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| USE OF CAMERAS AND CAMERA PHONES | | | | NO. | |
| PURPOSE: To establish clear and defined rules with regard to the use of picture taking devices.  STATEMENT: It is the policy of this facility that we are committed to providing quality care while maintaining the privacy and security of the residents. Providing the privacy of a resident is the intent of the Health Insurance Portability and Accountability Act of 1996 (HIPAA and its attendant regulations, the HIPAA Privacy and Security Rules).  PROCEDURE:   1. The facility will have on going HIPPA compliance. 2. The facility will prohibit photographing residents without their expressed written authorization. 3. The facility will not disclose Protected Health Information (PHI) without proper authorization. 4. The facility will take appropriate physical and administrative safeguards to protect the residents Protected Health Information. 5. No cameras or cell phones (including digital, video, cell phone cameras, or others) will be allowed to be used for the unauthorized photos of resident.     I have received, read and understand the Use of Camera and Camera Phones Policy  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Date | | | | | |
| Approved: | Effective Date:  7/07 | Revision Date:  1/12; 3/17 | Change No.: | | Page:  1 of 1 |