



Audio/Video Recording Policy Acknowledgment Form

Patient/Visitor Acknowledgment: This form confirms that the patient or visitor has received and reviewed Sunrise Medical's Audio/Video Recording Policy.

Sunrise Medical strictly regulates recording devices to protect patient privacy, confidential Protected Health Information (PHI), staff security, and a respectful care environment.

Patients, family members, and visitors may not capture audio, video, or photographs on Sunrise Medical premises except as expressly permitted below.

Devices Covered: This policy applies to smartphones, wearable technology, cameras, voice recorders, smart glasses, smartwatches, and any other device capable of recording audio, video, or images.

Restricted Areas: Recording is prohibited in all clinical and private areas, including:

- Waiting rooms and reception areas.
- Examination and procedure rooms.
- Restrooms and changing areas.
- Staff-only spaces, breakrooms, and administrative desks.

Exceptions and Conditional Consent: Patients may request to record complex medical instructions only when both conditions are met:

1. **Prior express consent:** The patient must ask before recording, and the physician or staff member being recorded must explicitly agree. Staff may decline.
2. **Strict limitation:** The recording may capture only that patient's specific discussion or instructions. No surrounding area, screens, charts, or other individuals may be recorded.

Violation of Policy: If a patient or visitor records in violation of this policy, Sunrise Medical may:

- Require recording to stop immediately and request deletion of the recording.
- Terminate the visit if the person fails to comply, provided the patient is medically stable and doing so does not constitute patient abandonment.
- Proceed with formal dismissal from the practice, where appropriate.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS POLICY.

Signature: _____

Date: _____

Printed Name: _____

Relationship to Patient: _____