



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Marketing Guidelines	Policy #	9.03-P
Policy Owner	Marketing	Original Effective Date	06-2014
Revision Effective Date	9-12-2024	Approval Date	12-06-2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

The purpose of this policy is to provide guidance, plan coordinate, and execute media relations and public relations activities that align with the Kern Health Systems (KHS) and Kern Family Health Care (KFHC) brand, identity, values, and objectives.

II. POLICY

The Chief Executive Officer (CEO) serves as the official Kern Health Systems (KHS) spokesperson and conveys the official position on issues of organization-wide impact and significance. Inquiries from the Media should be referred to the Senior Director of Marketing and Member Engagement who will communicate the request to the CEO or Chief Health Equity Officer (CHEO) in the absence of the CEO so that KHS can respond in an accurate and timely manner.

When called upon by the KHS CEO, depending on the subject matter, certain individuals, such as the KHS Board of Directors, Executive Management, designated Professional Consultant, Legal Counsel, and the Senior Director of Marketing and Member Engagement may be appointed as spokesperson for KHS. All other KHS employees shall direct requests for information from the Media to the Senior Director of Marketing and Member Engagement who will communicate the request to the CEO.

This policy shall establish guidelines on providing accurate and timely information to all Media forums. Provide uniform practices and procedures for managing KHS Media requests for information on important issues and opportunities that impacts KHS' reputation in the community, state, and region.

III. DEFINITIONS

TERMS	DEFINITIONS
Media	Includes broadcast and cable television, newspapers, magazines, radio, online news sites and blogs affiliated with an official Media outlet.

IV. PROCEDURES

A. Media Contact

All communication from media representatives are to be referred to the Senior Director of Marketing and Member Engagement who will communicate the request to the CEO. In the CEO's absence, the CHEO should receive such inquiries. Members of the media are to be treated with the same courtesy and respect shown to our members, their families and all others who come in contact with this organization. Depending on the specific circumstances, the CEO may designate another KHS Senior Staff member, Board member or outside agent (Consultant or Legal Counsel) to serve as spokesperson on a particular issue.

1. The taking of photos, video, or filming on KHS property is discouraged in the absence of the CEO or the CEO's designee. Media representatives should be met in the lobby and accompanied to the approved area by the CEO or designee.
2. Any employee who sees an unattended media representative on KHS property should approach and greet the person warmly and verify that a contact has been made with the CEO or designee. The employee should inform the media member that company policy requires media representatives be accompanied by KHS designated representatives. The employee should remain with the media representative until the CEO or designee is present, while refraining from responding to any inquiries.
3. Representatives or employees with expertise in specific areas may be requested to speak with members of the Media on occasion. In such instances, the CEO will meet with the representative or employee in advance in order to accurately respond to questions and appropriately address issues raised and promote consistent messaging.
4. All Press Releases will be approved by the CEO before distribution to the Media is allowed.

B. Interviews and Filming

At no time shall a KHS employee grant an interview with members of the media without the consent of the CEO or CHEO in the absence of the CEO.

When a media representative requests to interview, photograph, or film an employee in the course of their duty, such permission may be granted by the organization only if all of the following conditions are met:

1. The employee grants permission that he or she is willing to be interviewed and/or recorded and/or photographed and/or filmed and signs a "Consent for Photography & Publishing" form. (See Attachment A).
2. The CEO or designated representative agrees.

In every instance involving filming, recording, or photographing, all parties to be filmed, recorded, or photographed must sign a "Consent for Photography & Publishing" form. This

should be done in advance of the action and applies to employees and physicians. If the photographed party is a KHS member this form must be accompanied by a signed Authorization for Use or Disclosure of Health Information: Member Photography and Publishing form.

All completed “Consent for Photography & Publishing” forms will be stored in the employee’s personnel file. Copies of the forms will also be stored by the Marketing and Compliance Departments.

C. Critical Issues

In cases of critical significance to the organization, the CEO will determine the content, timing, and format of the response. The CEO may consult with appropriate individuals including Board members, staff, and outside agents. The Director of Marketing will work with KHS Executive Leadership to detail the known facts of the situation and summarize the organization’s position.

In the event of a crisis or emergency situation, the CEO, or the CEO’s designee, will handle all contacts with the media, and will coordinate the information flow from the organization to the public. All departments should refer incoming calls from the media to the Senior Director of Marketing and Member Engagement who will communicate the request to the CEO.

D. Patient Confidentiality

All requests from the media for information regarding KHS members will be directed to the Director of Marketing who will inform the CEO of such inquiries. Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state, and local laws.ⁱ

E. Litigation

No statements shall be made regarding legal actions unless coordinated with and approved by KHS Legal Counsel.

F. Communication

All personnel and other interested persons shall be informed of this policy with updates circulated as changes occur.

V. ATTACHMENTS

Attachment A: Consent for Photography and Publishing

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	ⁱ CCR Title 22 §75055(b).

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-09	The policy and attachment A were updated per annual routine review.	Marketing
Created	2014-05	Policy created by Director of Marketing and Member Services to establish official position on producing media and public relations.	Director of Marketing and Member Services

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Board of Directors (BOD)		07-17/-014

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Health Equity Officer		
Chief Compliance and Fraud Prevention Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 9.03-P Marketing Guidelines

Last approved version: 2014-08

Reason for revision: The policy and attachment A were updated per annual routine review.

Director Approval		
Title	Signature	Date Approved
Louis Iturriria Senior Director of Marketing and Member Engagement		

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____



CONSENT FOR PHOTOGRAPHY AND PUBLISHING

I hereby consent to have Photographs (see definition below) made of myself and/or my child(ren) by Kern Health Systems and/or its agents, employees, or representatives. I understand that Kern Health Systems will retain the ownership rights to the Photographs made. I also understand that I waive any right to any financial compensation for permitted uses or disclosures of the Photographs.

I and my successors and assigns hereby release and hold Kern Health Systems and its directors, officers, agents, representatives, and employees and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this Consent.

I understand and agree that these Photographs may be used to educate and increase awareness of Kern Health Systems and its programs. However, I also understand and agree that, although the Photographs are intended to be used for these purposes, I acknowledge and understand that Kern Health Systems does not control the redistribution of the Photographs, and that they may be later reproduced, disseminated, and circulated.

I also understand that my or my child's(ren's) participation in Kern Health Systems Program(s) may be included in the information released by the media, and, therefore, will no longer be confidential.

I acknowledge that I have had this Consent explained to me, and that I understand it. I also understand that I have a right to receive a copy of this Consent and acknowledge that I have received a copy.

“Photograph,” as used in this Consent, means any recording through visual means, including, but not limited to, motion picture, still photography, videotape, video disk, scans, and any other mechanical, digital, or computerized means of recording and reproducing images in whatever manner disseminated or published.

Name: _____

Signature

Date

If Signed By Other Than Person Photographed, Indicate Relationship: _____

(If the person photographed is a member, this form must be accompanied by a signed Authorization for Use or Disclosure of Health Information: Member Photography and Publishing)

**AUTHORIZATION FOR USE
OR DISCLOSURE OF HEALTH INFORMATION:
MEMBER PHOTOGRAPHY AND PUBLISHING**

Kern Health Systems is requesting your authorization to disclose your health information, including Photographs. The following is information about the health information at issue, to whom it will be disclosed, how we will otherwise disclose your health information if you sign this form and your rights with regard to this Authorization. The last page of this form is the signature page that we request you sign to provide us your authorization to use or disclose your health information as described in this form.

1. **Specific description of the health information:**
 - ☐ Photographs, videotapes, digital or other images
 - ☐ Other (please specify): Name
2. **Persons/classes of persons/organizations (by name or function) who are authorized make the requested use or disclosure:** Kern Health Systems
3. **The persons/classes of persons/organizations (by name or function) authorized to receive the disclosed health information:** The public
4. **A) Each purpose of the requested use/disclosure:**
Kern Health Systems publications and media
B) Any limitations on the requested use/disclosure:
None
5. **Expiration Date/Event:** This Authorization will expire on:
One year, from date of signature
6. **Right to Modify or Revoke:** I understand that I have the right to modify or revoke this Authorization in writing at any time subject to the exceptions stated below. To modify or revoke this Authorization, I understand that I must make my request in writing and clearly state that I am modifying or revoking this specific Authorization. In addition, I must sign my request and then mail or deliver my request to:
Kern Health Systems Public Affairs with a copy to: _____
Dept. _____

Exceptions to Right of Modification or Revocation: I understand that my written modification or revocation will not affect the ability of Kern Health Systems to continue to use or disclose my health information to the extent that it has already acted in reliance

Kern Health Systems
Consent form

on this Authorization. For example, Kern Health Systems cannot rescind disclosures it has already made.

7. **Prohibition on Conditioning of Authorization:** I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment or payment or eligibility for benefits.
8. **Potential for Re-disclosure:** Health information disclosed according to this authorization might no longer be protected by the federal privacy law (“HIPAA”); however, California law prohibits the recipient of the information from further using or disclosing the health information unless another authorization is obtained from you or unless such use or disclosure is specifically required or permitted by law.

Authorization Approval

Kern Health Systems, its directors, officers, agents, representatives, and employees and any other person participating in my care are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

I understand that the by signing this Authorization the news media and other organizations may publish or otherwise use the disclosed information for public interest purposes.

“Photograph,” as used in this Authorization, means a recording through visual means, including but not limited to motion picture, still photography, videotape, video disk, scans, and any other mechanical, digital, or computerized means of recording and reproducing images in whatever manner disseminated or published.

I hereby authorize the disclosure of health information as described in this Authorization.

Signature: _____
Print Name: _____
Address: _____

Date: _____

If signed by a personal representative, the representative’s legal authority:

(Parent, guardian, etc.)

Acknowledgement:

I acknowledge receiving a signed copy of this Authorization.

Signature: _____
Print Name: _____
Date: _____