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|  PROTOCOL FOR THE USE OF VIDEOTAPES | NO. 216 |
| POLICY:It is the policy of the facility to inform patients of the purposes of videotaping patient activities. It shall be understood that the resident has the right to remain in the facility without subjecting themselves to videotaping. This policy is to ensure that residents are informed of the reasons for videotaping, and are aware of how the tapes may be utilized.PROCEDURE:1. The Use of Videotapes.In order to ensure that the patient is knowledgeable regarding the reasons for videotaping, and the use of such tapes; Clinical, School or Nursing Staffs will provide them with the following information prior to obtaining written consent:a. Videotaping of residents is performed by the facility's clinical staff or by residents under staff supervision.b. At the discretion of clinical staff, selected rehabilitation and recreation sessions may be taped. These recordings may be utilized for:1) Individual or group learning2) Education of clinical staff, and3) Clinical research by staff.c. Videotapes depicting resident activities are listened to or viewed by:1) Patients2) Clinical staff3) Students affiliated with the facility for clinical internships, and4) Resident’s families when deemed clinically appropriate by the treatment team.1. Individuals who are not clinically associated with the facility shall have access to videotapes of resident activities after obtaining the following special consents in the order designated:

1) The mutual consent of the Department Head and the Administrator must be obtained in order to assure the clinical and administrative appropriateness of releasing such tapes outside the facility. |
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| 2) A special consent must be obtained from the resident(s) depicted in the tapes, agreeing to the release of the tape outside the facility. This consent shall delineate:a. The tape to be releasedb. What the tape is to be used for, andc. Who the tape will be released toThe facility's standard consent for the release of medical information shall be utilized for this purpose.e. Individuals either viewing or listening to the tapes depicting patient activities within the facility are required to maintain confidentiality regarding the content of the tapes. This requirement is communicated to staff at the time of hire, and to interns at the initiation of their clinical affiliation. Residents shall be instructed at the time of admission by the treatment team that information acquired regarding other residents at the facility is confidential, including information acquired via videotapes. Family members shall be instructed by the Social Worker or Nurse that the information obtained through videotapes is confidential, prior to the presentation of such tapes.f. Videotapes of resident activities shall be erased within eight weeks of their production unless a request to maintain the tapes for a longer period of time is made by the appropriate party.2. Obtaining Patient Consent to the Use of VideotapesThe appropriate clinical department staff complete the following procedures in obtaining the patient's written consent for videotaping and the use of one-way mirrors.a. The patient's written consent to the use of videotapes or one-way mirrors shall be obtained prior to initiating the taping or observation procedure. Staff shall ensure that residents participating in the procedure shall have signed the consent prior to the initiation of the procedure. (See Attachment #1). This consent shall apply to subsequent tapings, unless expressly revoked by the patient.b. If the resident refuses to sign consent for videotaping or the use of one-way mirrors, it should be noted in their medical record.c. Those residents who have not provided written consent for videotaping, or the use of one-way mirrors shall not be involved in this procedure. |
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ATTACHMENT #1

CONSENT TO THE USE OF VIDEOTAPE RECORDINGS

Patient's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

voluntarily consent to the preparation and use of videotape recordings of therapy or therapeutic recreation sessions in which I (he/she) may participate.

2. I am aware and do voluntarily authorize that such recordings or use of one-way mirrors may be for:

a) Individual or group learning

b) Education of clinical staff, and

c) Clinical research by the staff

d) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Other uses of such tapes shall require my additional specific consent. I understand that videotapes of myself shall be erased unless it is requested that a tape be maintained for a longer period of time by my Program Manager.

4. I may revoke my consent at any time.

5. This form has been fully explained to me and I certify that I fully understand its contents.

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WITNESS SIGNATURE OF PATIENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE (PATIENT/GUARDIAN)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PARENT/GUARDIAN)

Instructions: The Consent must be signed prior to the taping, and will be valid for subsequent tapings.