

Health Care in the Age of Social Media

Presented By:

Cory Talbot, Holland & Hart LLP

MAIL: P.O. Box 509 Eau Claire, WI 54702-0509 • TELEPHONE: 866-352-9539 • FAX: 715-802-1131 EMAIL: customerservice@lorman.com • WEBSITE: <u>www.lorman.com</u> • SEMINAR ID: 405403

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Social Media: Legal Issues in the Healthcare Industry

Cory A. Talbot























































Social Media: Everyone's Doing It!

- · By providers/employers
 - Marketing and public relations
 - Communicate with other providers, professionals, employees and patients
 - Recruiting, screening, or evaluating employees
 - Education
 - Research
- By employees
 - Establish professional contacts (e.g., LinkedIn)
 - Promote employer
 - Private use
- · By patients
 - Communicate with providers
 - Research and share
 - Private use





Social Media: Legal Issues

- Issues to cover today:
 - Health records
 - Privacy and security
 - Responding to negative online reviews
 - Employment
 - Other liabilities
 - Suggestions for minimizing liability





Social Media: Legal Issues

- This is an overview of some of the legal issues.
 - Consult with an attorney when applying.
- · We'll focus on federal laws.
- Beware additional state laws.
 - Online privacy and data breach reporting.
 - Use of social media in employment.
 - Fair business practices.
- Law is changing to catch up to technology.
 - NLRB guidance.
 - New statutes.
 - Cases.
- We'll be moving pretty fast...



Social Media = Medical Record? | Social Medical Record. | Social Medical Record. | Social Medical Recor

Social Media = Medical Record?

- "Medical record" depends on context.
 - Internal operations: records provider uses to make treatment decisions or document interactions.
 - HIPAA: patients have a right to access or obtain a copy of records in designated health record set.
 - Subpoena, order or statutory obligation to produce: must produce records requested regardless of how provider may define "medical record."



Social Media = Medical Record?

- Are social media communications part of internal "medical record," or should they be?
 - Do they contain provider's medical advice?
 - Do they contain relevant clinical or other data
 - Intended for providers?
 - Relevant to provider's treatment of the patient?
 - Relevant to relationship with patient even if the information is not clinical (e.g., disruptive conduct, complaints, etc.)?
 - Are the communications needed to document events or interactions?



Social Media = Medical Record?

- Incorporation of social media content into the medical record raises practical concerns:
 - Knowledge of its existence
 - Accessibility
 - Accuracy and reliability
 - Privacy and security
 - Other?



Social Media = Medical Record?

- · HIPAA grants patients rights to their "designated record set", i.e.,
 - (1) A group of records maintained by or for a covered entity that is:
 - (i) The medical records and billing records about individuals maintained by or for a covered health care provider . . . ; or
 - (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
 - (2) ... [R]ecord means any item, collection, or grouping of info that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity. (45 CFR 164.501).



Social Media = Medical Record?

- To what extent do you have obligations to produce or provide access to social media content to persons who request it per a subpoena, warrant, court order, or discovery request?
 - *E.g.*, request for "all medical records relating to the patient"?
 - *E.g.*, request includes "all records relating to the patient, whether electronic or oral"?
 - E.g., request includes "all communications to, from, or regarding the patient"?
- Failure to comply may result in contempt sanctions or other penalties.

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Social Media = Medical Record?

- · Consider application of existing medical record policies and procedures to social media.
 - Definitions
 - Auditing and monitoring
 - Production
 - Retention
 - Destruction
 - Privacy and security
 - Improper disclosures
 - Vulnerability to cyber attacks

Cybersecurity



Social media is a channel for cyberattack.

- Direct messaging: message contains malicious links.
 - *E.g.*, recent ransomware attacks.
- Impersonation: attackers use false profiles to gather info, reconnoiter, or disseminate malicious links.
 - *E.g.*, hackers used social media to identify and exploit Anthem weaknesses.
- Account takeover: attackers take over social media platform to disseminate false messages.
 - E.g., cybercriminals took over NFL Twitter account.
- Information leakage: criminals misuse information already published.



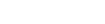
Patient Privacy and Security



Patient Privacy



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Patient Privacy

Common privacy snafus

- Provider or employee posts patient info ("PHI") without authorization.
 - E.g., nurse describes day at the facility.
- Provider/agent posts or sends unauthorized photo or video.
 - E.g., physical therapist sent photo of patient to therapist's wife.
 - *E.g.*, photo includes confidential info about others.
- Patient posts something and provider or employee responds.
 - E.g., provider discloses info in response to negative review by patient.
- · Provider "friends" patient or family member.
 - E.g., discussion posted on wall.
- Provider discloses more than is minimally necessary or beyond that which is authorized by patient.

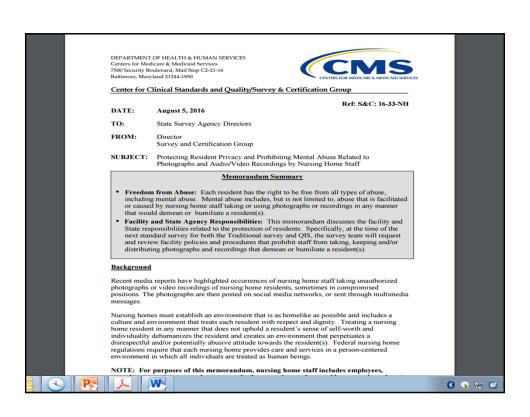


Patient Privacy: Applicable Laws

- HIPAA
 - Privacy
 - Security(42 CFR part 164)
- Licensing Regulations
 - Facilities
 - Individuals
- State Privacy Laws
 - Medical info
 - Data breach reporting

- Common Law Privacy Torts
 - Appropriating plaintiff's identity for defendant's benefit.
 - Placing plaintiff in false light in public eye.
 - Publicly disclosing private facts about plaintiff.
 - Unreasonably intruding upon seclusion or solitude of the plaintiff.





HIPAA: Criminal Penalties

• Applies if employees or other individuals obtain or disclose PHI from covered entity without authorization.

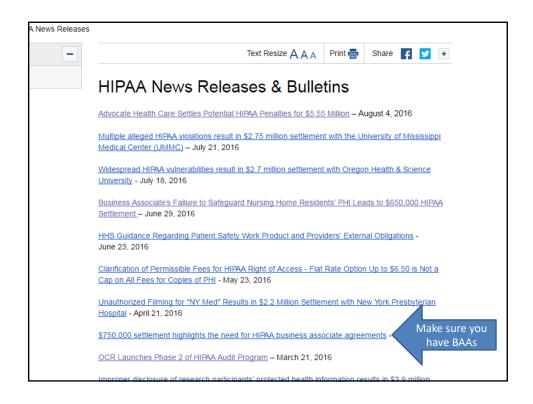
Conduct	Penalty
Knowingly obtain info in violation of the law	• \$50,000 fine • 1 year in prison
Committed under false pretenses	• 100,000 fine • 5 years in prison
Intent to sell, transfer, or use for commercial gain, personal gain, or malicious harm	• \$250,000 fine • 10 years in prison

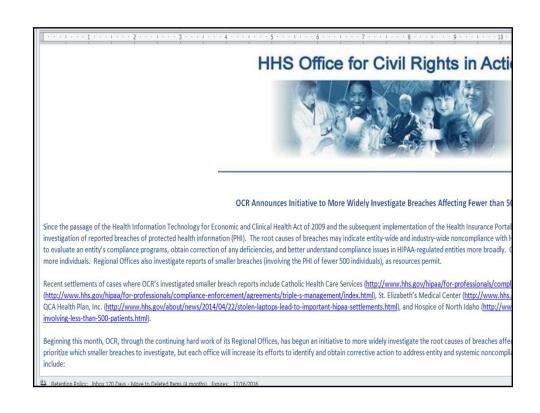
(42 USC 1320d-6(a))



HIPAA: Civil Penalties

Conduct	Penalty
Did not know and should not have known of violation	 \$100 to \$50,000 per violation Up to \$1.5 million per type per year No penalty if correct w/in 30 days OCR may waive or reduce penalty
Violation due to reasonable cause	 \$1000 to \$50,000 per violation Up to \$1.5 million per type per year No penalty if correct w/in 30 days OCR may waive or reduce penalty
Willful neglect, but correct w/in 30 days	 \$10,000 to \$50,000 per violation Up to \$1.5 million per type per year Penalty is mandatory
Willful neglect, but do not correct w/in 30 days	 At least \$50,000 per violation Up to \$1.5 million per type per year Penalty is mandatory





HIPAA: More Reasons to Comply

- State attorney general can bring lawsuit.
 - \$25,000 fine per violation + fees and costs
- Affected individuals may sue for violations.
 - No private cause of action under HIPAA.
 - But HIPAA may establish duty of care.
 - In 2014, Walgreens was hit for \$1.44 million.
- · In the future, affected individuals may recover percentage of fines or penalties.
- Must sanction employees who violate HIPAA.
- HHS is conducting audits.
- Must self-report breaches of unsecured PHI.



HIPAA Privacy

- HIPAA applies to "protected health info", i.e., individually identifiable health info that:
 - Is created or received by a health care provider; and
 - Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care; or the past, present, or future payment for health care; and
 - That identifies the individual; or
 - With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

(45 CFR 160.103)

HIPAA applies even though the info is otherwise "public".



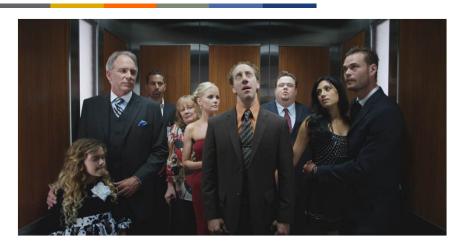
HIPAA Privacy

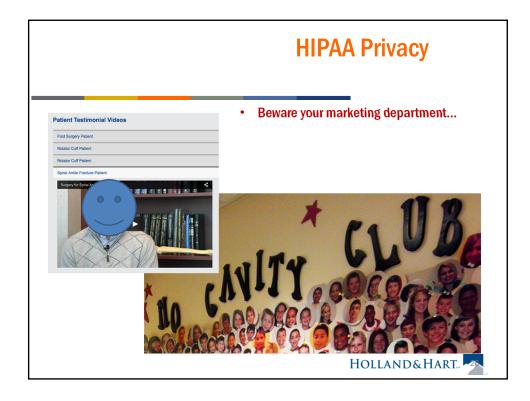
- Cannot use or disclose PHI unless use or disclosure:
 - Is for treatment, payment or healthcare operations;
 - Is to family members or others involved in care or payment for care, patient has not objected, and don't disclose more than is reasonable;
 - Is allowed by exceptions under 45 CFR 164.512; or
 - Is consistent with a valid HIPAA-compliant authorization.
- Cannot use or disclose more than is minimally necessary.
- · Must implement reasonable safeguards.

(45 CFR 500 et seq.)



If you wouldn't say it in an elevator, don't post it online!





HIPAA Privacy

- HIPAA compliant authorization =
 - Not combined with any other consent or authorization.
 - Required elements:
 - · Info to be disclosed.
 - Entity(ies) who may disclose info.
 - Entity(ies) to whom info may be disclosed.
 - · Purpose of disclosure.
 - · Expiration date or event.
 - · Signature and date.
 - Required statements:
 - Individual's right to revoke authorization.
 - · Generally cannot condition treatment on authorization.
 - · Disclosed info may be redisclosed and not protected.

(45 CFR 164.508)

HIPAA Privacy

- Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?
- Answer: Yes. The Privacy Rule allows covered health care providers to communicate electronically, such as through e-mail, with their patients, provided they apply reasonable safeguards when doing so. See 45 CFR § 164.530(c). For example, certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. Further, while the Privacy Rule does not prohibit the use of unencrypted e-mail ..., safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of info disclosed through the unencrypted e-mail. In addition, covered entities will want to ensure that any transmission of electronic protected health information is in compliance with the HIPAA Security Rule requirements at 45 CFR Part 164, Subpart C.

(OCR HIPAA Privacy FAQ dated 12/15/08)



HIPAA Security

- Must implement specified physical, technical, and administrative safeguards for e-protected health info, including:
 - Transmission security. Implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.
 - Encryption (Addressable). Implement a mechanism to encrypt electronic protected health info whenever deemed appropriate.

(45 CFR 164.312)



HIPAA Security

- Does the Security Rule allow for sending electronic PHI (e-PHI) in an e-mail or over the Internet? If so, what protections must be applied?
- **Answer:** The Security Rule does not expressly prohibit the use of e-mail for sending e-PHI. However, the [Security Rule] standards ... require covered entities to implement policies and procedures to restrict access to, protect the integrity of, and guard against unauthorized access to e-PHI. The standard for transmission security (§ 164.312(e)) also includes addressable specifications for integrity controls and encryption. This means that the covered entity must assess its use of open networks, identify the available and appropriate means to protect e-PHI as it is transmitted, select a solution, and document the decision. The Security Rule allows for e-PHI to be sent over an electronic open network as long as it is adequately protected.

(OCR FAQ [undated])

Omnibus Rule: must warn person if using unsecure network. (78 FR 5634)



HIPAA Security

- How does e-mail compare to other media forms, including social media?
 - Texts
 - Facebook
 - Skype
 - LinkedIn
 - Myspace
 - Etc.?





























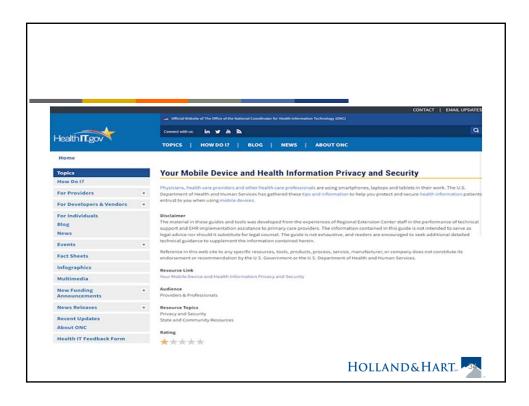


HIPAA Security

- Suggestions for addressing security concerns, at least until we receive contrary direction from OCR:
 - Obtain patient's or personal rep's consent or authorization to use social media, texts, e-mail, etc.
 - · Patient has right to communicate by such means.
 - · Omnibus Rule: Must warn patient of risks.
 - Exercise good judgment when determining platform and content.
 - Beware platforms to which third parties have access.
 - Beware including highly sensitive information.
 - Remember the minimum necessary rule.







HIPAA Breach Notification

- If there is breach of unsecured (i.e., unencrypted) PHI, covered entity must notify:
 - Each individual whose unsecured info has been or reasonably believed to have been accessed, acquired, used, or disclosed w/in 60 days.
 - HHS.
 - If breach < 500 persons: by March 1
 - If breach > 500 persons: w/in 60 days.
 - Media if breach > 500 persons in a state.

(45 CFR 164.400 et seq.)



HIPAA Breach Notification

- Acquisition, access, use or disclosure of protected health info in violation of privacy rules is presumed to be a breach unless the covered entity or business associate demonstrates that there is a low probability that the info has been compromised based on a risk assessment of the following factors:
 - nature and extent of PHI involved;
 - unauthorized person who used or received the PHI;
 - whether PHI was actually acquired or viewed; and
 - extent to which the risk to the PHI has been mitigated. unless an exception applies.

(45 CFR 164.402)



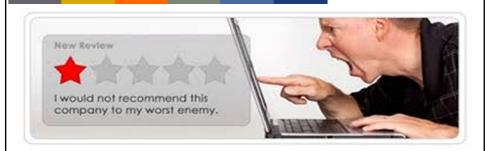
HIPAA: Avoiding Penalties

- · You can likely avoid HIPAA penalties if you:
 - Have required policies and safeguards in place.
 - Train personnel and document training.
 - Respond immediately to mitigate and correct any violation.
 - Timely report breaches if required.

No "willful neglect" = No penalties if correct violation within 30 days.



Responding to Negative Reviews



Just because the patient discloses info does not mean that you can!



Responding to Negative Reviews

- Deven McGraw, former OCS chief privacy officer:
 - "If the complaint is about poor patient care, they can come back and say, 'I provide all of my patients with good patient care' and 'I've been reviewed in other contexts and have good reviews,'" but they can't "take those accusations on individually by the patient."

Responding to Negative Reviews

- Do <u>NOT</u> disclose protected health info in online response.
 - HIPAA prohibits unauthorized use or disclosure of protected health info, including:
 - Fact that a person is or was a patient.
 - Info that could reasonably identify the patient.
 - There is no HIPAA exception for responding to a patient complaint online.
 - Patient does not waive HIPAA privacy rights by posting info online.



Responding to Negative Reviews

- Options for responding:
 - Ignore it.
 - Encourage and emphasize positive reviews.
 - Contact patient to resolve concerns or obtain consent to respond.
 - Respond generically.
 - Do not confirm or deny that complainant was a patient, or include any info about the patient or patient encounter.
 - May explain policies or practices without reference to patient.
 - Contact online company to request removal of complaint.
 - If review is defamatory, may threaten lawsuit.



Employment and Social Media



Employer's Liability

- Vicarious liability for employee's conduct within course and scope of employment.
- Negligent hiring/supervision.
- Discrimination/harassment/retaliation.
- Divulging trade secrets or proprietary information.
- Harm to reputation of employer, other employees, or third parties.
- Disclosure of information in lawsuit or otherwise.
- Privacy.

Social Media in Hiring or Evaluation

- May provide valuable info about applicant or employee.
 - Search for applicant/employee on the web.
 - Require applicant/employee to provide access to social media site as part of application process if allowed by law.
- Relying on info on social media may create basis for employee discrimination claim.
 - Discrimination statutes (age, race, religion, national origin, disability, sexual orientation).
 - Genetic Information Nondiscrimination Act ("GINA").
 - Disparate impact if excludes protected classes.



Social Media in Hiring or Evaluation

Suggestions:

- Assign social media checks to someone other than decision maker; ensure the person doing the check understands limits and does not convey improper info to the decision maker.
- Check social media at end of hiring process in conjunction with background checks.
- Check only "public profile" information, not password protected information.
- Beware demanding social media passwords.
 - May violate state and perhaps federal law.
- Document appropriate factors to support decisions.





Monitoring Social Media Usage

- Employee's use of employer's network
 - Electronic Privacy Communications Act ("EPCA") and Stored Communications Act ("SCA").
 - Generally protect against unauthorized access to ecommunications.
 - Do not apply if employer provides the e-system, but may apply to web-based services.
 - Improper access may violate employee's common law privacy rights.
 - Make sure there is no expectation of privacy.
 - Employee policies should confirm there is no right of privacy.
 - · More important for public employers.
 - Beware password protected sites.



Monitoring Social Media Usage

- Employee's use of social media outside of work.
 - If information is open to public, you can generally access the information.
 - If the information is private or password protected, beware improper access or use.
 - Seek and document authorization to access <u>if</u> allowed by law.
 - Do not access under false pretenses.
 - Do not use others to access if you do not have authority.

Adverse Action Based on Social Media

- Employers may generally take action against employee for social media conduct, but....
- Limits on ability to take action.
 - Off-duty conduct is protected in some states.
 - Unlawful discrimination (e.g., race, religion, age, disability, sexual orientation if applicable).
 - Whistleblower.
 - For public employers, First Amendment violations if
 - · Matter of public concern, and
 - Employee not acting in official role when spoke.
 - Conduct protected by NLRA.



National Labor Relations Act ("NLRA")

- NLRA Section 7
 - Protects concerted activity for employees' mutual aid and protection.
 - Gives employees the right to discuss terms and conditions of employment.
 - * Applies to non-union and union employers
- Recently, NLRB has brought action against employers for:
 - Adverse action taken against employees for social media posts, and
 - Overly broad social media policies.



NLRA: "Concerted Activity"

- "An individual employee's conduct is concerted when he or she acts 'with or on the authority of other employees,' when the individual activity seeks to initiate, induce or prepare for group action, or when the employee brings 'truly group complaints to the attention of management.' Such activity is concerted even if it involves only a speaker and a listener, 'for such activity is an indispensible preliminary step to employee self-organization.'
- "On the other hand, comments made 'solely by and on behalf of the employee himself' are not concerted."

(NLRB in *Wal-Mart* (2011))



NLRA: "Concerted Activity"

- Knauz BMW (9/28/12)
 - Employee fired for inappropriate Facebook post.
 - NOT protected by NLRA
 - Derogatory comments about incident at related dealership where 13-year old drove Landrover into pond.
 - Post was unrelated to terms and conditions of employee's employment.
 - Protected by NLRA
 - Derogatory comments about employer's decision to serve allegedly low-budget hotdogs, cookies and snacks at BMW sales events.
 - Employees had previously discussed that serving inexpensive food to potential purchasers of luxury autos would hurt sales.



NLRA: Overly Broad Policies

- An employer's rule or policy is unlawful if it "reasonably tends to chill employees in the exercise of their Section 7 rights", e.g.,
 - (1) employees would reasonably construe the language to prohibit Section 7 activity;
 - (2) the rule was promulgated in response to union activity; or
 - (3) the rule has been applied to restrict the exercise of Section 7 rights.

(Lutheran Heritage (2004))



NLRA: Overly Broad Policies

- NLRB Acting General Counsel Memoranda concerning social media policies.
 - Social media policies may be overbroad if employees could "reasonably construe" them to prohibit employee's right to communicate regarding wages, hours and working conditions.
 - Should expressly state that policy does not prohibit NLRAprotected activity <u>and</u> provide clear examples of protected conduct.
 - NLRB provided sample of approved social media policy.
 (See Memorandum 12-59 (5/30/12))
- Not binding precedent, but...



NLRA: Overly Broad Policies

- NLRB General Counsel's report dated 3/18/15 noted concerns about following terms in social media policy:
 - Confidentiality
 - Employee conduct toward company and supervisors
 - Conduct toward fellow employees
 - Interactions with third parties
 - Restricting use of company logos, copyrights and trademarks
 - Restricting photos and recordings
 - Restrictions on leaving work
 - Conflict-of-interest policies



NLRA

- Review your policies and handbooks to ensure they are consistent with NRLB's recent decisions, which change frequently.
 - Beware broad terms that employees could "reasonably construe" to prohibit NLRA-protected activity.
 - Confirm that policies and handbooks do not prohibit NLRAprotected activity.
 - Include examples.
- Before taking action based on social media conduct, ensure your action is consistent with NLRB decisions.





Ownership of Social Media

- Employee uses social media to communicate regarding employer (e.g., blog, Twitter, LinkedIn, etc.). Employee subsequently leaves. Who owns the site, content and contacts?
 - Employee?
 - Employer?
 - Social media site?

(See, e.g., PhoneDog v. Kravitz, Eagle v. Edcomm)

- Suggestions:
 - Address ownership of workplace social media accounts in policies and contracts.
 - Review site's "Terms of Use" carefully.



Additional Legal Risks

Litigation | Disclosure of confidential information and trade secrets Defamation | Copyright violations | Unfair competition | Competitive intelligence | Negligent hiring and retention | Damage to reputation

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Additional Legal Risks

- Malpractice liability.
 - Creation of unintended patient relationship.
 - Patients or family communicate via social media, but providers fail to consider or respond → breakdown in communication or understanding.
 - Posting inappropriate advice on social media.
 - Failure to satisfy standard of care.
 - Posting evidence that may be used against provider in litigation.
- Practicing across state lines without a license.
- Violation of telemedicine laws, e.g., providing care without establishing appropriate patient relationship.

Additional Legal Risks

- Violation of ethical standards, e.g.,
 - Failure to meet the community standard of care.
 - Failure to safeguard the confidentiality of patient info.
 - Abandonment of a patient.
 - Failure to supervise the activities of midlevels.
 - Exceeding professional boundaries.
 - Unprofessional conduct.
 - Violation of other law.
 - Advertising the practice of medicine in any unethical or unprofessional manner.

See AMA Ethics Opinion 9.124



Additional Legal Risks

- · Defamation, libel or disparagement.
 - Publishing false allegations resulting in damage to others.
- Discrimination, harassment, hostile work environment.
 - Employer → Employees
 - Employees → Employees
 - Employer → Third parties
- Common law privacy torts.
 - See discussion above.



Additional Legal Risks

- Intellectual property infringement.
 - Using third party content without permission.
 - Sharing info protected by intellectual property laws,
 e.g., info, documents, photos, music, etc., e.g.
 - Copyright
 - Tradenames
 - Trade secrets
 - Misappropriation, conversion
 - Beware re-posting.



Additional Legal Risks

- · Violation of consumer protection laws.
 - False or deceptive advertising.
 - Unfair competition.
 - $\boldsymbol{-}$ Disparagement of other's products.
- Violation of FTC Guidelines "Concerning Use of Endorsements and Testimonials" by affiliated entities (16 CFR Part 255).
 - Must disclose financial affiliation with employer if providing testimonial.
- Violation of restrictive covenants.
 - Non-competition.
 - Non-solicitation.



Additional Legal Risks

- Antitrust.
 - Conspiracy or concerted activity regarding price fixing, boycotts, dividing markets, etc.
- Tax-exempt entity limitations on communications.
 - Prohibitions against political activity or lobbying.
- Securities law violations.
- Fair Credit Reporting Act.
- · Gramm-Leach-Bliley Act violations.
- FTC Red Flag rules.
- Others?

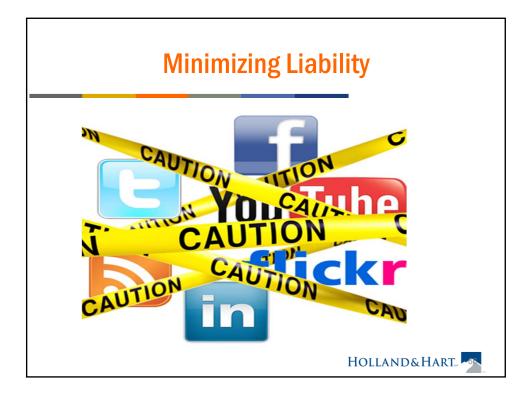


Additional Legal Risks

- Social media platform "Terms of Use".
- Business associate agreement terms, if required.







- · Consider different contexts:
 - Provider's/agent's use of social media for personal purposes.
 - Provider's use of social media for employment purposes.
 - Provider's use of social media for business purposes.
 - Patient's or family's use of social media while at provider.
- · Decide to what extent you want to allow social media
 - Ban social media altogether.
 - Make social media sites inaccessible.
 - Prohibit use on employer's time.
 - Prohibit use on employer's devices.
 - Limit those who can use social media on behalf of employer.

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Establish effective social media policy.

- Specify permissible scope of staff's use of social media.
- Prohibit staff from speaking for provider without authority.
 - Staff is responsible for content of their social media.
 - Opinions and statements not made on behalf of provider.
- Identify those with authority to post for provider.
- If staff assigned to post on behalf of employer, confirm ownership of content and contacts.
- Staff must disclose relationship if comment on provider's business.



Minimizing Social Media Liability

Establish effective social media policy (cont.)

- Comply with laws and policies, e.g., HIPAA, copyright, antidiscrimination, anti-harassment, etc.
- Prohibit posting anything about patients without HIPAAcompliant authorization, including comments, stories, testimonials, photos, videos, etc.
- Prohibit posting photos or video because it may include unauthorized patient information.
- Prohibit using provider's trademark or disclosing provider's confidential info without authorization.
 - Beware NLRB Guidance.



Establish effective social media policy (cont.)

- "Be respectful and professional to our employees, business partners, competitors and patients."
- Provider has right to monitor and inspect communications through its networks, *i.e.*, staff has no expectation of privacy re communications through provider's systems.
- Beware NLRB Memorandum, Guidance and decisions.
 - Do not include language that could be "reasonably construed" to prohibit NLRA-protected activity.
 - Confirm it does not prohibit NLRA-protected activity.
 - Include examples of prohibited conduct.



Minimizing Social Media Liability

Establish effective social media policy (cont.)

- · Must report violations immediately.
- Penalties for violations, including termination.
- · Post policy on website, in manual, etc.
- Enforce social media policy in consistent manner.
- Review and revise the policy annually, considering changes in law, use, etc.

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- · Conduct and document electronic media training.
- Conduct and document HIPAA training.
- Document staff's agreement to abide by policies.
 - Confidentiality agreement
 - Social media policy
- · De-identify protected health information before posting.
- Obtain HIPAA authorization before posting patient information.
- Obtain and document patient's consent before communicating directly with patient or family through unsecure electronic media.



Minimizing Social Media Liability

But what about what patients or their families do?

- You may not be able to control patients and family members, but you can take reasonable steps to avert problems.
 - Post privacy policies applicable to patients, *e.g.*, personal use of photos, videos, etc.
 - Include policies in registration information.
 - Respond appropriately if you become aware of patient or family member violations.
- You're not liable for what third parties do so long as you act reasonably.



- Include appropriate technical safeguards on sites.
 - Limit access to sensitive info.
 - Limit ability to comment.
- Include appropriate rules and disclaimers on interactive site.
 - Prohibit offensive or illegal content.
 - Site not monitored 24/7.
 - Site does not offer and should not be used for personal medical advice; users should see their own provider.
 - Not responsible for content.
 - Reserve right to remove content at anytime.



Minimizing Social Media Liability

- Monitor your sites and social media platform sites frequently, e.g., daily.
- Patients or family may post otherwise confidential info.
 - Provider not responsible for patient's posts.
- Re posts from others, you can respond, maintain, or remove it, but NEVER edit it.
 - By editing, you become co-author.
- Remove inappropriate content ASAP.
 - Digital Millennium Copyright Act requires removal of infringing material on system controlled by service provider upon receiving notice.
- Document actions.

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- For practitioners and employees:
 - Separate personal and professional social media sites.
 - Remain professional in social media interaction.
 - Deactivate walls that allow posts.
 - Don't "friend" patients or family members.
 - Don't respond to patient or family comments through social media.
 - Don't provide direct patient care through social media.
 - Consider HIPAA before posting anything related to patients.



Minimizing Social Media Liability

- Before taking action against employee for social media use:
 - Consider state laws.
 - Consider NLRA issues.
 - · Was this concerted activity dealing with conditions of employment?
 - Was the policy overly broad?
 - Consider possibility of employee claims.
 - Discrimination
 - Retaliation
 - · Public employee's First Amendment rights
 - Consult with experienced employment attorney.





Additional Resources



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Additional Resources

- AHCA/NCAL, Social Media Guidance for Nursing Care Centers and Assisted Living Communities (6/10/16), available at https://www.propublica.org/documents/item/29 91535-2016-Social-Media-Guidance.html
- Sample social media policies online.
 - Make sure they comply with NLRB guidance.
 - Make sure they fit healthcare entities.

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Questions?

Cory A. Talbot
Holland & Hart LLP

CATalbot@hollandhart.com
(801) 799-5971





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