

Florida Department of Health Jackson County Policies and Procedures

Originating Office Administration/Public Information Office	Subject Media Policy	Policy #	Page 1 of 8
Original Date 11/19/2014	Revised Date	Next Review Date 11/19/2015	
Submitted By / Date T.G. Harkrider 11/19/2014	Reviewed By / Date <i>William H. Long 11-19-14</i>	Approved By / Date <i>William H. Long 11-19-14</i>	

**I. Purpose:**

The Florida Department of Health in Jackson County (DOH-Jackson) is committed to providing timely and accurate information to the news media. This policy establishes procedures for all contacts with the news media and for the release of official information to the media, general public and community partners.

**II. Policy:**

In order to provide a consistent and accurate response to media contacts, it is the policy of DOH-Jackson to immediately refer all media contacts to the Public Information Officer (PIO).

The PIO will process all media inquiries, schedule official press conferences and coordinate all media responses. The PIO works directly with the Administrator/Director to ensure the media gets accurate information in a timely manner. The PIO will also work with appropriate Subject Matter Experts (SME), who may be asked to provide information to the news media as well.

DOH-Jackson program staff may notify the PIO of public health issues, health events, programs, and activities that require media notification and news releases. The PIO will create a communication plan and provide media strategies when appropriate to assist in media coverage. Health experts may submit news releases the Public Information Officer for media distribution. PIO maintains a current e-mail contact list of media, community partners and key stakeholders and will notify them of health information as appropriate.

The Public Information Officer will coordinate with the DOH Office of Communications and community partners to promote consistent public health messages. This coordination will take place by phone calls or e-mails when needed.

All DOH-Jackson employees, as citizens, are free to communicate with the news media about personal matters. However, if an employee identifies him/herself as a DOH-Jackson employee, then the employee is presumed to be speaking on behalf of the DOH-Jackson and in an official capacity. As such, the employee is subject to the provisions outlined in this policy.

The PIO will work closely with the FDOH Office of Communications and the Jackson County Public Information Office at all times, especially during times of natural disaster and crisis.

NOTE: This policy and procedure should not, in any way, be construed as restricting cooperation with or denying any news media representative access to information of interest. These are adopted solely as a means to ensure information released to the media is accurate and is fairly presented both in content and context.

### **III. Scope**

These procedures apply to all employees, volunteers and student interns.

### **IV. Reference:** Florida Department of Health Policy and Procedures

### **V. Definitions:**

- A. Media: All radio, television, newspapers, journalists, websites, brochures and other publications published for distribution to the general public or specific target group. Media is also a media representative.
- B. Media Contact: refers to a written or verbal inquiry by a media representative or a written response, inquiry, request, communication by a DOH-Jackson Subject Matter Expert to the Media.
- C. Subject Matter Expert (SME): Identified as the primary source of information by the program Senior Leader and approved by the Administrator/Director to provide information to the Media.

#### IV. Procedures:

##### A. Understanding

1. The Media is advised that they are expected to first contact the PIO. If you are contacted by the Media and they have not contacted the PIO, refer them to the PIO or take a message and advise them that the PIO will get back with them.
2. The PIO will manage the request by providing the information or seeking the information from the SME or referring the Media to the appropriate SME.
3. The SMEs and the PIO will strive to meet media deadlines.
4. Advise the PIO of date/time/place of all interviews so the PIO may accompany SME during interview/
5. During Media interactions, if SME is asked for an explanation of DOH-Jackson, Florida Department of Health policy, controversial matters or information beyond the scope of the program represented, the Media should be referred back to the PIO.
6. Information involving a patient or client is **CONFIDENTIAL**. A photograph, film, video, interview or sound recording of a patient or client requires written consent by the patient or guardian. (Attachment A – English, Attachment B – Spanish, Attachment C – Creole). The Media will be asked to respect the privacy of those clients who do not want to be filmed/videoed while inside FDOH Jackson facilities.
7. The PIO will make every effort to be present for interviews with the Media and SMEs. However, when the PIO is not present, the SME should follow up with the PIO after interviews to advise how the interview went and to see if all questions have been answered. This communication may take place via e-mail.

## B. Providing Information

1. Before written news releases, public service announcements and media background information are submitted to Media, it must be coordinated with the PIO.
2. All news releases must be submitted to the PIO for review and approval prior to release. The PIO will assist with the review of copy prior to release and plan appropriate media strategy. Quotes within news releases will generally come from the Administrator.
3. After media information is approved, the PIO will distribute to the Media via DOH-Jackson's mass e-mail media distribution list.
4. The PIO coordinates appropriate public health messaging with the DOH Office of Communications, Region I PIO's, Jackson County Public Information, hospital public relations representatives and other members of the Jackson County Public Information Network. The purpose of working together is to offer timely, consistent and accurate messages to the public.

## C. Branding/Marketing

1. All marketing materials must have proper use of the Florida Health brand logo. The PIO will offer guidance on proper use of the logo regarding sizes, colors, wording, etc.
2. The PIO will work directly with the DOH Office of Communications regarding brand messaging and provide access to the official DOH Branding Guide.
3. Marketing materials such as newsletters epilogues, brochures, event flyers, editorials, magazines, books, web site information, annual reports, phone scripts, photos and other material that may be distributed to the news media and the public must be approved by the Senior Leader of the program before being submitted and approved by the PIO for accuracy and proper use of brand messaging and logo.

- D. Media tips and training shall be provided by the DOH Jackson PIO and/or appropriate experts.

E. Public Records Requests

It is DOH Jackson's policy to respond timely and completely to Media requests for public information. This response will be consistent with the Florida Public Records Law, all other federal and state laws and regulations that govern the creation, maintenance, security, and confidentiality of public records. There will be times when information requested by Media is confidential and cannot be released. The PIO will work closely with Legal Counsel to process public records requests for Media.

VII **Attachments:**

- A. Attachment A, Public Information Permission and Release Form (English)
- B. Attachment B, Public Information Permission and Release Form (Spanish)
- C. Attachment C, Public Information Permission and Release Form (Creole)

**Attachment A**

**CONSENT, PERMISSION AND RELEASE  
FOR USE OF PHOTO, VIDEO AND/OR AUDIO**

I hereby give consent and permission to the Florida Department of Health (DOH) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of the appearance of (print name) \_\_\_\_\_, age (if minor) \_\_\_\_\_.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of my name, participation, picture, and/or likeness by the DOH and/or its employees and/or agents, as well as the entity seeking this consent, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I acknowledge that the DOH is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. I acknowledge that the photographs, video and/or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released.

The DOH has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the DOH, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

I have read this Consent before signing and fully understand the contents, meaning and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number/Email address: \_\_\_\_\_

Signature of Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Required if Subject is under age 18:

Name of Parent/Legal Custodian: \_\_\_\_\_

Signature of Parent/Legal Custodian: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am revoking this consent.

I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this file may have been copied without permission, and I agree not to hold the Department of Health responsible for instances of these violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTIMIENTO, AUTORIZACIÓN Y DIVULGACIÓN**

**Attachment B**

**PARA EL USO DE FOTO, VIDEO Y/O AUDIO**

Por la mediante doy consentimiento y permiso al Departamento de Sanidad de la Florida (DOH, por sus siglas en inglés) para grabar el aspecto, apariencia física y/o voz en video, en película, o en disco de video digital, o por otros medios, y/o tomar fotografías de la apariencia de (imprimir nombre) \_\_\_\_\_, edad (si es un menor) \_\_\_\_\_.

No obstante cualquier prohibición que se exprese en el Artículo 540.08 de los Estatutos de la Florida, por la presente, libre y voluntariamente consiento el uso y publicación de mi nombre, participación, imagen y/o semejanza por el Departamento de Salud y/o sus empleados y/o sus agentes, así como la entidad que solicita este consentimiento, y fotografías, video y/o audio para cualquier y todo propósito, incluyendo, pero no limitado al, educativo, promocional, de publicidad y de comercio, a través de cualquier medio o formato, incluyendo, pero no limitado a , el película, fotografía, televisión, radio, digital, internet, o la exposición, en cualquier momento a partir de esta fecha en adelante hasta que yo revoque este consentimiento por escrito.

Reconozco que el DOH es el único propietario de todos los derechos, de y para, esta producción visual y/o de sonido y/o de fotografía(s) y las grabaciones de la misma, y que tiene el derecho de utilizar o reproducir el sonido y/o las imágenes resultantes con la frecuencia que considere necesario. Reconozco que las fotografías, video y/o audio se pueden usar de forma indefinida por la televisión, radio, periódicos, revistas, boletines, folletos, Internet, intranet, o en otros medios de comunicación, una vez publicadas.

El DOH tiene el derecho, entre otras cosas, modificar y/o alterar la grabación visual o sonora, o fotografías, según sea necesario. Entiendo que no recibiré ninguna compensación por la apariencia de la persona cuyo nombre figura anteriormente, o por su participación en dicha producción. Estoy de acuerdo en mantener el DOH, sus empleados y otras partes indemnes contra demanda, responsabilidad, pérdida o daño causado por, o que surja de, mi participación en esta producción.

He leído este consentimiento antes de firmar y entiendo plenamente el contenido, significado e impacto de este del mismo. Entiendo que soy libre para hacer frente a cualquier pregunta en particular y así he hecho antes de firmar este consentimiento.

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Número de teléfono/Correo electrónico: \_\_\_\_\_

Firma del Sujeto: \_\_\_\_\_ Fecha: \_\_\_\_\_

Requerido si el Sujeto es menor de 18 años de edad:

Nombre del Padre/Tutor Legal: \_\_\_\_\_

Firma del Padre/Tutor Legal: \_\_\_\_\_

Nombre del Testigo: \_\_\_\_\_

Firma del Testigo: \_\_\_\_\_ Fecha: \_\_\_\_\_

Estoy revocando este consentimiento.

Entiendo que se hará todo lo posible para eliminar el elemento del sitio dentro de un plazo razonable. También entiendo que este archivo pudo haber sido copiado sin permiso, y estoy de acuerdo en no responsabilizar el Departamento de Salud en los casos de estas violaciones.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Attachement C**

**KONSANTMAN, PÈMISYON AK PATAJ  
POU UTILIZASYON VIDEYO, FOTO AK/OSWA ODYO**

Mwen bay konsantman mwen ak pèmisyon nan Depatman Lasante nan Florida (DOH) poul anrejistre figu mwen, sa kò mwen sanble ak/oswa vwa sou kasèt videyo, nan fim, oswa nan videyo sou CD, oubyen nenpòt lòt mwayen, ak/oswa pran foto ki sa mwen sanble, mwen (Ekri non an ak lèt majiskil) \_\_\_\_\_

\_\_\_\_\_ Laj (si se minè) \_\_\_\_\_.

Men, nenpòt entèdiksyon kòm li ka parèt nan Seksyon 540.08 Lwa Florida yo, mwen ak tout libètem e ak tout volontem bay konsantman mwen pou sèvi ak non mwen e bibliyel, patisipation mwen, foto ak tout sa ki sanble ak foto, nan DOH ak/oswa anplwaye li yo, ak/oswa ajan li yo, mem jan ak lòt biro kap chèche mòd konsantman sa a yo, e foto, videyo ak/oswa odyo pou nenpòt ak plis pase tout rezon sa a yo kouwe, nan edikasyon, nan fè pwomosyon, piblisite, ak komès leu yo sèvi ak lapress ou byen lòt mwayen kouwè sa nou pral di yo e plis anko kouwè fim, foto, televizyon, radyo, dijital, entènèt, oswa pou bay cho, nenpòt lè depi jodiya jiskaske mwen ekri ou lèt poum di mwen pa dakò sa ankò.

Mwen rekonèt ke se DOH ki sèl mèt e ki gen tout dwa sou dokiman pou wè ak/oswa pou tande, ak/oswa foto e anrejistreman yo, e ke li gen dwa poul itilize oswa repwodi imaj yo ak/oswa son yo depi sa nesèsè. Mwen rekonèt ke foto, videyo ak/oswa odyo yo ka itilize nèt ale nan televizyon, radyo, jounal, magazin, bilten, ti liv, entènèt, entranèt, oswa nan lòt medya depi yo deyò.

DOH la gen dwa, pami lòt bagay, poul chanje ak /oswa ranje nenpòt imaj, oswa son yo enrejistre, oswa foto, si sa nesèsè. Mwen konprann ke mwen pap resevwa anyen poum di ki jan moun non li piwo a ye ni sim patisipe nan fè dokiman yo. Mwen dakò poum kenbe DOH, anplwaye yo ak lòt pati ki pa ou danje kont reklamasyon, responsablite, pèt, oswa domaj ke mwen ta sibi, oswa ki konsekans patisipasyon mwen nan pwodiksyon sa a.

Mwen te li konsantman sa a avan mwen siyen li epi mwen byen konprann tout sa, ki ladan, siyifikasyon ak konsekans konsantman sa a. Mwen konprann ke mwen lib poum poze nenpòt kesyon espesyal mwen vle e mwen te fè sa avan mwen siyen li.

Non: \_\_\_\_\_

Adrès: \_\_\_\_\_

Telefòn Nimero/adrès e-mail: \_\_\_\_\_

Siyati moun nan: \_\_\_\_\_ Dat: \_\_\_\_\_

Si moun nan pa gen 18 tan ou lòt moun oblije siyen:

Non paran li oswa moun ki responsab li devan la lwa: \_\_\_\_\_

Siyati paran ou byen resposab la: \_\_\_\_\_

Non temwen: \_\_\_\_\_

Siyati temwen: \_\_\_\_\_ Dat: \_\_\_\_\_

Mwen pa dakò anko

Mwen konprann ke anpil efò pral fèt pou retire atik sa a nan sit la, nan entènèt nan yon delè rezonab. Mwen konprann tou ke dosye sa a te ka gentan kopye san pèmisyon, e mwen dakò pou mwen pa ran Depatman Sante responsab pou konsekans vyolasyon sa yoka genyen.

Siyati: \_\_\_\_\_ Dat: \_\_\_\_\_