

**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:

Scenario	Example	Authorization/Consent
Treatment/Medical/ Clinical Setting	Photograph taken during a procedure and placed in patient’s medical record	Applicable Procedural/Surgical Informed Consent
Education	Request for patient’s photo to be used in an educational presentation	Release of Patient Information for Media, Educational Purposes or Case Studies Form
Research/Case Study	Request for a patient’s pathology slide to be used in a case study	Release of Patient Information for Media, Educational Purposes or Case Studies Form
Media (patient/non-patient)	Request for patient’s photo to be placed on OSUWMC’s social media site	Release of Patient Information for Media, Educational Purposes or Case Studies Form
Release of Information	Request for release of patient medical records	Authorization to Release Medical Information

Please direct any questions to Compliance and Integrity Privacy Office at (614) 293-4477 or email PrivacyOffice@osumc.edu.