

Elite Learning Podcast

Nursing Scandals Unmasked: What Social Media Isn't Telling You

From viral videos to HIPAA violations—what every nurse must know about social media, professional responsibility, and protecting your license

🕒 Listen time: ~45 minutes • 👥 Audience: RNs, APRNs, NPs, nurse educators, all healthcare providers • 🎧 Listen now: elitelearning.com/ce-podcasts

Featured Voices

Host: Mackenzie D. Butler, DNP, MSN, RN-BC — Sr. Director, Product, Elite Learning by Colibri Healthcare; healthcare educator and podcast host

Guest: Vanessa Pomarico-Denino, DNP, APRN-BC — Practicing nurse practitioner, professor with 25+ years of experience, national speaker, and expert in professional ethics and LGBTQ+ healthcare

What You'll Learn

- The legal framework of HIPAA and how it applies directly to social media posts, reels, and clinical content
- What types of social media content put nurses and nurse practitioners at the highest risk for license discipline
- Why consent from a patient does NOT make social media posting HIPAA-compliant
- The real consequences of giving clinical advice to non-patients online — including liability for patient harm
- How "day in the life" videos, story time cases, and before/after content can violate HIPAA even without showing a patient's face
- How social media misinformation is impacting public health decisions and eroding trust in healthcare professionals
- The risks of using non-HIPAA-compliant AI tools (e.g. ChatGPT) with patient information
- How to set and enforce professional boundaries with patients who reach out via social media
- When and how social media can be used responsibly for health education and advocacy
- What the ANA Code of Ethics says about professional conduct online
- How nurses should respond when they witness colleagues engaging in unprofessional social media behavior
- The Three-Gate Guideline: a simple reflective framework for every post

Key Takeaways

- **No social media platform is HIPAA-compliant.** TikTok, Instagram, YouTube, and Facebook are not HIPAA-protected environments. Any patient information — directly or indirectly shared — in these spaces constitutes a potential HIPAA violation.
- **Identifiability goes far beyond a patient's face.** Room numbers, timestamps, monitors in the background, employer logos on scrubs, unique clinical conditions, and even voice recordings can identify a patient. Emoji overlays or blurred faces do not anonymize content.
- **Patient consent does not equal HIPAA compliance.** Even with explicit consent from a patient, sharing their health information outside a HIPAA-protected environment violates federal law. The standard is where it's shared, not whether the patient agreed.
- **Once it's posted, you cannot fully take it back.** Even deleted content can be downloaded, screenshotted, stitched into new videos, or redistributed. Internet scrubbing services exist but cannot recover content from individual devices.
- **Giving clinical advice to non-patients on social media carries serious legal risk.** Nurses and nurse practitioners who post health advice to a general audience can be charged with practicing medicine or nursing without a license — especially if a patient acts on that advice and is harmed.
- **"Day in the life" and story time content are high-risk categories.** These formats frequently capture identifiable elements — floors, units, rare clinical scenarios, patient demographics — even when no patient is visibly present.
- **Social media misinformation is directly influencing patient behavior.** Patients are acting on 30–60 second videos as if they are clinical guidance, bypassing providers for self-treatment. One patient presented after following wound care advice from a TikTok video that led to a near-gangrenous complication.
- **Morals clauses in employment contracts extend professional standards offline and online.** Many healthcare employment contracts include conduct clauses that allow for discipline or termination based on personal social media activity — even when the employee does not identify themselves as a nurse.
- **AI tools are not HIPAA-compliant.** Copying and pasting patient lab values, diagnoses, or clinical notes into any general-purpose AI platform constitutes a HIPAA breach. No currently mainstream AI tool is HIPAA-compliant by default.
- **Social media can be used for good — with boundaries.** Nurses and NPs can be powerful digital health educators when content is generalizable (no PHI, no clinical identifiers), evidence-based, and focused on health promotion, prevention, and dispelling misinformation.
- **Do not engage with patients clinically on non-HIPAA platforms.** Delete the message. Notify your supervisor if appropriate. If it involves a potential emergency, call the patient, advise them to call 911, document the interaction in the medical record, and notify risk management.
- **The Three-Gate Guideline is a practical filter for every post.** Before posting, ask: Is it true? Is it kind? Is it necessary? If any answer is no — or uncertain — do not post.

Do This Next

- Google yourself right now. Search your name and see what patient-facing or professional information is publicly visible about you online.
- Audit your social media accounts — personal and professional. Remove any content that includes a healthcare setting, identifiable background, patient reference, or employer identifier.
- Review your institution's social media policy. Know exactly what your employer's zero-tolerance or conduct policies say about online activity.
- Read the morals clause in your employment contract. Understand what personal conduct — even off-duty — your employer can hold you accountable for.
- Set up a patient communication policy handout. Provide new patients with clear written guidance on how and when to reach you — and which platforms are NOT acceptable.
- Practice the non-response. The next time a patient or acquaintance reaches out to you on social media for clinical advice, do not respond. Notify your office manager to redirect them through proper channels.
- Before using any AI tool with patient information, verify it is HIPAA-compliant and has been approved by your institution's IT or compliance team.
- If you witness a colleague posting identifiable patient content or HIPAA-violating material, report it through your chain of command. Document the concern and your actions.
- If you create health-related content, run every post through the Three-Gate Guideline: Is it true? Is it kind? Is it necessary?
- Stay current. Social media, AI, and professional conduct regulations are evolving rapidly. Check for updates from the ANA, your state board of nursing, and NCSBN annually.

? 3 Quick Professional Boundary Assessment Questions

Use these to evaluate your current professional social media practices:

- 1. Content audit:** *"If your nursing board reviewed your social media accounts today, would every post reflect the ANA Code of Ethics and your professional obligations to patient privacy?"*
- 2. Patient outreach:** *"Have any current or former patients, or individuals who know you are a clinician, ever contacted you through a non-HIPAA platform with clinical questions — and how did you respond?"*
- 3. Policy awareness:** *"Do you know exactly what your employer's social media policy says, and does your current online presence comply with it?"*

▶ Red Flags & Professional Cautions

- Posting a "day in the life" video that includes your unit, floor, or any identifiable clinical setting, even if no patient appears on screen
- Using emoji overlays, blurred faces, or black bars to cover patient features and assuming the content is now HIPAA-compliant
- Responding to patient clinical questions sent through Facebook Messenger, Instagram DMs, or any non-HIPAA platform
- Sharing a clinical story time case where the condition, timing, or clinical detail could identify a specific patient
- Giving generalized health advice (supplements, medication management, lab interpretation) to a public social media audience without recognizing the legal liability
- Friending, following, or accepting follow requests from current or former patients on personal social media accounts
- Posting content that criticizes, mocks, or identifies a colleague — even if no name, face, or photo is used
- Copying and pasting patient information — labs, diagnoses, clinical notes — into any general-purpose AI platform not approved by your institution's compliance team
- Assuming personal social media activity is protected because you don't identify yourself as a healthcare professional in your bio or posts
- Ignoring unprofessional or HIPAA-violating content posted by a colleague because it "isn't your problem"
- Believing that a patient's consent to being filmed makes the content shareable on social media — it does not

Clinical Spotlight

- **HIPAA and Social Media: What the Law Actually Covers:** HIPAA protects all individually identifiable health information in any medium. This includes audio, video, images, and written posts. There is no social media exception. The requirement is that disclosure occurs only in HIPAA-compliant environments — which no mainstream social media platform meets. Violations can result in civil penalties (\$100–\$50,000 per violation) and criminal prosecution for willful neglect.
- **Beauty Parlor Stroke Syndrome: A Case Study in Inadvertent Identification:** This rare condition — vertebral artery compression from neck hyperextension during hair washing or chiropractic manipulation — is so uncommon that posting about it on social media could identify a specific patient to their family, even without a name or face. Rare clinical presentations are among the highest-risk categories for inadvertent HIPAA violations in educational content.
- **The ANA Code of Ethics & Social Media:** The ANA Code of Ethics requires nurses to maintain professional boundaries, protect patient confidentiality, and uphold the integrity of the profession at all times — including online. State Boards of Nursing use the Code of Ethics as a benchmark in

license discipline proceedings. A post made on a personal account without any professional identifier can still be used as evidence of unprofessional conduct.

- **Practicing Without a License: The Social Media Risk:** A nurse or nurse practitioner who provides specific clinical advice (medication recommendations, wound care guidance, supplement dosing) to a public audience who are not their patients can be charged with practicing medicine or nursing without a license — particularly if a patient acts on that advice and is harmed. This risk applies to generalist wellness content as well as direct responses to questions in comments or DMs.
- **The Virality Problem: Content Lives Forever:** Once a video is posted, even for seconds, it can be downloaded to a device. TikTok's stitch and duet features allow others to incorporate the content into their own videos. Viral content has been traced back to original creators years after it was posted and deleted. Internet scrubbing services can reduce public searchability but cannot recover content from individual devices.
- **Morals Clauses in Healthcare Employment Contracts:** Many healthcare employers include morals clauses in employment contracts that extend professional conduct standards beyond the clinical setting. Personal social media activity — including off-duty posts that do not reference work — can trigger disciplinary action if the employer determines it reflects negatively on the institution or violates professional standards. Read your contract carefully.

Conversation Starter

"Think about the last time you saw a colleague, peer, or influencer post something clinical or work-related on social media. What made you notice it — and if you're honest, did it change the way you viewed that person professionally?"

Nurse Leaders & Educators: Consider developing a team-based social media policy review and a standing agenda item in staff meetings to address new platforms, emerging risks, and updated ANA or state board guidance. This conversation is not a one-time training — it is an ongoing professional responsibility.

Resources & Links

- Episode page: <https://elitelearning.com/ce-podcasts>
- CE courses: <https://EliteLearning.com>
- ANA Code of Ethics for Nurses: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>
- NCSBN Social Media Guidelines for Nurses: <https://www.ncsbn.org>
- HHS HIPAA for Professionals: <https://www.hhs.gov/hipaa/for-professionals/index.html>
- National Labor Relations Board (Employee Rights & Social Media): <https://www.nlr.gov>



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