



Confidentiality Agreement for Recording, Filming and Media Interviews*

Children's Hospital and Regional Medical Center has legal and ethical responsibilities to safeguard the privacy of patients and their families and to protect the confidentiality of their protected health information. Federal and state laws govern the privacy of our patients and their health information.

When you observe medical care, conduct interviews, or take photos/video at Children's, you are involved in a special and complex health experience. During this time, you may encounter other patients and their families and/or you may witness discussions involving confidential information relating to patients and their families.

This confidentiality acknowledgement applies to all patient and family encounters and includes all their personal and health information, except information that has been identified by a patient (18 years or older), legal guardian or authorized hospital representative for release to the public.

As a condition of being granted access to Children's Hospital for any recording, filming or interviewing, I understand and agree that:

- I must maintain and safeguard the privacy and identity of any patients and the confidentiality of any and all protected health information that I encounter at Children's.
- I will not access, use or disclose protected health information except as specifically authorized by a patient (18 years or older), legal guardian or authorized hospital representative for release to the public.
- My access to protected health information may be monitored to assure compliance with Children's policies and procedures.
- I agree to be accompanied at all times by a member of the Children's media relations team.

If I fail to comply, this agreement will be terminated and my ability to be involved in any future recording, filming or interviewing activities at Children's will be permanently revoked.

Signature of Representative: _____

Printed Name: _____

Organization: _____

Contact Phone Number/Email: _____

Story Topic/Subject: _____

Date: _____

* applies to members of the news media and others seeking permission to record, film and interview

Return this completed form to:
Media Relations
Children's Hospital and Regional Medical Center
PO Box 50020/S-217
Seattle, WA 98145-5020

For more information, contact:
Media Relations Manager: 206-987-5207
Media Relations Specialist: 206-987-5210
Fax: (206) 987-5215