

**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 0523-20

SUBJECT: Communications-Public Information Policy

CONTENT: Protocols for News Media and Public Information

EFFECTIVE DATE: November 10, 2006  
Reviewed: February 26, 2008  
Reviewed and Revised: July 30, 2010  
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\_\_\_\_\_  
Deputy Chief Operations Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer  
LSU Health Care Services Division

\_\_\_\_\_  
Date

**Note: Approval signatures/titles are on the last page**

**PUBLIC INFORMATION POLICY**  
**Protocols for News Media and Public Information**

**I. STATEMENT OF POLICY**

This policy is in keeping with the LSU Health Care Services Divisions' desire to accurately inform the public about its work and to share important information about health care and services available through departmental programs. This policy shall be carried out under the direction of the LSU HCSD Executive Administration and shall conform to the provisions of Louisiana's Public Records Law, R.S.44.1 et seq., and LSU Health Sciences Center New Orleans CM-48.

**II. APPLICABILITY**

This policy is applicable to all LSU Health Care Services Division (which includes Lallie Kemp Medical Center) employees, contract staff and trainees and applies to all functions designed to publicize LSU HCSD's activities or to respond to news media inquiries and public information requests.

**III. EFFECTIVE DATE**

This policy is effective upon the signature of the LSU HCSD Chief Operations Officer and/or his or her designee.

**IV. RESPONSIBILITIES**

It is the responsibility of the LSU HCSD Executive Administration to ensure that media requests and requests for public information/records are coordinated with the Chancellor of the LSU HSCNO and the Information Services Department.

**V. PROCEDURES AND GUIDELINES FOR NEWS MEDIA COMMUNICATIONS**

LSU Health Care Services Division employees, in the scope of their employment, who are contacted by news media representatives and asked to speak on behalf of departmental programs, services, policies or issues, should first contact the LSU HCSD Executive Administration to discuss the nature of the media contact.

The LSU HCSD Executive Administration along with the LSU HSCNO Chancellor will determine the proper contact/response and will coordinate that contact/response accordingly. Such contact includes, but is not limited to, the following subjects:

- Legislative issues

- Statements/comments about LSU HCSD policies, programs or issues
- Potential or actual crises (threats to the health/safety of citizens/clients/staff).
- Client/consumer/beneficiary issues
- Current health news and events

## **VI. PROCEDURES AND GUIDELINES FOR PUBLIC RECORD REQUESTS**

LSU Health Care Services Division employees who are in the scope of their employment and who receive requests for Public Records shall forward those requests to HCSD Executive Administration or HCSD Legal Services for disposition.

## **VII. CONSEQUENCES**

Failure to adhere to this policy may result in disciplinary action up to and including termination.

**Permission for Public Information and/or Photographs**

Name of Patient (Print) \_\_\_\_\_

The attending physician must give approval.

Name of Physician (Print) \_\_\_\_\_

Physician=s approval by initials: \_\_\_\_\_ If verbal permission please indicate:  
Yes No

**I / We hereby consent to an interview and/or photographs [still or video] of the above named**

**patient by representative(s) of** \_\_\_\_\_

- \_\_\_\_\_ For the purpose of public information (including new media)
  - \_\_\_\_\_ For hospital promotions of patient care
  - \_\_\_\_\_ For research programs/medical education
  - \_\_\_\_\_ Other purpose (please provide a detailed explanation)
- (specify): \_\_\_\_\_.

Permission is voluntary and, as such, I/We relieve and hereby agree to hold the hospital, its representatives and the LSU Health Care Services Division free and harmless from any and all liability arising out of the interviewing, photographing, and/or any subsequent publication or broadcasting of such information or photographs. Any requested restrictions are described below. In granting consent, I/We assume full responsibility and acknowledge that said photographs and /or information may be used at the discretion of the news media or other party named herein. "I/We have the right to rescind authorization/consent before the recording, film or image is used except to the extent that action is taken in reliance of this authorization/consent. Unless otherwise revoked, this authorization/consent will expire on the following date, event, or condition:  
\_\_\_\_\_."

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**If patient is unable to sign,  
Signature of Next of Kin**

**If patient is a minor, Signature of Parent / Legal Guardian**

**Signatures of Witnesses (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

Signature of at least one parent or the legal guardian is required for a minor.  
Signature of two witnesses is required when patient is unable to sign.

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