HIPAA COMPLIANCE UPDATE: FACEBOOK, TWITTER AND LEGAL LIABILITIES

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Agenda

- Health care social media landscape
- HIPAA compliance
- Other related legal issues
- Developing a social media policy
- Questions

Social media continues to grow at a rapid rate

- Facebook
 - Founded in 2004.
 - Currently more than 500 million active users, half of whom log on in any given day.
- Twitter
 - First tweet in March of 2006.
 - Averaging 140 million tweets per day and one billion each week.
- You Tube
 - Founded in February 2005.
 - As of May 2010, more than 2 billion video views per day.

Related developments propel growth

- Mobile devices
 - CDC text messaging campaign for H1N1 flu information.
 - Mobile internet access is projected to double by 2014.
- Mobile apps
 - More than 250,000 apps are available for the iPhone.
 - Nine percent of mobile phone users had apps on their phone that help them track or manage their health.
- Mobile health devices.
- What's next?

Uptake of social media is fast and widespread

- 86 percent of adults ages 18-29 use social networking sites.
- Among adults ages 50 and older, social networking has nearly doubled over the past year from 22 percent to 42 percent.
- 61 percent of adults ages 30-49 now use social networking sites.

Source: Pew Research Center's Internet & American Life Project Surveys, September 2005-May 2010.

Social media has invaded the workplace

- Individuals use social media for professional and personal communication.
- Employees are increasingly using social media while at work.

Health care industry participation expanding

- Pharma led the way with efforts to promote their brands.
- As of January 2011, 906 hospitals using social media to reach patients and educate the public.
 - 719 Facebook pages
 - 674 Twitter accounts
 - 448 You Tube channels

Source: Found in Cache http://ebennett.org/hsnl/

Health insurers mainly focused on customer service issues.



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The cautionary tales continue

- California Department of Public Health is investigating an incident in which nurses and staff posted photographs of a dying 60-year old stabbing victim to Facebook.
- The Rhode Island Board of Medical Licensure reprimanded a physician and ordered her to pay a fee after she was found to have used Facebook "in a manner that inadvertently violated confidentiality," after she communicated about her experience working in a hospital emergency department. The hospital also terminated her privileges.

Privacy: Protected Health Information (PHI)

- PHI is:
 - information created or received by a covered entity (health care provider, health plan or health care clearinghouse), or its Business Associate;
 - identifies, or could be used to identify, an individual; and
 - relates to that individual's past, present or future physical or mental health condition, receipt of health care by the individual, or payment for the provision of health care services to that individual.

Under HIPAA, PHI in the "public domain" is still PHI when used or disclosed by a covered entity.

Privacy: Authorization

- May use and disclose PHI for purposes of treatment, payment and health care operations without an authorization.
- Must obtain an authorization in order to use or disclose PHI for marketing activities.

A covered entity must have a valid HIPAA authorization for disclosures of PHI through social media, e.g., Patient of the Month.

Privacy: De-Identified PHI

- When health information does not identify an individual and there no reasonable basis to believe that it can be used to identify an individual, it is "de-identified" and is not PHI.
- Standard for de-identification of PHI currently under review by HHS.

If choose to de-identify, keep abreast of changes to the standards for de-identification.

Privacy: De-Identified PHI (continued)

- Two options for de-identifying PHI:
 - safe harbor: remove <u>all of eighteen identifiers</u> and have no actual knowledge that the remaining information could be used to identify an individual, either alone or in combination with other information.
 - statistical approach: requires a qualified statistical or scientific expert.

Removing names and addresses is not sufficient.

Privacy: Incidental Uses and Disclosures

- A covered entity is permitted to use or disclose PHI incident to other permitted uses and disclosures, but only to the extent compliant with HIPAA privacy rule.
- Incidental uses or disclosures resulting from failure to apply reasonable safeguards is a HIPAA violation.

Policies for use of social media and mobile devices must incorporate safeguards to protect privacy of PHI.

Security: Electronic PHI (ePHI)

- HIPAA Security Rule applies to ePHI
 - Transmitted or maintained in electronic media.
 - Electronic media includes storage media such as flash drives, as well as transmission media such as the internet.
 - Transmissions of paper via fax and voice via the telephone are not electronic media.

PHI transmitted through social media is subject to the HIPAA Security Rule, as well as the HIPAA Privacy Rule.

Security: Safeguards, Policies and Procedures

- Develop and implement administrative and technical safeguards to protect electronic PHI.
- Review policies and procedures periodically and update, as needed, in response to environmental or operational changes.

Access control, workstation use and security, risk analysis, risk management, training and discipline polices likely to require updating for impact of social media.

Security: Risk Analysis

 Conduct an accurate and thorough assessment of potential risks and vulnerabilities to confidentiality, integrity and availability of ePHI.

Must consider risk arising from members of your workforce having access to social media, in conjunction with its ease of use.

Breach Notification

- Must provide notice of any breach of unsecured PHI.
- Breaches are violations of the HIPAA Privacy Rule that pose a significant risk of harm to the individual.
- Notice must included specific content and must be provided without delay.

PHI posted on any social networking site will trigger a duty to notify if it is a breach.

Post HITECH Enforcement: Willful, Neglect Standard

- New standard: wanton or reckless conduct and a departure from ordinary care.
- Highest level of penalty: \$50,000 per violation with an annual maximum of \$1.5 million.

Consider what ordinary care requires in developing policies and procedure, e.g., since every mobile phone has a camera need to prohibit individuals from taking pictures.

Post HITECH Enforcement: Penalties

- Increased the civil monetary penalties for HIPAA violations.
- Individual criminal liability for wrongful disclosure of PHI.
- Expanded the enforcement mechanisms and resources.
- Now actual enforcement and penalties.
 - Mass. General: \$1 million
 - Cygnet Health: \$4.3 million

Factor rigorous enforcement and steep penalties into evaluating business risk of social media.

Other Related Legal Issues

State law causes of action for privacy violations

- HIPAA does not pre-empt more stringent state Law, e.g., law is more protective of PHI.
- State statues prohibit wrongful disclosure of health information.
- Potential tort liability for invasion of privacy and defamation.

Other Related Legal Issues

Practicing medicine through social networking

- Could create a doctor-patient relationship, e.g., a physician "friending" an individual asking for advice, which may in turn provide a basis for malpractice liability.
- If not licensed in the state where the "patient" is located, may violate applicable state medical practice act.

Other Related Legal Issues

Monitoring employee use of the internet

- Stored Communications Act ("SCA") and Electronic Communication Privacy Act ("ECPA"): generally permit monitoring if employee has no "reasonable expectation of privacy" and employer has legitimate business purpose.
- Must balance against free speech and off- duty conduct statutes.

Determine organizational approach

- Ask: Is this a risk to mitigate an opportunity to be exploited or some combination of both?
- Define organizational objectives, possibilities include:
 - Promote the brand
 - Foster community
 - Provide information
 - Train personnel
 - Connect with mainstream media
 - Communicate in a crisis
 - Collaborate with partners (tread carefully if implicates Medicare or other government payors)

Utilize a collaborative process

- Legal/compliance
- HIPAA Privacy and Security Officers
- Human resources
- Marketing
- Information Technology
- Medical Staff

Integrate with other polices

- HIPAA Privacy and Security
- Other Confidentiality and Non-Disclosure
- Intellectual Property
- Acceptable Use for Information and Technology
- Code of Conduct

Mitigate the risk by providing clear direction

- Define social media.
- Prohibit sharing of PHI unless there is a valid HIPAA authorization.
- Prohibit sharing of confidential business information.
- Require disclaimers.
- Require approvals.
- Require training.

Mitigate the risk (continued)

- Require compliance with other organizational policies, procedures and safeguards.
- Appropriately advise employees of monitoring.
- Reserve the right to remove postings at any time for any reason.
- Impose sanctions up to and including termination.
- Advise individuals of criminal liability for wrongfully obtaining or disclosing PHI.

Exploit the opportunity by defining best practices

- Add value.
- Consider content, language and tone: Think CNN, your mother and your boss.
- Correct misinformation.
- Know when to take a conversation off-line.
- Admit mistakes.



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Consult available resources

- Ed Bennet's Collection of Health Care Social Media Policies at http://ebennett.org/hsnl/hsmp/
- Social Media Governance's collection of Social Media Policies at http://socialmediagovernance.com/policies.php?f=0
- CDC's The Health Communicator's Toolkit at http://www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf
- AMA Policy: Professionalism in the Use of Social Media at http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml

Questions?