

Media Access Request and Agreement

DS 6017 (Rev 02/2016)

This form is for media to request access to the Department of Developmental Services' (Department) Developmental Centers and State-Operated Community Facilities. Please submit this form to the Communications Director at the Department of Developmental Services Office of Communications at 1600 Ninth Street, Room 322, MS 3-10, Sacramento, CA 95814, or Fax to: (916) 654-1913. Please call (916) 654-1820 for the email address.

As a condition of and in consideration for the Department's grant of access to its facilities for photographing, filming, recording, interviewing or other media related activities, if granted access, I understand and agree to comply with the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Confidentiality of Medical Information Act, the California Welfare and Institutions Code and all other applicable state and federal laws, to safeguard patient privacy. Media access to Department Developmental Centers and State-Operated Community Facilities requires prior authorization by the Department. Please allow a minimum of 15 working days prior to the requested entry date.

Requestor: _____ Submission Date: _____

Office Phone: _____ Cell Phone: _____ FAX: _____

Contact E-mail address: _____

Employer/Entity: _____

Location(s) requested: _____

Area(s) within facility: _____

Briefly describe purpose/objective(s) of access:

Desired and alternative access dates and times (Provide as many options as possible, including dates and times.):

Expected Number of people (List names and function if known.):

Activity intended (Check all that apply): Tour of facility Photograph Digital Video Film Television

Interview-unrecorded Interview-audio recording Interview- video/film recording

Other (describe): _____

Intended subject(s): _____

Name(s) of person(s) to be interviewed if applicable _____

I agree that I shall not interview, audio record, photograph, videotape, film, or otherwise record the likeness of any individual, until or unless the individual or person authorized to consent has signed a written consent form.

I have been informed that the Department of Developmental Services has legal and ethical responsibilities to safeguard the privacy of its consumer and their families and to protect the confidentiality of protected health information. I understand and agree that if I am granted authorization to engage in photographing, filming, recording, interviewing or other media related activities, I shall uphold these legal and ethical responsibilities.

Your Signature _____ Date _____

Media Access Request and Agreement

DS 6017 (Rev 02/2016)

MEDIA ACCESS AGREEMENT

I understand that the Department will release consumer information only as allowed by the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Confidentiality of Medical Information Act, the California Welfare and Institutions Code and all other applicable state and federal laws.

As a condition of and in consideration for the Department's grant of access to its facilities for photographing, filming, recording, interviewing or other media related activities, if granted access, I understand and agree to the following:

- I understand and agree to comply with the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Confidentiality of Medical Information Act, the California Welfare and Institutions Code and all other applicable state and federal laws, to safeguard patient privacy.
- I understand and agree not to access any Developmental Centers or State-Operated Community Facilities for photographing, filming, recording, or interviewing activities without obtaining prior authorization from the Department.
- I understand and agree that media representatives shall contact the Developmental Center or State-Operated Community Facility spokesperson through the main office immediately upon arrival to the Developmental Center or the State-Operated Community Facility. Media representatives shall be escorted by the Department's Public Information Officer or his/her designee at all times while on the premises.
- I understand and agree that media representatives shall present valid identification and will wear media identification credentials at all times while on facility premises. In the case where the representative does not have media identification credentials, I understand the representative shall wear the media badge/pass supplied by the facility.
- I understand and agree that I shall not interview, audio record, photograph, videotape, film, or otherwise record the likeness of any individual, until or unless the individual or person authorized to consent has signed a written consent form.
- I understand and agree that each person portrayed in any visual image must consent to the disclosure prior to the release of the image. Only the image of the person(s) who have consented to the disclosure shall be released. Images of non-consenting persons shall not be published or disseminated in any way.
- I understand and agree that I will access, use, and disclose confidential information only as authorized by the Department and the consumer or individual authorized to consent. This means that I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.
- I understand and agree that Department authorization is for a single, specific use. Authorization for subsequent use shall be obtained from the Department AND from the individual(s) authorized to consent.

My signature below indicates that I have read, understand, and agree to abide by all of the requirements described above.

Signature _____ Date _____

Printed Name _____ Organization _____

Contact Phone No. _____ E-mail Address _____