

SECURITY CAMERAS IN PSYCHIATRIC HOSPITAL

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House Bill 5315

Sponsor: Rep. Pat Somerville

Committee: Health Policy

Complete to 2-1-12

A SUMMARY OF HOUSE BILL 5315 AS INTRODUCED 3-15-11

The bill would allow placement of security cameras in common areas of a psychiatric hospital, require notification to visitors and recipients, and establish protocols for access to the recordings, among other things.

House Bill 4435 would amend the Mental Health Code to allow, under certain conditions, video surveillance to be conducted in a psychiatric hospital. Video surveillance could only be conducted for purposes of safety, security, and quality improvement. The surveillance could only be conducted in common areas such as hallways, nursing station areas, and social activity areas within the psychiatric unit. However, if group or individual therapeutic activities were being conducted in one of these areas, video surveillance could not be conducted during the therapeutic activity.

A psychiatric hospital would have to establish written policies and procedures that addressed, at a minimum, all of the following:

- Identification of the locations where the surveillance images will be recorded and saved.
- How recipients and visitors will be advised of the video surveillance.
- Security provisions that restrict access to the surveillance videos to only authorized staff, and that include safeguards to prevent and detect unauthorized viewing of recordings.
- Documentation, and maintenance of that documentation, regarding each instance of authorized access, viewing duplication, or distribution of a surveillance video.
- A process to retrieve a distributed video when the purpose for which it was distributed no longer exists.
- Archiving footage of surveillance recordings for up to 30 days where an incident requires investigation by various entities, including law enforcement, Office of Recipient Rights, state licensing entity, and Centers for Medicaid and Medicare Services.
- Prohibition on maintaining a recorded video surveillance image as part of a recipient's clinical record.

MCL 330.1724

FISCAL IMPACT:

House Bill 5315 will increase administrative costs for the Department of Community Health if equipment must be purchased and maintained allowing video surveillance to be conducted in certain areas within state-operated psychiatric hospitals. In addition, there may be minimal state costs associated with the development of written protocols for video surveillance, to include mechanisms for notifying recipient and visitors of the surveillance; duplication of recorded video; and documentation of authorized access or distribution of recorded surveillance video.

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