

Program Participation Photo/Video Consent Policy and Procedure Document - EarlyON Programs

Overview

The intent of this policy is to provide staff with consistent standards and expectations for obtaining and maintaining client consent within EarlyON Child and Family Programs.

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Supporting Material

- [Personal Health Information Protection Act](#)
- [EarlyON Funding Guidelines](#)
- [Personal Health Information Practices](#)
- [Photo/Video Consent and Release form](#)



Definitions of Terms Used in this Document

Personal Information: Any recorded information about an identifiable individual. Examples of personal information could include Social Insurance Number, address, birthdate, and gender, dependent upon context and other privacy considerations that could lead to identifying an individual.

Personal Health Information means recorded identifying information about an individual related to health and/or health care, such as primary care physician, or doctor's information, health card information etc.

Purpose for Obtaining Consent Consent is obtained for the collection, use and disclosure of personal information and personal health information.

EarlyON Child and Family programs provide community drop-in and registered programs for children aged 0 to 6 years and their families

Individuals refers to parents, caregivers and children who access the EarlyON program in York Region

EarlyON Educators refers to all staff/educators, who are employed by the EarlyON agencies and support the delivery of EarlyON Child and Family Programs

Policy Statement

In Ontario, there are two laws that govern how personal health information is handled. The [Personal Health Information Protection Act \(PHIPA\)](#), sets the rules for how organizations can collect, use, and share personal health information. The [Municipal Freedom of Information and Protection of Privacy Act \(MFIPPA\)](#), and it applies to municipal institutions and local health integration networks that have access to personal information.

The Regional Municipality of York is committed to maintain the confidentiality and security of the information provided by the individual attending an EarlyON program. This policy document outlines the requirements, when sharing information with the Region, such as, written feedback from parents or multimedia content such as audio, video, photos etc. Prior to sharing any identifiable audio, video and/or photo it is required that:

- parents and caregivers attending EarlyON Child and Family programs are informed before their personal information or personal health information is shared with the Region
- individuals in the multimedia content have signed [Photo/Video Consent and Release form](#)

EarlyON Service Provider's Role and Responsibility

Complying with MFIPPA is a vital responsibility for EarlyON agencies, and they must obtain consent from all the individuals who appear in the multimedia content before sharing it.

When Sharing Photos, Videos of Individuals With The Region Of York

When collecting multimedia content of individuals attending the EarlyON programs in York Region, **EarlyON educators/program staff are required to ensure that:**

- parents and caregivers are informed about the collection and sharing of their individuals' photos or videos, and purposes for which their personal information is collected and shared
- consent for uses and disclosures of personal information and personal health information is obtained from individuals, by completing the [Photo/Video Consent Release Form](#)
- consents are updated prior to a new use
- consent must be obtained directly from the individual
- consent should be clear and understandable, not be obtained through deception or coercion, and relate to the information that is collected, used, or disclosed.

WHEN INDIVIDUALS DO NOT CONSENT TO SHARING THEIR PHOTOS/VIDEOS

EarlyON Agencies must not share without consent from the family.

WITHDRAWING CONSENT

An individual can withdraw consent at any time; however, withdrawn consent cannot apply retroactively as use of the information could have already occurred.

Also, in circumstances where families withdraw consent, but later change their mind and would like to be included in sharing their photos or videos a new [Photo/Video Consent Release Form](#) must be completed indicating the most up-to-date accurate consent parameters.

Role Of EarlyON Community Program Coordinators

EarlyON Community Program Coordinators (CPC) will

- provide EarlyON agencies with YR approved consent form ([Photo/Video Consent and Release form](#))
- retain the completed consent forms according to [Corporate Retention guidelines](#), when they receive multi-media content from EarlyON agencies
- ensure the consents are saved in YR approved repository, i.e., in eDOCS and
- ensure that consents are obtained prior to material being used by York Region .

Appendix A Example of Completed Photo Video Consent Form



Clear

Photograph/Video Consent and Release

I, JANE DOE

consent and authorize The Regional Municipality of York, its employees, elected and appointed officials, officers, servants, and agents, and their successors and assigns, (the "Region") to take photographs, videos, and/or audio recordings of me and/or of my child(ren) for whom I am the parent and/or legal guardian (the "Images") on the date set out below. The Images may be used by the Region for editorial, promotional or any other purposes deemed to be suitable by the Region.

If the Images include a child or children, please list names here.

Jenna Doe, John Doe & James Doe

I consent and authorize the Region to use such Images of me and/or my child(ren) by any means, including, but not limited to, publishing in print and online, advertising, social media, electronic and other digital means ("Publication"). I understand that this includes, but is not limited to, publishing the Images in materials distributed by the Region and displaying the Images within Region facilities. I understand that the Region has the sole discretion to use the Images, in whole or in part, for Publication, or not, and that the Region has the right to retain an electronic or other copy of the Images for an unlimited period of time.

I irrevocably grant to the Region a perpetual, worldwide, royalty-free, exclusive and unlimited license to use the Images. I have the authority to grant this license.

I acknowledge that:

- there will be no financial compensation for the use of the Images and I agree that this Photograph/Video Consent and Release is given forever by me, and for no credit or financial recompense, at any time.
- the Region may not be able to control the distribution or use of the Images by other than Regional representatives.

I release, waive, discharge and hold harmless the Region and its successors and assigns from any and all liability, claims, actions, debts, damages, injuries or losses including third party claims, actions, damages, that may arise or be incurred as a result of the taking, use, modification, publication or distribution of the Images, including but not limited to, claims of defamation, invasion of privacy or copyright infringement or any misuse or alterations to the Images and any derivative works created by the Region or third parties.

Project Name: EarlyON Programs - Lets Play

Contact Number and/or email: jane.doe@hotmail.com

Name (Please print): JANE DOE

Signature: (Client signature)

In the presence of (Witness name - please print): EarlyON Staff who verified

Witness signature: EarlyON Staff Signature

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