



BEST START BIRTH CENTER

Photos & Videos

Photography Policies (Including Videography)

Photography by Client, Family, and Guests

- A. Consent is not needed for photography done by a client's family members or guests. However, photography must not interfere with client care and the midwife or other health care provider has the authority to instruct that the photography be discontinued if deemed necessary in the interest of client care, respect for privacy and/or dignity of the client or others, or for efficient birth center operations.
- B. Video monitoring by a client's guests in a client's room must be approved by the healthcare provider. The family/friends are informed that the camera or monitor must be focused only on the client and cannot be placed in a position that captures staff or other clients or activities in the room.
- C. Photography by a client or her guests taken under circumstances causing concern to staff/faculty for any reason should be reported to the Executive Director and Clinical Director.

Photography of Newborns during Labor & Birth

- A. Best Start Birth Center protects the confidentiality of the client and newborn, while preserving and supporting the client's decision to record the birth process.
- B. Clients and their guests are generally allowed to photograph or video record the birth in accordance with limitations specified by the client and with the agreement of the attending health care providers.
- C. The client and guests may be asked and are expected to comply with the request to discontinue recording at any time if the attending midwife or nursing staff deem it necessary.
- D. Consent of the parent must be obtained prior to Best Start Birth Center taking photographs of newborns.
- E. Best Start Birth Center staff will not release any information to any vendor on behalf of the client. It is the responsibility of the client to release information pertaining to client or newborn.

My signature below indicates that I understand both policies as outlined above:

Client Name: _____ Client Signature: _____ Date: _____

Informed Consent for Public Use of Name/Photo/Video/Personal Information Display

We love announce births each month in our lobby, and we also love to post family and baby photos and birth stories. If you'd like to share, email photos and/or stories to kroslic@beststartbirthcenter.com or give them to the front desk staff. No information regarding you or your family will be released without your consent, which you may give below if desired.

Initial below beside each piece of information you would like to release (if none, do not initial any, and simply sign below):

My first name My last name
 My partner's first name My partner's last name (if either choice is checked, partner must also sign below)
 Baby's Info: Name (_____) Sex Weight Birthday Birth time
 Name / age of your / your partner's other children that may appear in photo/video (_____)

Photos & videos: I give Best Start Birth Center/Midwife Services and Women's Health International, the absolute right and permission to use photographs and video clips that I provide of myself, my baby, my partner, or either of our children that may appear (partner must also sign below for self or partner's children) in: Promotional materials, educational materials, social media applications, and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion.

My signature below indicates that I have had my questions answered to my satisfaction and sign this consent with full understanding of what it releases. I release Best Start Birth Center, Women's Health International, and their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use of the information initialed above. Parents' signature releases information for a baby under 18 years of age, if selected above.

Client Name: _____ Client Signature: _____ Date: _____

Partner Name: _____ Partner Signature: _____ Date: _____
(if applicable)