

Virtual Health Visits Recording and Sharing Guidelines

Focus

This procedure outlines the step-by-step process for requesting and using the recording functionality within a Providence Health Care (PHC)-licensed Zoom for Healthcare account for select educational purposes only.

Site Applicability

This procedure applies across all PHC programs and services.

Practice Level

All PHC Staff using a Zoom for Healthcare account for the purposes of conducting or supporting Virtual Health Visits.

Need to Know

Background

Zoom for Healthcare is a PHC approved Virtual Health Visit solution. Through Provincial Health Services Authority (PHSA)'s Office of Virtual Health (OVH), PHC Staff can apply to enable the recording feature in Zoom for Healthcare in order to record audio and video. Staff can access the recording function on their Zoom for Healthcare account via a mobile device, laptop or desktop computer (PHC managed devices are strongly recommended). When recording an online meeting or Virtual Health Visit, Staff should apply their best judgement to ensure the messaging and images contained in the recording represent PHC's brand and reputation appropriately as per [PHC's Visual Identity policy](#).

In accordance with [PHC's Guidelines for Virtual Visits](#), recording within Zoom for Healthcare is only permitted for select educational purposes:

1. Recording educational information for staff (does not include patients or families in the recording). E.g., staff to staff education training sessions.
2. Recording educational information for staff and program improvement (does not include patients or families in the recording). E.g., Zoom for Healthcare staff training.
3. Recording educational information for patients and/or families (does not include patients or families in the recording). E.g., general injury prevention webinar for patients.
4. Recording patient virtual health visits for staff training. E.g., patient and family group therapy sessions to train new staff.
5. Recording patient virtual health visits for patient and family education. E.g., patient and family therapy session to provide back to patients and families for educational purposes.

Please refer to the [Zoom for Health Care Terms of Use](#) for more information on the approved recording use cases.

Recordings that include Patients and Families

Please refer to the [PHC Virtual Health Guidelines & Patient Notice](#). Written or digital consent is needed from patients and families prior to recording in accordance with the Freedom of Information and Protection of Privacy Act of BC (FIPPA) requirements. Patients should have the appropriate information needed to make an informed decision about recording (see PHC Zoom popup (Appendix A)). Patients and families can provide this consent in the form of digitally clicking on the “agree” or “leave the meeting” button that appears on the Zoom popup screen once the Zoom record button is clicked. This popup is considered as a notice of collection prior to the recording and informs patients and families of the risks of recording prior to them providing consent. Consent to recording should be documented in the client record.

If staff will be recording a patient for educational purposes and intend to share it with third parties (e.g., other patients, families, staff outside PHC), written consent must be obtained before the recording. A consent template is attached in Appendix C. Patient’s written consent should be documented in the client record ahead of the recording.

Storage

All Zoom recordings are automatically saved to the cloud for 90 days, where they are accessible via a shareable link. During this time, staff can share the link to the recording as appropriate, or download the recording and store it in accordance with PHC policies and procedures if access to it is required for longer than 90 days. Recordings will be automatically deleted from the cloud after 90 days. If access to and usage of the recording is required beyond 90 days, each recording must follow up with their respective manager to ensure that the recording is downloaded and stored in accordance with departmental and organizational policies and procedures (e.g. low risk recordings that need to be accessed for more than 90 days can be posted to the [IMITS Video Hosting portal](#)). See Appendix B for more information.

As these recordings are considered “administrative records”, staff should follow the requirements as outlined in the [PHC Corporate Records Retention Policy](#).

Equipment and Supplies

- PHC Zoom for Healthcare account
- Device with camera, microphone and Zoom application installed (i.e., mobile device, laptop, desktop computer)
- Written consent form from patient (if recording a patient with intention to share with third parties)

Procedure

Request for Recording Functionality

1. Review the Zoom for Healthcare [Terms of Use](#) to ensure you are aware of the approved scenarios in which recording is permitted by the Provincial Health Services Authority (PHSA) Office of Virtual Health (OVH).
2. Go to the [PHSA OVH website](#) and click on the link for the [recording request form](#).
3. Complete the Zoom for Virtual Health (Zoom4VHV) recording request form.



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4. Wait for approval from PHSA OVH before recording within Zoom for Virtual Health Visits (contact OVHZoomSupport@phsa.ca with any questions).

Recording the Virtual Health Visit

1. If recording a patient with intent to share with third parties (e.g. other patients, families, staff outside PHC), obtain and document written consent from the patient who will be recorded. A consent form template is attached in Appendix C.
2. Start the Virtual Health Visit as the host.
3. If recording patients and families, ensure they have been provided with the relevant information on recording in order to provide informed consent.
4. Click on the "Record" button on the bottom toolbar which will initiate a pop up recording disclaimer.
5. If recording patients and families, ensure written or digital consent to recording is provided by having the patient click on "agree" or "leave the meeting" button before proceeding with recording.
6. Proceed with recording if "agree" is selected.
7. Click on the "Record" button to end the recording.
8. If recording patients and families, document their consent within the client record.
9. Share the link to the recording as appropriate.
10. Talk to your manager if access and/or storage of the recording is required beyond one year.

Related Documents

Related Policies

- [Recording \(Photographing, Video Recording and Audio Recording\) by Patients and Visitors](#)
- [Reporting and Management of Information Privacy Breaches](#)
- [Privacy and Confidentiality policy](#)
- [PHC Guidelines for Virtual Visits](#)
- [Corporate Records Retention Policy](#)
- [Visual Identify Policy](#)

Related Guidelines/Procedures/Forms

- [PHC Virtual Health resources for health care providers](#)
- [Reporting and Management of Information Privacy Breaches](#)
- [Terms of Use for Zoom for Virtual Health Visits](#)
- [Zoom Manual for Virtual Health Visits](#)
- [Zoom for Healthcare security best practices](#)
- [Zoom recording request form](#)

Definitions

"Consent" means an informed Voluntary choice by the Patient (or alternate decision-maker) to undergo Health Care.

"Family" refers to a group of individuals with a continuing legal, genetic and/or emotional relationship to the patient, as defined by the patient.

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“Patient” refers to any person receiving services from PHC. Patient is inclusive of patient, resident or client.

“Staff” refers to all unionized and non-contract employees (including management and leadership), medical staff members (including physicians, midwives, dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, research and other service providers engaged by PHC.

“Third party/parties” refers to other patients, families, and/or staff external to PHC.

“Virtual Health Visit” refers to a technology-enabled remote interaction between providers, provider(s) and patient(s), and patients and families to address the patients’ health.

References

Legislation

Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165

Appendices

Appendix A: PHC Zoom Recording & Recording Sharing – Things to consider

Quick Facts about Zoom Cloud Recording at Providence Health Care:

1. At Providence Health Care (PHC), recording a Zoom for Healthcare meeting has been approved for:
 - a) Recording educational information for providers (does not include patients in recording)
 - b) Recording educational information for patients/families (does not include patients in recording)
 - c) Recording educational information for staff and program improvement (does not include patients in recording)
 - d) Recording patient encounter for provider training or patient education
 - e) Recording patient encounter for patient/family education
2. Recordings are only stored on the cloud for 90 days. **After 90 days, they are automatically and permanently deleted from the cloud, and cannot be recovered. Note: The recording will no longer be available through the link after 90 days, too.**
3. Refer to [PHC’s Virtual Health guidelines](#). Before beginning a recording, **always** get the participant(s)’s consent.
If your recording contains patient(s) or families and will be shared with others, you must obtain written consent. Please see the consent form in Appendix C below.
4. **There are a couple different ways to share your recording** – the best sharing option for you will depend on your unique case (read the Situations below for more info).
5. Cloud recordings can be accessed by logging on to zoom.us.

Situation: I am recording a patient or family member for educational purposes and want to share the recording with others. Is there anything I need to do ahead of recording?

If you are recording a patient or family member and intend to share the recording with third parties (e.g., other patients, families, staff outside PHC), you must obtain written consent from the patient ahead of the recording. A consent form template is attached in Appendix C below. Ask the patient if they consent and upload their consent form to their medical record.

Situation: I want to be able to access and re-watch my Zoom recording for longer than 90 days. What should I do?

Before 90 days pass, download your cloud recording from the cloud and save it to a secure, network drive, in accordance with organizational policies and procedures. If you have any concerns, please email privacy@providencehealth.bc.ca.

Situation: I want to share my Zoom recording with others, and I want them to be able to access and re-watch it for longer than 90 days. What should I do?

Your cloud recording can be downloaded from the cloud and saved to a secure, network drive. Zoom recordings are very large in size, and often cannot be sent as an email attachment.

To share your recording with others (either staff or patients/families) in a secure way, we recommend uploading it to the IMITS Video Hosting platform. Instructions for uploading your video can be found here: <http://imitsinfocentre.healthbc.org/services/video-hosting>

If you have questions, please contact virtualvisits@providencehealth.bc.ca

Situation: I want to share my Zoom recording with others, but do not need to be able to access and re-watch it for longer than 90 days. What should I do?

Your cloud recording can be shared via a password protected link. You can share this link via email, the same way you would share a Youtube video. Make sure the link is only shared with those who need to access it.



Appendix B: Zoom Recording pop-up

The following pop-up will appear in Zoom when the host begins a recording:

“This Zoom session will be recorded and shared for training or educational purposes only and will not be stored in your medical record. Your information is collected under section 26 (c) and (e) of BC FIPPA.

This recording will be stored in Canadian Zoom cloud servers for 90 days. By clicking “Got It”, you are agreeing to being recorded. If you do not consent, tell your provider and they will stop the recording.”

Appendix C: PHC Zoom Recording and Sharing consent form template



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**AUTHORIZATION FOR RECORDING OF YOUR ZOOM SESSION
USE AND DISCLOSE OF PERSONAL INFORMATION**

Patient Name (Print): _____ Patient ID Number: _____

We understand that information about you and your health is personal, and we are committed to protecting the privacy of that information in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). Because of this commitment, we must obtain your written authorization before we record you or use and disclose information about you and the healthcare you receive. Please read the information below carefully before signing this authorization.

The _____ Clinic in the Department of _____ provides training and education to _____. To support this training and education, your clinician would like to record your Zoom session. This form provides information to inform you about how this recording will be used and disclosed.

[Add the following detail: How will the recording be used (add any additional detail required to ensure their consent is 'informed'), who will the recording be disclosed to (e.g. PHC Staff working in the xyz program, non-PHC Staff, etc.), how will it be disclosed, and when will the recording be destroyed (this is important)?]

The respect and care that you receive as a patient will be the same whether you consent or decline to have your session recorded for training and educational purposes.

If you consent to recording, you may change your mind at any time and request that the camera be turned off and the recording erased immediately.

You have the right to view the recording prior to any distribution, and you may withdraw your consent to use the recording. If you withdraw your consent, the recording will be erased as soon as possible.

I confirm that I am 19 years of age or older and am competent to sign this consent in my own name. I have read and understood this form prior to signing it, and am aware that by signing this consent I am giving permission to record my image and my voice.



I understand that my personal information is collected under the authority of section 26(c) of the British Columbia Freedom of Information and Protection of Privacy Act and will only be used for the purposes set out above. If I have any questions about the collection of my information, I can contact:

- (Name)
- (Title)
- (Email Address)
- (Business Phone number)

By signing this form I acknowledge that my participation in the Recordings is voluntary and that I give my consent for the use of my image and disclosure of personal information as described above. My consent is effective from the date listed below.

I agree to have my session with the clinician videotaped or recorded, as described above, and hereby authorize use and disclosure of my image and other personal information as described in this authorization form.

Print Name		Signature	
Effective Date:			

MAINTAIN A COPY ON THE CLIENT RECORD