January 2021: Familiarize Yourself: Combined Authorization Form

Obtaining patient authorization for use of images for media, educational purposes and case studies.

The Health Insurance Portability and Accountability Act (HIPAA) requires permission from individuals when capturing images or obtaining other Protected Health Information (PHI) outside of the clinical setting.

With that, the Ohio State Wexner Medical Center and The James have developed an authorization form titled Release of Patient Information for Media, Educational Purposes or Case Studies which is required to be signed prior to obtaining or using an individual’s images or information.

The authorization form grants permission for use of an individual’s images or PHI for purposes outside of the clinical setting such as education (i.e. teaching outside of the clinical setting such as presentations, posters or research/case studies), advertising (i.e. advertisements or newsletters), or other purposes (i.e. social media).

The authorization form can be found on the Brand website, the Privacy MyTools page and is included (as a PDF) at the bottom of this story.

What you should know:

- The authorization form is required when obtaining permission for writing and/or publishing case studies. For additional guidance, refer to the Guidance on Case Studies.
- The Procedural/Surgical Informed Consent is not a replacement of the Release of Patient Information for Media, Educational Purposes or Case Studies form and cannot be used when obtaining permission for using images outside of the clinical setting. For additional guidance, refer to the Photography of Patients policy & Photography FAQs.
- In order to determine the appropriate authorization or consent form to use, it is important to understand the scenario for which a patient’s images or PHI are being used. Please refer to the grid below:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Example</th>
<th>Authorization/Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment/Medical/ Clinical Setting</td>
<td>Photograph taken during a procedure and placed in patient’s medical record</td>
<td>Applicable Procedural/Surgical Informed Consent</td>
</tr>
<tr>
<td>Education</td>
<td>Request for patient’s photo to be used in an educational presentation</td>
<td>Release of Patient Information for Media, Educational Purposes or Case Studies Form</td>
</tr>
<tr>
<td>Research/Case Study</td>
<td>Request for a patient’s pathology slide to be used in a case study</td>
<td>Release of Patient Information for Media, Educational Purposes or Case Studies Form</td>
</tr>
<tr>
<td>Media (patient/non-patient)</td>
<td>Request for patient’s photo to be placed on OSUWMC’s social media site</td>
<td>Release of Patient Information for Media, Educational Purposes or Case Studies Form</td>
</tr>
<tr>
<td>Release of Information</td>
<td>Request for release of patient medical records</td>
<td>Authorization to Release Medical Information</td>
</tr>
</tbody>
</table>
Please direct any questions to Compliance and Integrity Privacy Office at (614) 293-4477 or email PrivacyOffice@osumc.edu.