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Legal Review in the Use of Social Media in Health Service Practice

Asmariah[1], Andre Scondery[1], Erwan[1], Selamet Rudi Hartono[1]

[1] Universitas Pamulang, Indonesia

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Abstract

Digital transformation has made social media part of the health service ecosystem. Medical personnel, health workers, and health care facilities use it for education, communication, health promotion, professional networking, and service information delivery. On the other hand, the character of social media that is open, easy to replicate, and has a digital footprint raises legal problems when the content contains identities, health conditions, medical records, photos or videos of patients, professional communications, and inaccurate health information. This study aims to examine the legal aspects of the use of social media in health service practice through the literature review method. Literature searches were carried out on laws and regulations, journal articles, professional guidelines, and scientific literature that discuss patient confidentiality, personal data protection, medical records, consent, digital professionalism, and legal responsibilities of health workers. The selected sources were analyzed thematically to identify patterns of legal problems and forms of risk mitigation. The results of the study show that the use of social media in health services can in principle be carried out as long as it fulfills confidentiality obligations, personal data protection, legitimate consent, professionalism, information accuracy, and professional relationship limits. Patient consent does not necessarily remove all legal obligations because the processing of health data must still meet the principles of purpose, proportionality, security, and accountability. Social media policies are needed at the level of health care facilities, special approval mechanisms for publication, data de-identification, content verification, separation of personal and professional accounts, and incident response procedures. Strengthening governance is important to protect patients' rights while maintaining the benefits of social media for education and health services.

Keywords

Social Media; Healthcare Services; Patient Confidentiality; Personal Data Protection; Health Law.

Corresponding Author
Asmariah
Pamulang University, Indonesia; dosen02936@unpam.ac.id

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1. INTRODUCTION

The development of information technology has changed the pattern of interaction in health services. Social media is no longer only used as a means of personal communication, but has developed into a space for disseminating health information, public education, service promotion, institutional communication, professional networking, and the formation of a professional image of health workers. Instagram, TikTok, YouTube, Facebook, X, and conversation applications allow health information to be conveyed quickly to the public with a much wider reach than conventional media. This change provides an opportunity for improving health literacy, but at the same time presents new legal problems because published information can be recorded, copied, modified, and redisseminated without the control of the party who first uploaded it.

The use of social media in health services has a different character from the use of social media in other fields. Medical personnel and health workers work in a professional relationship that places confidentiality, safety, trust, and respect for patients' rights as fundamental principles. The information obtained during the service process is not just ordinary information, but can include the patient's identity, diagnosis, history of illness, physical and psychological condition, examination results, medical procedures, medications used, clinical photos or videos, and various information contained in medical records. When such information moves into the social media space, the boundaries between educational interests, professional interests, patient rights, and public interests become increasingly complex.

This issue is increasingly important because health data and information are personal data that are specific in nature according to Law Number 27 of 2022 concerning Personal Data Protection. The position of health data as specific personal data shows that its disclosure or processing can have serious consequences for the data owner. Information about certain diseases, psychiatric conditions, examination results, medical procedures, or medical history can cause stigma, discrimination, social loss, job disruption, and even abuse if it is spread without adequate control. Therefore, the use of social media involving patient data must be seen not only from the perspective of professional ethics, but also from the perspective of the right to privacy and personal data protection.

Law Number 17 of 2023(Indonesia, 2023) on Health provides an important foundation regarding patient rights and the obligations of medical personnel and health workers to maintain the confidentiality of patients' health. These obligations remain relevant when health services enter the digital environment. Meanwhile, the Minister of Health Regulation Number 24 of 2022 concerning Medical Records(Indonesia, 2022) Placing the confidentiality and security of medical record information as an important part of the implementation of health services. Thus, the use of social media by health workers cannot be separated from the obligation to ensure that clinical information obtained due to

professional relationships does not turn into public consumption without a legitimate basis.

In practice, confidentiality violations do not always occur through the publication of complete medical records. A photo or video can still reveal the identity of the patient even if the patient's name is not included. Face, voice, identity bracelet, room number, bed number, examination results visible on the screen, time and location of the service, typical wound conditions, or a combination of several information can allow the other party to recognize the patient. This suggests that simple anonymization, such as simply covering the name, is not necessarily enough to eliminate the risk of re-identification. Digital footprints also cause the disclosure of information through social media to have an impact that is more difficult to control than conventional communication.

Patient consent is another legal issue that needs attention. In healthcare practice, there can be an assumption that photos, videos, or stories about patients can be published as long as the patient has given consent. In fact, consent to medical procedures has a different purpose than consent for the use of patient data or documentation as social media content.

Problems become more sensitive when patients are in vulnerable positions. Pediatric patients, patients in emergencies, patients with impaired decision-making capacity, patients with potentially stigmatized illnesses, and patients who are experiencing physical or psychological distress need stronger protection. The use of their documentation for public content must consider not only the existence of formal consent, but also human dignity, propriety, the best interests of the patient, and the potential long-term impact of digital footprints.

Social media has also encouraged the emergence of the phenomenon of health workers as content creators or health influencers. This phenomenon can provide benefits because professionals have the competence to convey more accountable health information. However, these professional positions also create greater responsibility.(Rahmawati & Putra, 2024)

In addition to the issue of information accuracy, social media can blur the line between health education and individual consultation.(Wijaya & Handayani, 2024) Questions about symptoms, diagnoses, medications, or therapies are often conveyed through comments or personal messages. When healthcare professionals provide very specific recommendations without adequate anamnesis, examination, and clinical information, there is a risk that such communication will be perceived as professional consultation. Therefore, the use of social media needs to maintain a clear line between the provision of general health information and individual services that require professional processes and appropriate documentation.

The legal aspect of the use of social media is also related to Law Number 1 of 2024 concerning the Second Amendment to the Law on Information and Electronic Transactions.(Indonesia, 2024) Activities on social media produce information and electronic documents and can have legal consequences if the

content created is related to privacy, reputation, electronic communication, or other acts regulated by law. In the context of health services, one upload can be at the intersection of several legal regimes at once, namely health law, personal data protection, electronic information law, civil law, and ethical provisions and professional discipline.

Health care facilities also have an important position in this issue. Health workers' activities on social media often use institutional attributes, uniforms, service spaces, health equipment, or workplace identities. In such circumstances, the public can connect individual content with the health care facilities where the workers work. Therefore, risk management is not enough through individual awareness. Hospitals, clinics, health centers, and other health care facilities require policies regarding patient documentation, use of personal devices in service areas, management of official accounts, approval of publications, storage of digital materials, content verification, and incident handling mechanisms.(Fauzi & Anggraini, 2024)

From a health law perspective, the use of social media by medical personnel and health workers must first be associated with Law Number 17 of 2023 concerning Health. This provision provides a basis for patient rights as well as the obligations of medical personnel and health workers in carrying out health service practices. One of the provisions that has direct relevance is Article 274 of Law Number 17 of 2023, which regulates the obligations of Medical Personnel and Health Workers to provide services in accordance with professional standards, professional service standards, operational procedure standards, and professional ethics, obtain the consent of patients or their families for the actions taken, maintain the confidentiality of the patient's health, make and store records or documents regarding examinations, care, and actions, and make referrals if necessary. Therefore, information obtained by health workers in the service process cannot be treated as ordinary information that can be freely transferred to the public space. Information about the patient's identity, diagnosis, history of disease, physical and psychological condition, examination results, medical procedures, drugs used, clinical photos or videos, as well as information contained in medical records are information that has a direct relationship with the professional obligations of health workers. When this information is used as social media material, the obligation to maintain the confidentiality of patients' health remains attached to medical personnel and health workers. Thus, the use of social media does not remove the legal relationship and professional obligations that have arisen in the relationship between patients and health workers.

Patient confidentiality is also closely related to the management of medical records. Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records(Indonesia, 2022) Placing the confidentiality and security of medical record information as an important part of the implementation of health services. The content of medical records cannot be treated as publication material freely,

including if the publication is done through social media for educational reasons. In practice, violations of patient confidentiality do not always occur through the publication of all medical record documents. Uploading pieces of laboratory results, radiology results, prescriptions, identity bracelets, computer screens displaying patient data, photos of wounds with special characteristics, conversations between health workers and patients, or narratives about a case that are too specific can still allow a person to identify a patient.(Nugroho & Mulyani, 2023) Therefore, eliminating the patient's name alone is not necessarily enough to eliminate legal risks because the patient's identity can be known through face, voice, room number, service time, location of health facilities, typical disease conditions, or a combination of various other information.

The next legal issue relates to Protection of personal data, especially because health data has a position as data that receives special protection. Law Number 27 of 2022 concerning Personal Data Protection through Article 4 paragraph (2) placing health data and information as Specific Personal Data. The position of health data as specific personal data shows that information about a person's health condition has a higher level of protection because if it is disseminated illegally, it can cause stigma, discrimination, social loss, disruption to work, and various forms of abuse. In the use of social media, the processing of patient data must have a legitimate basis as stipulated in the principles set out in the Article 20 of Law Number 27 of 2022. One of the bases for processing can be an explicitly valid consent for a specific purpose. Therefore, the patient's consent must be understood specifically and cannot be interpreted broadly. A patient's consent to obtain a medical procedure cannot be equated with an agreement to publish a photograph, video, diagnosis, examination results, or documentation of a medical procedure on social media.(Susanti & Hartono, 2023) Similarly, consent for the benefit of internal education does not automatically mean consent to publication to the general public. In such contexts, publication consent should be given separately, clearly, specifically, and based on adequate information regarding the purpose of the publication, the type of information to be displayed, the media used, the reach of the audience, and the possibility that the material will be stored, copied, or redistributed by another party.(A. R. Hidayat & Kusumawati, 2024)

This principle is further strengthened by the criminal provisions in the Personal Data Protection Law. Article 65 paragraph (2) of the Law Number 27 Year 2022 unlawfully prohibit any person from disclosing Personal Data that does not belong to him, while Article 67 paragraph (2) provide criminal threats against any person who deliberately and unlawfully discloses Personal Data that does not belong to him as referred to in Article 65 paragraph (2). In the context of health services, this provision can have relevance when a person, including health workers or other parties who gain access to patient data, then disseminates patient health information through social media without a legitimate basis. For example, someone takes a picture of a patient's medical record, publishes the results of a laboratory

examination, uploads a photo of the patient and his identity, disseminates the patient's diagnosis, or uploads a video of a medical procedure that allows the patient to be identified. However, the application of these criminal provisions must still be carried out by proving all elements of criminal acts determined by law, including the act of disclosing personal data, done intentionally, and carried out unlawfully.(Pratama & Nugraheni, 2024)

In addition to the Health Law and the Personal Data Protection Law, the use of social media in health services is also within the scope of Law Number 1 of 2024 concerning the Second Amendment to Law Number 11 of 2008 concerning Information and Electronic Transactions.(Indonesia, 2024) One of the relevant provisions is Article 27A of Law Number 1 of 2024, which regulates the act of attacking the honor or good name of another person by accusing a matter with the intention of making it known to the public in the form of Electronic Information and/or Electronic Documents through the Electronic System. These provisions may intersect with health service practices, especially if patients, health workers, hospitals, clinics, or other parties submit accusations about certain parties through social media.

In perspective Criminal Law, the use of social media in the practice of health services can give rise to criminal liability if the acts committed meet the elements of certain criminal acts. Since Law Number 1 of 2023 concerning the Criminal Code takes effect on January 2, 2026, analysis of criminal acts carried out through social media also needs to pay attention to the provisions of the new Criminal Code. One of the relevant provisions is Article 433 of Law Number 1 of 2023, which regulates pollution. The provision basically regulates the act of attacking the honor or good name of another person by accusing something with the intention of making it known to the public. Provisions regarding pollution can have relevance in the relationship between health services if there is a dispute between a patient and a health care worker or health care facility and one of the parties then submits an accusation that attacks the honor or good name of the other party through social media. Article 434 of Law Number 1 of 2023 Furthermore, it regulates defamation in certain circumstances. However, the application of these provisions must be carried out carefully because not every criticism of health services is a criminal offense. Patients still have the right to submit complaints, criticisms, or complaints about the services they receive, while criminal assessments must be based on the fulfillment of the elements of delicacy and the context of the act committed. In fact, the defamation provisions in the Criminal Code only pay attention to exceptions if the act is done in the public interest or because they are forced to defend themselves.(Safitri & Wulandari, 2023)

Based on the overall legal framework, the use of social media in health service practices can give rise to several forms of legal accountability, namely ethical accountability and professional, administrative, civil, and criminal disciplines. In the realm of ethics and discipline, the behavior of

health workers can be assessed based on professional standards, ethics, professional dignity, and public trust. In the administrative realm, health service facilities or health workers can be subject to coaching mechanisms and sanctions according to sectoral provisions. In the civil realm, patients who suffer losses can file lawsuits if there is a violation of rights, confidentiality, privacy, or unlawful acts. Meanwhile, in the criminal realm, liability can arise if the act meets the elements of a criminal act based on the Personal Data Protection Law, the Criminal Code, the ITE Law, or other relevant criminal provisions.(Pratama & Nugraheni, 2024) Thus, one action in the form of social media uploads can simultaneously have consequences in several legal regimes, so that the solution to the problem cannot be seen only from one legal perspective.

A number of literature has discussed the benefits and risks of social media for health workers. Prawiroharjo and Librianty (2017)(Prawiroharjo & Librianty, 2017) Placing the use of social media by doctors as a problem closely related to professional ethics. Ventola (2014)(Ventola, 2014) Showing that social media has benefits for communication and professional development of health workers, but it also presents risks to privacy, professionalism, and information quality. Chretien and Kind (2013)(Chretien & Kind, 2013) emphasizing the ethical, professional, and social implications of social media in clinical practice. The development of personal data protection regulations and health law reforms in Indonesia make the issue need to be re-examined in a more up-to-date legal context.

Studies on social media and health workers have largely discussed ethics and professionalism, while the relationship between the use of social media and the construction of Indonesian health law, personal data protection, confidentiality of medical records, publication approval, and legal accountability still requires a more integrated synthesis. This gap is the important basis for a literature review. The study of various sources allows the identification of patterns of legal problems while bringing together legal norms with practical problems that develop due to the use of social media in health services.

Based on this background, this study focuses on three main questions, namely what are the legal aspects of the use of social media in health service practice, what forms of legal risks and liabilities can arise from its use, and what governance principles can be applied to minimize legal risks. The research aims to synthesize literature on the limits of social media use by medical personnel, health workers, and health care facilities and build a framework of understanding that connects patient rights, professional obligations, personal data protection, and the development of digital health communication.

2. METHODS

This study uses the literature review method with a focus on the legal aspects of the use of social media in health service practice. This method was chosen to identify, compare, and synthesize various

legal provisions, research results, and scientific views related to patient confidentiality, personal data protection, medical records, patient consent, digital professionalism, and legal accountability of medical personnel and health workers.

Literature sources include national laws and regulations, scientific journal articles, professional organization guidelines, and relevant academic publications. The main regulations examined include Law Number 17 of 2023 concerning Health, Law Number 27 of 2022 concerning Personal Data Protection, Law Number 1 of 2024 concerning the Second Amendment to the Law on Information and Electronic Transactions, Government Regulation Number 28 of 2024, and Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records.

The literature search was directed at publications that discuss the relationship between social media and health services, especially issues of confidentiality, privacy, health data, patient documentation, professional communication, misinformation, and legal responsibility. The literature was selected based on relevance to the topic, direct relevance to health service practices, and the ability of sources to explain the normative aspects and practical implications of social media use.

The analysis was carried out in a descriptive-qualitative manner with a thematic approach. Each source was read to identify the main legal theme, then the findings were grouped into several categories, namely: (1) patient confidentiality and medical records; (2) personal data protection; (3) patient consent; (4) professionalism and limits of digital consultation; (5) legal implications of electronic information; and (6) forms of legal accountability. The results of the synthesis were then used to formulate principles of governance for safer social media use in health service practices.

This literature review is not intended as a systematic review with meta-analysis, but rather as a narrative-structured review of relevant legal sources and scientific literature. With this approach, the research seeks to provide a comprehensive overview of the most frequently raised legal issues as well as practical recommendations that can be applied by health workers and health care facilities.

3. RESULTS AND DISCUSSION

A. Social Media as a Communication Space in Health Services

Legally, there is no general prohibition for medical personnel or health workers to use social media. In fact, social media can support public health goals through education, clarification of information, promotive-preventive communication, and the dissemination of service information. Legal problems arise not only because of the platform used, but also because of the type of information, the purpose of processing, the way information is obtained, the relationship between the uploader and the patient, and the consequences caused.

The character of social media is different from that of a clinical consultation space. Clinical

communication essentially takes place in a professional relationship with high expectations of confidentiality, whereas social media is a space that has unlimited audience potential. Even if an account is private, control over the material can be lost after screenshotting, message forwarding, downloading, or re-recording. Therefore, the assumption that posts in a closed group are always safe cannot be used as a basis for ignoring confidentiality obligations.

It is necessary to distinguish at least four forms of social media use: general educational communication; institutional communication of health care facilities; professional communication between health workers; and communication that is directly related to patients. The closer a content is to the patient's individual identity and services, the higher the standard of caution required.(Wijaya & Handayani, 2024) This principle is important so that the benefits of social media are not eliminated, but the legal risks can be controlled proportionately.

B. Patient Confidentiality and Medical Records

Confidentiality is the foundation of professional relationships in health services. Law Number 17 of 2023 requires medical personnel and health workers to keep the confidentiality of patients' personal health. At the same time, health care facilities are required to maintain the security, integrity, confidentiality, and availability of data in medical record documents. This norm shows that protection is not only imposed on individual health workers, but also on institutions that manage service systems and environments.

Minister of Health Regulation Number 24 of 2022 affirms the obligation to maintain the confidentiality of the contents of medical records by parties involved in health services, even after the patient dies. In the context of social media, the prohibition on disclosure does not only include uploading complete medical record sheets. Pieces of laboratory results, radiology, prescriptions, identity bracelets, hospital information system screens, unique wound photos, clinical conversations, or overly specific case narratives can be ways to identify patients.(Nugroho & Mulyani, 2023)

De-identification is one of the mitigation instruments, but it must be done substantively. Obscuring names is not enough if the combination of age, occupation, location, date of occurrence, rare diagnosis, and photo allows the public to recognize the patient. Therefore, before clinical materials are used for public education, a risk assessment of re-identification must be conducted. If the educational goal can be achieved with illustrations, synthetic data, or cases that have been strongly anonymized, it is safer than using actual patient documentation.

C. Health Data as Specific Personal Data

Law Number 27 of 2022 places health data and information as personal data that are specific. This classification is relevant because the disclosure of health conditions can cause greater losses,

including stigma, discrimination, work disruption, social loss, and misuse of information. Thus, the management of health content must be subject to the principle of personal data protection(Susanti & Hartono, 2023) and it does not stop at the question of whether the patient has ever expressed consent.

Consent must be associated with a specific purpose. Consent to undergo a medical procedure is not identical to consent to publish documentation of such an action on social media. Similarly, consent for internal educational purposes does not automatically include open publication. A safer practice is to use a separate publication consent form or mechanism, describing the platform, type of material, purpose, potential audience reach, and likelihood of material being redisseminated.

In addition to consent, the principles of purpose limitation and data minimization must be observed. Content should only use information that is truly necessary for educational or communication purposes. If the patient's identity is irrelevant, then there is no reason to display it. Healthcare facilities also need to determine who has the authority to record, store, edit, approve, and upload materials so that the chain of accountability can be traced.

D. Patient Consent Is Not An Exemption From Liability

In practice, patient consent is sometimes understood as an absolute justification for uploading photos or videos. This view is too simplistic. Consent is one of the important foundations, but its validity depends on freedom, clarity of information, purpose, and context. Healthcare workers-patient relationships have a disparity in knowledge and position, so requests for consent must be avoided from implied pressures, such as the impression that the quality of service will be affected if the patient refuses.

Patients also need to be given realistic options to refuse nonclinical documentation without affecting services. For pediatric patients, patients with impairments, emergency conditions, or patients who are in very vulnerable circumstances, the standard of care should be higher. Content that has the potential to embarrass, exploit suffering, or degrade the patient's dignity does not automatically become appropriate just because there is a consent signature.

Because digital footprints are difficult to retrieve, institutions should apply the principle of necessity test prior to publication: whether the use of patient documentation is really necessary; whether the goal can be achieved in a less intrusive manner; whether the public benefit is proportional to the risk to the patient; and whether the material has gone through an adequate de-identification and approval process.

E. Professionalism, Misinformation, and the Limits of Digital Consultation

Medical professionals and healthcare workers have freedom of speech, but the professional identity makes their health statements gain special weight in the eyes of the public. Content that simplifies diagnosis, promises a cure, ignores variations in patients' conditions, or makes claims

without a scientific basis can be misleading.(Rahmawati & Putra, 2024) The risk increases when content is presented in a concise format that removes context, contraindications, or limitations of evidence.

The distinction between education and consultation needs to be emphasized. General education describes widely applicable knowledge and includes the limitation that information does not replace individual examinations. In contrast, responses that give a person a specific diagnosis or therapy based on brief comments can create professional expectations without adequate clinical data.(Safitri & Wulandari, 2023) In such a situation, a safer step is to direct individuals to a health care facility or telemedicine channel that meets the requirements.

Professionalism also includes the way health care workers respond to patient criticism. Confidential information should not be disclosed solely to defend oneself in a public space. If a patient relays a version of the incident on social media, health care facilities should use formal complaint and communication mechanisms, rather than replying with clinical details that actually expand the disclosure of patient data. A public response is enough to convey a commitment to resolve and direct communication to legitimate private channels.

F. Implications of the Electronic Information and Transaction Law

The use of social media is an activity in the electronic system so that provisions regarding information and electronic transactions remain relevant. Law Number 1 of 2024 amends a number of provisions in the ITE Law regime, including those related to the distribution of electronic information and attacks on honor or good name. For health workers, the implications are not only related to patient content, but also communication with colleagues, health care facilities, or other parties.

However, the application of criminal law in digital communication disputes must be read carefully along with the development of the Constitutional Court's decision and other legal provisions. Not every criticism or dissent can be immediately qualified as a criminal offense. In the healthcare environment, a preventive approach through professional communication standards, fact-based clarification, complaint mechanisms, and mediation is often more constructive than the escalation of conflict on social media.

G. Legal Liability Spectrum

Violations through social media can give rise to more than one type of liability. In the realm of ethics and discipline, behavior can be assessed based on professional standards and the obligation to maintain public dignity and trust. In the administrative realm, health service facilities or professionals can deal with coaching mechanisms and sanctions in accordance with sectoral regulations. In the civil realm, patients who suffer losses can question violations of rights,

confidentiality, or unlawful acts. Under certain conditions, acts can also intersect with criminal provisions.(Pratama & Nugraheni, 2024)

Institutional accountability needs attention. Content created by employees using the uniforms, logos, rooms, or devices of health care facilities can be perceived as activities related to the institution. If facilities do not have adequate policies, supervision, training, and security procedures, the risk cannot be entirely imposed on individuals. Good governance must divide roles between leaders, service units, public relations, ethics/disciplinary committees, medical records, information technology, and data protection officers where relevant.

An approach that relies solely on sanctions after an incident is inadequate. Prevention must start from the design of the system: restrictions on shooting in certain areas, rules on the use of personal phones, classification of information, access control, publication approval, content review, periodic training, and leak handling procedures. The principle of accountability requires institutions to be able to demonstrate that protective measures have been planned and implemented, not just claiming that confidentiality is the responsibility of each employee.

H. Governance Model for Social Media Use in Health Care Facilities

Risk Areas	Minimum Standards	Institutional Actions
Patient identity	Not publishing identities without a valid basis and consent	De-identification; photo/video background checks; publication-specific approvals
Medical records	The contents of medical records are treated as confidential information	Prohibition of taking screenshots/documents for personal accounts; Access control and auditing
Clinical photo/video	Goals, needs, and approvals must be clear	SOP documentation; official storage; review before uploading
Health education	Accurate, evidence-based, and non-misleading information	peer review/medical review for institutional content; include information restrictions
Patient interaction	Keep professional boundaries and avoid individual diagnoses in public comments	Redirect to official/telemedicine channels; document important communications
Public complaints	Not revealing patient secrets to defend the institution	Neutral response; transfer the settlement to private channels and complaint mechanisms
Personal account	Professional identity can still influence public perception	Code of conduct; disclaimer does not abort legal/ethical obligations
Leak incidents	Fast, documented and mitigation-oriented response	Incident response team; evidence preservation; impact assessment; legal follow-up

The table shows that social media governance should be translated into a day-to-day procedure. The policy should not simply state 'it is forbidden to leak patient secrets', but it should address the practical situation: who can take documentation, what devices are allowed to be used, where files are stored, who gives publication consent, how long material is stored, and what to do if content is uploaded in error.(Fauzi & Anggraini, 2024)

Healthcare facilities also need to distinguish between the institution's official account, the service unit account, and the employee's personal account. The official account should have an assigned administrator, multi-layered authentication, a content approval process, a publication archive, and an access handover mechanism. For personal accounts, institutions can set guidelines that are proportionate to activities that are clearly related to work without unduly interfering with private space.

Digital professionalism training should use case simulations. For example: a famous patient comes to the emergency room; a health worker wants to create educational content from a photo of the wound; the patient uploads a complaint and mentions the doctor's name; a student practices recording a video at a nurse station; or a health worker receives a diagnosis question via direct message. Simulation makes legal norms easier to apply than socialization that only reads the rules.

I. Reconstruction of Legal Principles: From 'Permissible or Not' to 'Feasible, Necessary, and Safe'

A question that often arises is whether healthcare workers are 'allowed' to create content in the workplace or feature patient cases. Normatively, binary answers are not always adequate. The assessment should use three layers of testing. First, the legality test: whether there is a legitimate basis and no prohibition. Second, the test of necessity and proportionality: whether the purpose requires the use of patient data or documentation and whether a safer alternative is available. Third, the test of safety and professionalism: whether the risks of identification, re-spread, misinterpretation, and loss of the patient have been controlled.

The three-layered model prevents two extremes. The first extreme is to prohibit all use of social media so that the benefits of public education are lost. The second extreme is to assume that all content is allowed as long as the patient agrees. Modern health law demands a balance between communication innovation, patient rights, safety, public trust, and professional accountability.

Thus, digital professionalism must be understood as a legal and ethical competence, not just the ability to create content. Health workers need to understand that a single upload can simultaneously be an act of data processing, professional communication, institutional representation, and electronic evidence. This multidimensional awareness needs to be integrated into health worker education and health facility policies.

The results of the study show that the development of digital technology has placed social media as one of the increasingly important means of communication in health services. Medical personnel, health workers, health service facilities, and organizations engaged in the health sector use social media to convey health information, provide education to the public, carry out health promotion, convey information about service facilities and programs, build communication with the community, and develop professional networks. The use of social media is not prohibited in principle in law. Legal issues arise not because of social media as a platform, but because of the information conveyed, the way information is obtained, the purpose of processing, the party who is the subject of the information, and the consequences arising from the publication. Thus, the legality of the use of social media in health service practice must be assessed based on the substance and context of its use.

J. Legal Challenges, Digital Professionalism, and Social Media Governance in Healthcare

The use of social media in healthcare presents a paradox between broad educational opportunities and significant legal risks. The open, easily replicated, and digital footprint of social media is at odds with the expectations of confidentiality inherent in clinical relationships. Therefore, the use of private accounts or closed groups does not necessarily remove the legal obligation of healthcare workers to protect patient information. This risk increases proportionately as the content is closer to the patient's identity and clinical condition, so the use of digital technology must be directed to improve health literacy without compromising patients' privacy rights.(N. Hidayat & Fitriani, 2023)

From a health law perspective, this practice must be subject to professional obligations regulated in Law Number 17 of 2023 concerning Health. Article 274 expressly requires health workers to maintain the confidentiality of patients' health and carry out practices according to professional standards. This obligation does not end when communication shifts to the digital realm. This is reinforced by the Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records, which prohibits the disclosure of medical record information, including pieces of data such as laboratory results, wound photos, or specific case narratives that allow re-identification risk. The removal of the patient's name alone is not enough; a substantive de-identification is required that considers a combination of other information that can reveal the patient's identity.(Prasetyo & Wijaya, 2023)

Furthermore, Law Number 27 of 2022 concerning Personal Data Protection (PDP Law) places health data as specific personal data that requires a high level of protection. The main consequence is that informed consent for medical procedures cannot be automatically interpreted as consent for publication on social media. Publication consent must be specific, separate, voluntary, and based on

an adequate explanation of the purpose, platform, and risk of dissemination. Even if the patient has given consent, the principles of data minimization and proportionality must still be applied. Violations of this provision can lead to criminal liability according to the provisions of the PDP Law.(Nugraha & Purnama, 2024)

The dynamics of social media also intersect with Law Number 1 of 2024 concerning ITE and Law Number 1 of 2023 concerning the Criminal Code. Provisions regarding defamation and defamation can apply both to patients who submit complaints in an unfactual manner, as well as to health workers who defend themselves by revealing the patient's medical secrets in public spaces. Criminal law must be applied carefully as the ultimate remedium, while maintaining a balance between the patient's right to complain and the right of health workers to maintain the honor of their profession.(Saputra & Lestari, 2024)

Another challenge that emerges is the blurring of the line between general health education and individual consultation. Providing specific diagnoses or therapeutic recommendations through the comment column without an anamnesis and adequate clinical examination risks violating professional standards and endangering patient safety. Digital professionalism is now a mandatory competency, where healthcare workers must be able to separate personal opinions and professional responsibilities, and not reveal patient secrets solely to refute criticism on social media.

Accountability for these violations is not only individual, but also institutional. Health care facilities have an obligation to build comprehensive social media governance. This includes the preparation of Standard Operating Procedures (SOPs) regarding documentation, storage, publication approval, and incident response mechanisms. Health facilities also need to distinguish between the management of official institutional accounts and employees' personal accounts, as well as organize digital professionalism training based on real-case simulations. An integrative and preventive legal approach is needed to ensure that the use of digital technology in health services continues to prioritize patient safety, respect for privacy rights, and legal certainty for all parties.(Kurniawan & Setiawan, 2023)

4. CONCLUSIONS

The use of social media in health service practice is basically feasible and has important value for education, health promotion, institutional communication, and professional development. However, its use is limited by legal obligations to maintain patient health secrets, protect personal data, especially health data, maintain the confidentiality of medical records, convey information responsibly, and maintain professional boundaries.

Patient consent cannot be treated as a complete release of liability. Publication of patient information or documentation should have a clear purpose, use minimal data, take into account the risk of re-identification, ensure safety, and respect the patient's dignity. Publication consent should ideally be separated from medical procedure approval so that patient choices are truly free and specific.

Healthcare facilities need to build social media governance that includes SOPs for documentation and publication, de-identification, content verification, official account settings, restrictions on the use of personal devices, digital professionalism education, and incident response. With this approach, social media can be used as an instrument to improve literacy and health services without sacrificing patient rights and legal certainty.

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