkbox"/> CORE Center <input type="checkbox"/> Cermak Health				
Cook County Health (CCH) provides healthcare to a diverse population and has much potential for news coverage.								
When I sign this Authorization, I will allow CCH to share (disclose) the health information about me described below for the purposes listed below. Permission to photograph, videotape, or audiotape me is specifically provided or denied below.								
1. My information that may be used or shared (disclosed) – check all that apply <input type="checkbox"/> My Name <input type="checkbox"/> My Age <input type="checkbox"/> My Address <input type="checkbox"/> My Diagnosis <input type="checkbox"/> My Treatment <input type="checkbox"/> A description of my injuries or illness <input type="checkbox"/> Information I provide during an interview <input type="checkbox"/> Other – please describe _____								
2. I give my permission to photograph or record me and my healthcare (videotape or audiotape or equivalent) and to share (disclose) or use photographs or tapes/recordings of me and my healthcare – check appropriate selection <input type="checkbox"/> No <input type="checkbox"/> Yes, with my name <input type="checkbox"/> Yes, without my name or voice/image and voice/image								
3. I have been informed that CCH will not directly or indirectly, receive any items of value from any third party related to the use, exchange (disclosure) of my health information, except for reimbursement for direct services								

Attachment B



**COOK COUNTY
HEALTH**

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION FROM CCH FOR MEDIA RELATIONS AND PUBLIC AFFAIRS

Patient Last Name	Patient First Name	Patient Middle Name
<p>7. I understand that I have the right to inspect or copy any information used/disclosed under this authorization.</p> <p>8. I understand that I may revoke this authorization at any time by notifying CCH in writing. However, if I choose to do so, I understand that my revocation will not affect any actions taken by CCH before receiving my revocation and will not prevent third parties from disclosing my information if it has already been provided to them. Any revocation under this paragraph should be mailed or faxed to: Corporate Compliance, 1950 W. Polk Street, Chicago, IL 60612. Fax Number: 312-864-9748.</p> <p>9. Unless revoked, this Authorization will apply throughout my current hospitalization and continuing for the period during which I receive any related follow-up care from the CCH.</p>		
<p>SPECIFIC CONSENT SECTION Please note if the below is not completed, this information will NOT be released.</p>		
<p>Check any or all of the boxes below to authorize this information to be used or shared (disclosed) as described above.</p> <p>Information about:</p> <p><input type="checkbox"/> A Mental Illness or Developmental Disability</p> <p><input type="checkbox"/> HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of these tests were positive or negative)</p> <p><input type="checkbox"/> Communicable Diseases</p> <p><input type="checkbox"/> Sexually Transmitted Infections</p> <p><input type="checkbox"/> Substance (i.e. alcohol or drug) Abuse</p> <p><input type="checkbox"/> Abuse of an Adult with a Disability</p> <p><input type="checkbox"/> Sexual Assault</p> <p><input type="checkbox"/> Child Abuse and Neglect</p> <p><input type="checkbox"/> Genetic Testing</p> <p><input type="checkbox"/> Artificial Insemination</p> <p><input type="checkbox"/> Psychotherapy Notes (which are not part of the official medical record)</p>		
<p>I have read and understand the terms of this Authorization and I have had a chance to ask questions about the use and disclosure of my health information. I authorize CCH to share (disclose) my health information as described in this Authorization. I release CCH from all claims and liabilities related to the use of the photographs and/or recordings and related to any use of my health information shared as described above.</p>		
Signature of Patient		Date
FOR AUTHORIZED REPRESENTATIVES OF THE PATIENT		



COOK COUNTY HEALTH

CONFIDENTIALITY AGREEMENT MEDIA REPRESENTATIVES

The Executive Director of Communications or designee will obtain the Confidentiality Agreement.

1. Request the media representative review, complete and sign the Agreement. Agreements are signed by Individuals and may not be signed by a media company or outlet on behalf of its employees.
2. Review the Agreement for completeness.
3. Maintain the signed Agreement in the Department of Communications. A signed Agreement is valid for 12 months; after which time the media representative must sign another Agreement.

Today's Date	Month	Day	Year	AGREEMENT WILL EXPIRE 12 MONTHS FROM TODAY'S DATE
Last Name		First Name		Middle Name
Media Company Name				

I am a representative of the media and will be at Cook County Health (CCH) for news-related purposes. I understand that I may have access to protected health information or confidential information about a patient.

I understand that any information that I learn about a patient, including the fact that a person is a patient, is confidential under the laws of Illinois and that information about a patient cannot be disclosed to anyone. I understand that Illinois law provides for possible civil and criminal penalties for disclosure of confidential patient information.

I agree that I will not:

Initial	Statement
	Photograph or interview any patient without the approval of the Department of Communications.
	Be in any areas of the facility without a representative from the Department of Communications.
	Perform any news related activities without communicating with the Department of Communications and having a clear understanding as to what or who is being photographed and who is being interviewed.
	Repeat to anyone any statements or communications made by or about the patient without the direct approval of the Department of Communications.
	Provide identifying information about any individuals that I have not been authorized to disclose.
	Reveal to anyone any information that I learn about the patient as a result of overhearing discussions by those providing care to the patient, or that I incidentally see while in the facility.
	Make any copies of any medical records or medical information.

I have read this statement. I understand my obligation to maintain patient confidentiality and I agree to follow that obligation. I understand that I represent the media outlet at which I am employed. I will abide by all CCH policies. I understand that if I breach my obligation to maintain confidentiality, I will be asked to immediately leave CCH. Any such violation will result in permanent revocation of permission to enter CCH premises for news-related purposes.

Signature	Date