Name of Policy: Social Media **Policy Number**: 3364-100-90-19 **Approving Officer**: Chief Executive Officer Chief of Staff **Responsible Agent**: Chief Medical Officer **Scope**: The University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** **Original effective date**: September 1, 2015
Key words: social media, guidelines, appropriate use, ethical and professional behaviors, tool	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

To provide hospital staff with guidelines for the appropriate use of social media and to emphasize the responsibilities that hospital staff have in maintaining appropriate ethical and professional behaviors.

(B) Purpose of policy

Social media is a powerful tool that can lead to collaboration and improved patient care. However, it also has the potential to divulge protected patient information, place hospital staff in inappropriate patient-physician relationships, and lower society's trust and opinion of the institution and profession of medicine. The purpose of this policy is to mitigate this risk and to establish guidelines for hospital staff on the use of social media.

The term social media should be broadly understood as means of all electronic media used to transmit ideas, concepts, images, and opinions. It includes, but is not limited to, Facebook, LinkedIn, YouTube, Twitter, Instagram, Tumblr, blogs, personal websites, wiki's, podcasts, list serves, message boards, and online forums.

(C) Scope

This policy applies to all University of Toledo Medical Center hospital and clinic staff.

(D) Procedure

1. Guidelines

a. All text, pictures, video or other material published on the web should be considered public and permanent. Nothing should be posted that would not be appropriate in a public forum, and all content should be respectful and professional. Removing descriptive information or patient's name does not necessarily render that information de-identified.

b. Hospital staff should expect no privacy when using institutional or hospital computers.

c. Internet use must not interfere with the timely completion of work duties, and must comply with the University's policy 3364-65-05 Technology Asset Management ~~Policy, No. 3364-65-05~~.

d. The individual is responsible for the content of his/her own blogs/posts, including any legal liability incurred (i.e. libel/slander).
   i. Do not discuss any sensitive, proprietary, confidential, or private health information or financial information about the institution (including but not limited to University of Toledo and the affiliated health systems).
   ii. Do not post anything that would do harm to patients, or any patients treated by University of Toledo Medical Center faculty, staff or learners at any of the affiliated hospital partners.
   iii. If you might be perceived as an agent of the University of Toledo or an affiliated institution, make it clear in your postings that you are not representing the position of the University or affiliate.

e. Use good ethical judgment when posting and follow all University policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

f. Physicians and those who interact with patients should follow the guidelines promulgated by the American Medical Association (http://www.ama-assn.org/ama/pub/meeting/professionalism--social-media.html), which specifically states, "If they interact with patients on the internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context."

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2. Consequences for Inappropriate Social Media Use

In the event of a violation of this ~~Policy~~ policy as it relates to policies regarding standards of conduct or professional behavior, the University will take whatever corrective action is necessary to protect the integrity of the institution itself and its research and clinical projects and enterprises. Violations of this policy will jeopardize the hospital staff's standing in his/her department and may result in Warning, Probation, or Dismissal from the institution.

Approved by:	**Policies Superseded by This Policy:**

_____ Daniel Barbee Chief Executive Officer _____ Date _____ Puneet Sindhwani, MD Chief of Staff _____ Date _____ Michael Ellis, MD Chief Medical Officer _____ Date *Review/Revision Completed by:* *Risk Management* *Office of Legal Affairs*	• *None* Initial effective date: *September 1, 2015* Review/Revision Date: *April 1, 2020* *May 1, 2021* Next review date: