

## Policy 3.8

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| <b>POLICY TITLE:</b>                | <b>AUDIO AND VIDEO RECORDING</b>                          | <b>POLICY # 3.8</b>  | <b>REVIEW DATES</b>  |  |
| <b>Topic Area:</b>                  | <b>INFORMATION MANAGEMENT</b>                             | <b>ISSUED BY:</b><br>Chief Executive Officer<br><br><b>APPROVED BY:</b><br>Chief Executive Officer |                      |  |
| <b>Applies to:</b>                  | Lakeshore Regional Entity (LRE) employees and Contractors |  |                      |  |
| <b>Developed and Maintained by:</b> | Chief Information Officer (CIO)                           |  |                      |  |
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| <b>Supersedes:</b>                  | N/A   | <b>Effective Date:</b><br>4/1/2025   | <b>Revised Date:</b> |  |

### I. PURPOSE

To ensure all Lakeshore Regional Entity (LRE) employees and Contractors (“LRE Staff”) are aware of and fulfill their responsibilities to safeguard and protect confidential, personal, private, proprietary, and sensitive information and comply with federal and state privacy and security laws, including, and especially under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

### II. POLICY

It is the policy of LRE to safeguard the confidentiality of protected information, to preserve and protect LRE Staff, and to identify LRE expectations for privacy in personal and workspace environments.

The use of cameras, phones or other audio/video recording capable devices or applications within LRE’s offices, or a third-party location involving LRE LRE Staff, may constitute a breach of confidentiality of LRE’s trade secrets or other protected information and may be considered an invasion of patient and employee personal privacy.

- A. Prohibitions. Unless state or federal laws specifically permit recording for a specific purpose the use of camera or other audio or video-capable recording devices or applications is strictly prohibited within any area of LRE’s office where
  - (a) PHI or EPHI may be stored, accessed, utilized, or maintained;
  - (b) LRE Staff have expectations of privacy (i.e. an office with a closed door);
  - (c) LRE Staff are engaged in any communication or interaction related to protected information, workplace expectations, LRE policies and procedures, or inter-department coordination of efforts; or
  - (d) third parties are communicating or interacting with LRE staff (whether onsite or offsite).
- B. Examples of Protected Areas. Areas within LRE offices where recording devices could capture PHI, sensitive, financial, confidential, or proprietary information or areas with an expectation of privacy like meeting rooms, restrooms, and locker rooms.

- C. *Consent Required.* Where recording is permitted by state or federal laws related to protected activities, LRE Staff shall not record another individual without their knowledge and consent (either written or verbal) even in an area that may not be considered private. This includes both virtual and physical spaces.

This provision is not intended to restrict employee activities protected under federal, state or local law or prevent LRE Staff from engaging in concerted, protected activity. Rather, it is to ensure that all parties to a communication or interaction freely consent to the audio or video recording.

- D. *Use of Recordings with Artificial Intelligence (AI) Tools.* AI Recording Tools cannot be used unless all parties have consented to the presence of the AI Tool. Additionally, the recording cannot be subsequently submitted into any AI Tool unless that AI Tool / Use Case combination has previously been approved by the LRE according to LRE's Artificial Intelligence Policy and Artificial Intelligence procedure.

### III. APPLICABILITY AND RESPONSIBILITY

This policy applies to all LRE Staff and Independent Contractors.

LRE Staff who violate this policy may be subject to disciplinary action up to and including termination of employment/contract.

### IV. MONITORING AND REVIEW

Applicable department leader(s) in consultation with the CIO and Human Resources Coordinator will review and assess the effectiveness and compliance with this Policy. Such review and assessment will be documented, and any identified concerns addressed by the applicable department leader(s), CIO and, if appropriate, the LRE Compliance Officer and/or the Compliance Committee.

LRE desires to stay abreast of developing employment laws. The CIO and Compliance Officer are the individuals designated with responsibility for monitoring and regularly reporting on such developments to LRE Executive Team .

This Policy will be reviewed on an annual basis by the CIO and updated as needed to reflect such developments.

### V. DEFINITIONS

**Contractor:** A contracted person or entity who performs services, functions or activities for or on behalf of LRE whether such services, functions or activities involve the use or disclosure of individually identifiable health information.

**Confidential Information:** Confidential information is information of a private nature prohibited by law from public disclosure, such as identifiable health information, social security numbers, etc.

**Physical Spaces:** Includes, but is not limited to, Board rooms, LRE Meeting rooms, provider meeting room, LRE personal office.

**Proprietary Information** includes any information or material which is proprietary to the LRE, whether owned or developed by LRE, which is not generally known other than through LRE, and which employees may obtain through any direct or indirect contact with LRE. Confidential Information also includes without limitation, business records and plans, financial statements, public policy information, records or any information, records or any information concerning business operations, technical information, computer programs and databases, copyrights and other intellectual property, and any private information regarding other employees and other proprietary information.

**Protected Health Information (PHI):** Protected health information means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

**Verbal Consent:** Verbal consent is a type of consent where the individual obtaining consent reads/explains a verbal version of a consent form, and subjects give their verbal consent in place of written consent to participate. The process is more correctly referred to as Informed Consent with Waiver of Documentation.

**Virtual Space:** Platforms including, but not limited to, Teams, Zoom, GoTo Webinar, Cisco Webex, or another similar platform.

**Written Consent:** is the act of providing approval or agreement in writing. The individual is informed and selects their preferred option. In the context of data protection, written consent is a clear, specific, and informed indication of agreement to the processing of personal data.

## **VI. RELATED POLICIES AND PROCEDURES**

- A. LRE Information Management Policies and Procedures
- B. LRE Compliance Policies and Procedures
- C. LRE Human Resources Policy and Procedures

## **VII. REFERENCES/LEGAL AUTHORITY**

- A. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- B. National Labor Relations Act

## **VIII. CHANGE LOG**

| <b>Date of Change</b> | <b>Description of Change</b> | <b>Responsible Party</b> |
|-----------------------|------------------------------|--------------------------|
| 4/1/2025              | NEW Policy                   | CIO, Compliance Officer  |
|                       |                              |                          |