



## MEDIA REPRESENTATIVES AGREEMENT

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Anthony L. Jordan Health Center (ÅJordanø) requires any and all media representatives (reporters, journalists, photographers, camera crews, sound crews, and all individuals who operate in similar capacities) to expressly agree to and adhere to Jordanø Media Policy prior to any visit to our facilities at 82 Holland St. and 273 Upper Falls Boulevard. Jordanø media policy is designed to protect the confidentiality of patients in compliance with privacy standards for healthcare information as dictated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended.

1: In order to maintain privacy and proper medical treatment conditions for patient care, all media representatives entering Jordanø facilities must be pre-approved by the Marketing and Development Coordinator and the Chief Executive Officer (or if the CEO is unavailable, the Medical Director). Pre-approval must appear in writing at the bottom of this Agreement

2: Media representatives entering the facility are expressly limited to reporting, taking photos, videotaping, filming and/or audiotaping (or any other method/media of electronic, analog or digital recording of information, individuals, and/or images) on the particular and discrete topic(s) specifically and previously agreed upon between the media representative and Marketing and Development Coordinator and the Chief Executive Officer (or if the CEO is unavailable, the Medical Director) and no other individuals.

3: When a media representative requests to interview, audio-record, photograph or film a patient, permission may be granted by Jordan only if:

- a) the patientø medical care and treatment will not be interrupted,
- b) other patientsø medical care and treatment will not be interrupted,
- c) the patient (or guardian, if the patient is a minor) grants **written permission** by signing a specific release form (permitting interview, videotaping, photographing, filming and/or audiotaping) stating that he or she expressly consents to be interviewed, audio and/or video recorded, photographed, and/or filmed (by any method/media of electronic, analog or digital recording of information, individuals, and/or images) and
- d) Jordanø medical provider on-site in charge of the patientø care agrees.

Media representatives are not permitted, under any circumstances, to use any photos, videotapes, films and/or audiotapes (or any other method/media or embodiment of electronic, analog or digital recording of information, individuals, and/or images) obtained of Jordanø patients, their family members or Jordanø employees in any manner

nor for any purpose other than the limited purpose of the specific interview. In other words, material and information gathered at Jordan may not be redistributed, recycled or reused without the written consent of Jordan and the patient.

Media representatives are not permitted, under any circumstances, to use any photos, videotapes, films and/or audiotapes (or any other method/media or embodiment of electronic, analog or digital recording of information, individuals, and/or images) obtained of Jordan's patients, their family members or Jordan's employees in a manner that violates Sections 50 and 51 of the New York Civil Rights Law which expressly prohibits misappropriation of any individual's image/likeness for advertising and/or commercial purposes without the individual's written consent with respect to such additional use.

Without exception, all parties interviewed, videotaped, photographed, filmed and/or audiotaped at our facilities must sign a specific release form (permitting interview, videotaping, photographing, filming and/or audiotaping) in advance of the media's activity. Compliance is required for all Jordan employees, medical providers, patients and patients' family members, any and all media representatives entering or upon the premises of any Jordan Facility.

By signing below, you agree to adhere to the terms, limitations and conditions outlined above.

\_\_\_\_\_  
Media Representative signature                      (please print name)                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Jordan Representative                      (please print name)                      \_\_\_\_\_  
Date