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**HEALTHCARE CORE CURRICULUM**

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**Instructor Resources**

**Module Title: Legal Issues in Healthcare**

**Credit/Hours: .5 credits / 8 hours**

# Module Description:

This module focuses on the legal issues related to clients/individuals and healthcare employees. Healthcare laws, client rights, and responsibilities, confidentiality, liability, documentation, and regulations are explored. The impact of ethical and legal issues on healthcare systems are examined.

# Evaluation Method:

This module will be graded on a Pass/Fail basis. Exams/assignments must be passed at 75% or greater. Retests on exams are determined by college and program policy.

# Competencies:

1. Explain the laws related to healthcare and their influence on the delivery system.
2. Describe one’s individual legal/ethical responsibility related to abuse, neglect, exploitation, and the Vulnerable Adults Act.
3. Explain client rights and responsibilities and how healthcare providers can ensure those rights.
4. Describe the components of healthcare employees and healthcare facility liability when delivering client care.
5. Discuss how confidentiality (HIPAA) must be maintained in healthcare facilities with clients/individuals and their medical records.
6. Explore legal issues such as sexual harassment, wrongful discharge, negligence, malpractice and violence in the workplace.
7. Identify the legal issues for accurate documentation, informed consent, and advanced directives.
8. Describe the consequences of inappropriate use of health data (including the use of social media and email) in terms of disciplinary action.
9. Using a problem-solving process applied to healthcare situations; describe how laws influence healthcare facilities and the care of clients/individuals.

# LEGAL ISSUES IN HEALTHCARE

# VOCABULARY LIST

**Abuse:** The willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish.

**Advanced Directive:** A document that states what the patient wishes to happen to their body while alive and unable to speak for themself.

**Certification:** A document that states a person has fulfilled the requirements to work in a specific healthcare career.

**Civil Law:** The area of law that relates to disputes between individuals or organizations, focusing on resolving private rights and liabilities rather than addressing criminal behavior.

**Client:** A person who receives healthcare services. This term is often used interchangeably with "patient" and "resident."

**Confidentiality:** Preserving the legal rights of a patient to privacy concerning their affairs. Holding in trust, keeping private, not sharing spoken and written words about a resident/patient.

**Consent:** To give permission.

**Criminal Law:** The area of law that deals with crimes and punishments.

**Discrimination:** To make a difference in treatment or favor on a basis other than individual worthiness.

**Durable Power of Attorney (DPOA):** A legal document that names a client's health care proxy, a person who can make health care decisions on behalf of the client when they are unable to speak for themselves.

**Exploitation:** Taking advantage of a vulnerable person for personal gain through manipulation, intimidation, threats, or coercion.

**Ethics**: Standards of behavior and moral judgment to evaluate right and wrong.

**Etiquette**: Acceptable manners or social behavior in public or workplaces.

**Fraud**: A form of dishonesty that involves cheating or trickery.

**Harassment:** To annoy persistently; To create an unpleasant or hostile environment especially by uninvited, unwelcome verbal or physical contact.

**Hostile Environment:** An environment that is unwelcoming or threatening due to harmful behavior. In a workplace, this means ongoing, aggressive, or unfair actions create a setting that makes it difficult for people to work effectively.

**Informed consent**: To give permission for a procedure after it has been explained along with the possible risks.

**Law**: Rules and regulations by which society is governed.

**Legislation**: A set of laws created by a governing body.

**Liability**: Liability is legal responsibility for causing harm or damage.

**Libel**: Making false statements about another person in writing.

**Licensure**: A license issued by a governing agency to work within a certain (healthcare) career.

**Living Will:** A legal document that specifies life sustaining measures and medical treatments or care a client wants when they are unable to make their own decisions.

**Malpractice**: Professional negligence that results in harm to the patient.

**Neglect:** The failure of the facility, its employees or service providers to provide goods and services to a client that are necessary to avoid physical harm, pain, mental anguish or emotional distress.

**Negligence**: Is a legal term for failing to exercise reasonable care, leading to harm, and it often involves legal liability. Neglect could be a form of negligence.

**Ombudsman**: An advocate or representative who speaks or writes in support of residents for their cause or complaint.

**Patient:** A person who receives healthcare services. This term is often used interchangeably with "client" and "resident."

**Policy**: A rule established and followed by an organization.

**Procedure:** Specific steps taken to perform a task.

**Healthcare Proxy**: A person who has been designated to make medical decisions for the patient when they are unable to speak for themselves.

**Registration**: Being listed on an official registry that authorizes individuals to work within a certain healthcare career.

**Rights**: Something to which one is justly entitled.

**Scope of Practice**: A description or list of skills that a specific occupational title is legally allowed to perform.

**Sexual Harassment:** Unwelcomed sexual advancements, sexual favors or verbal or physical conduct that unreasonably interferes with job performance.

**Slander**: Verbally making false statements about another person.

**Standards**: Accepted levels of quality or rules that guide how something should be done. They help ensure consistency and meet expected requirements.

**Standards of Care:** The level of caution and competence expected from a healthcare professional, reflecting what a reasonable person would do in similar circumstances.

**Sue**: To bring legal action against someone.

**Wrongful Discharge:** Illegal termination of an employee from their job.

**FEDERAL LAWS**

**Social Security Act initially passed in 1935:** Established the foundation for various social insurance programs, including Medicare and Medicaid. Amendments over the years have expanded and refined these programs.

**Discrimination Acts (1964-2008):** Equal Employment Opportunity Commission (EEOC)

**Omnibus Budget Reconciliation Act (OBRA) (1987):** Created an enforcement regulation with an emphasis on resident-centered outcomes for enhanced quality of life/quality of care of residents in nursing homes. Also regulates the education and registration of nursing assistants.

**Emergency Medical Treatment and Labor Act (EMTALA) (1986):** Law that requires hospitals to provide emergency medical treatment to individuals regardless of their ability to pay or their insurance status.

**American Disability Act (ADA) (1990):** Prevents employment discrimination against disabled

applicants who are qualified to perform the job with reasonable accommodations.

**Patient Self -Determination Act (PSDA) (1991):** Requires Federally funded health care facilities to inform clients/residents about their rights to make treatment choices. Receivers of care must be asked if they have a Living Will or a Durable Power of Attorney for HealthCare.

**Equal Pay Act (1993):** prevents wage discrimination

**Health Insurance Portability & Accountability Act (HIPAA) (1996):** Protects client privacy and security of health information.

**Medicare Prescription Drug, Improvement, and Modernization Act (MMA) (2003):** Law created Medicare Part D, which provides prescription drug coverage for Medicare beneficiaries. It also included provisions for other Medicare improvements and reforms.

**Mental Health Parity and Addiction Equity Act (MHPAEA) (2008):** Law requires that mental health and substance use disorder benefits be provided at parity with medical and surgical benefits, aiming to reduce disparities in coverage and treatment.

**Affordable Care Act (ACA) (2010):** Expanded access to healthcare, established health insurance exchanges and provided subsidies for insurance premiums. It also mandated that all Americans have health insurance and included provisions for Medicaid expansion and protections for people with pre-existing conditions.

**Patient Protection and Affordable Care Act (PPACA) (2010):** Often grouped with the ACA, this Act includes many of the same provisions and focuses on improving the quality of healthcare and reducing costs.

**21st Century Cures Act (2016):** this law aims to accelerate medical product development and bring new innovations to patients more quickly. It includes provisions for mental health reforms, funding for medical research, and the promotion of electronic health records.

**STATE LAWS**

**Dept. Health Human Services-Criminal background studies:** Required for employees who provide direct contact service to residents/patients in facilities licensed by the state (Example: MN Department of Health), work in certain health and human services programs, in childcare settings, or who have direct contact with vulnerable populations.

**Minnesota Good Samaritan Law:** Designed to encourage people to assist others in emergencies without fear of legal repercussions. Specifically, it protects individuals from civil liability when they voluntarily provide aid or medical assistance in good faith during emergencies, if their actions are not grossly negligent or intentionally harmful. Healthcare workers are covered under this law when they are NOT at their workplace.

**Vulnerable Adults Act:** A law that provides for the protection of adults considered vulnerable due to physical, mental or emotional impairment.

## Module Competencies and Instructor Notes

| MODULECOMPETENCY | UNITCOMPETENCY | RECOMMENDEDMODULE CONTENT | INSTRUCTOR NOTES |
| --- | --- | --- | --- |
| 1. Explain the laws related to healthcare and their influence on the delivery system. | 1A. Discuss common legal terms.  1B. Name the federal laws related to healthcare. | 1A. Healthcare facilities operate under federal, state, and local laws. All healthcare workers must function within these laws.  **1B. FEDERAL LAWS:**   1. **Social Security Act Initially passed in 1935:** Established the foundation for various social insurance programs including Medicare and Medicaid. Amendments over the years have expanded and refined these programs. 2. **Discrimination Acts 1964-2008:** Laws prohibiting job discrimination, enforced by the Equal Employment Opportunity Commission (EEOC): [List of laws](https://www.eeoc.gov/fact-sheet/federal-laws-prohibiting-job-discrimination-questions-and-answers) 3. **Omnibus Budget Reconciliation Act (OBRA) 1987:** Created an enforcement regulation with an emphasis on resident-centered outcomes for enhanced quality of life/quality of care of residents in nursing homes. It also regulates the education and registration of nursing assistants. 4. **Emergency Medical Treatment and Labor Act (EMTALA) 1986:** A federal law that requires hospitals to provide emergency medical treatment to individuals regardless of their ability to pay or their insurance status. 5. **American Disability Act (ADA) (1990):** prevents employment discrimination against disabled applicants who are qualified to perform the job with reasonable accommodations 6. **Patient Self-Determination Act (PSDA) 1991** Requires Federally funded health care facilities to inform clients/residents about their rights to make treatment choices. Receivers of care must be asked if they have a Living Will or a Durable Power of Attorney for HealthCare. 7. **Equal Pay Act (1993):** prevents wage discrimination 8. **Health Insurance Portability and Accountability Act (HIPAA) 1996:** Primarily focuses on the protection of patient privacy and the security of health information. It sets standards for the handling of medical records and personal health information, ensuring confidentiality and reducing fraud. 9. **Medicare Prescription Drug Improvement and Modernization Act (MMA) 2003:** Law created Medicare Part D which provides prescription drug coverage for Medicare beneficiaries. It also included provisions for other Medicare improvements and reforms. 10. **Mental Health Parity and Addiction Equity Act (MHPAEA) 2008:** This law requires that mental health and substance use disorder benefits be provided at parity with medical and surgical benefits, aiming to reduce disparities in coverage and treatment. 11. **Affordable Care Act (ACA) 2010: E**xpanded access to healthcare, established health insurance exchanges and provided subsidies for insurance premiums. It also mandated that all Americans have health insurance and included provisions for Medicaid expansion and protections for people with pre-existing conditions. 12. **Patient Protection and Affordable Care Act (PPACA) 2010:** Often grouped with the ACA, this Act includes many of the same provisions and focuses on improving the quality of healthcare and reducing costs. 13. **21st Century Cures Act 2016:** This law aims to accelerate medical product development and bring new innovations to patients more quickly. It includes provisions for mental health reforms, funding for medical research, and the promotion of electronic health records. | Review Vocabulary List for Legal Issues in Healthcare |
| Discuss online/in class the laws and their impact on healthcare for workers and recipients of care  Review types of discrimination for employment and the benefits of the Act to healthcare  Online/ in class discussion regarding the rights to determine treatment choices. How may the culture of the client impact this?  Discuss online/in class the need for regulation of healthcare occupations.  Class discussion of the issues associated with maintaining client privacy.  Note: It is not necessary to memorize all the details of the laws, however students should be able to identify the overall concept from each law: for example, HIPPA= Privacy, Affordable Care Act= pre-existing conditions, so on and so forth. |
|  | 1C. Discuss state laws that relate to healthcare. | 1C. State laws  Dept. Health Human Services   1. Criminal background checks 2. Background studies are required for employees who provide direct contact service to residents/patients in facilities licensed by the state (Example: MN Department of Health), work in certain health and human services programs, in childcare settings, or who have direct contact with vulnerable populations.   Good Samaritan Law (Example: MN Good Samaritan Law)   1. Law protecting healthcare workers when they help someone in an emergency outside their workplace.   Vulnerable Adult Act (Example: Minnesota Vulnerable Adult Act).   1. A law that provides for the protection of adults considered vulnerable due to physical, mental or emotional impairment. | Discuss the reason/purpose for the completion of background studies  [Background studies / Minnesota Department of Human Services](https://mn.gov/dhs/general-public/background-studies/)  Discuss how the [Good Samaritan Law](https://www.revisor.mn.gov/statutes/cite/604A.01) impacts healthcare workers.  Summary of [Vulnerable Adult Act](https://www.house.mn.gov/hrd/pubs/vuladult.pdf)  [Reporting of maltreatment of Vulnerable Adults in MN](https://www.revisor.mn.gov/statutes/cite/626.557) |
|  | 1D. Explain why everyone should have an advanced directive whether they are ill or not. | 1D. Advanced Directive   1. A legal document that states what the patient wishes to happen to their body while alive but unable to speak for themselves.   Living will   1. A legal document that specifies life sustaining measures and medical treatments or care a client wants when they are unable to make their own decisions.   Healthcare Proxy   1. A person who has been designated to make medical decisions for the patient when they are unable to speak for themselves.   Durable Power of Attorney for healthcare   1. A legal document that designates a person to make medical decisions for the patient. | [Advanced directives](https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-advance-directives-health-care#directives)  [What is a living will](https://www.nia.nih.gov/health/advance-care-planning/preparing-living-will)  Show a copy of a living will.  Discuss the differences in a Living Will and Durable Power of Attorney (explained in advanced directives link) |
|  | 1E. Define differences between certification, registration, and licensure. | 1E. Certification   1. A document that states a person has fulfilled the requirements to work in a specific healthcare career 2. Certification can be for one task, to do a job, or in a field 3. Phlebotomist   Registration   1. Being listed on an official registry that authorizes individuals to work within a certain healthcare career 2. Nursing Assistant-NA 3. The person is placed on an official list   Licensure   1. A license issued by a governing agency to work within a certain (healthcare). A license issued by a governing agency to work within a certain (healthcare) career. Done to protect the public. 2. Requires an exam to be licensed. 3. Legally permitted to perform certain acts such as those performed by RNs, LPNs | Identify health-related occupations that are certified, registered or licensed  Discuss the various roles and responsibilities of healthcare workers and their level of ability to provide healthcare |
| 1. Describe one’s legal responsibility related to abuse, neglect, exploitation, and the Vulnerable Adults Law. | 2A. Define abuse. | 2A. Abuse   1. The willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish. 2. Willful, as used in the definition of abuse, means the individual must have acted deliberately, not that the individual intended to inflict the injury or harm. |  |
|  | 2B. Explain why abuse may occur | 2B. Why abuse may occur   1. Stressed 2. Tired 3. Overwhelmed 4. Personal problems 5. Loss of control | Risk factors for abuse:  [Elder abuse](https://www.cdc.gov/elder-abuse/risk-factors/index.html)  [Child abuse](https://www.cdc.gov/child-abuse-neglect/risk-factors/index.html) |
|  | 2C. Identify types of abuse | 2C. Types of abuse:   1. Physical 2. Purposeful conduct that could result in pain or injury. 3. Verbal 4. Repeated conduct that produces mental or emotional stress, 5. The use of words to harm, control, or belittle another person.   Psychological/ Mental  a. Conduct that is threatening to harm a person, or threatening to withhold food, fluid, or care as a form of punishment  Sexual   1. When physical force or verbal threats are used to force a person to perform a sexual act. Any sexual contact between a staff person and a client is sexual abuse. 2. CMS definition: Non-consensual sexual contact of any type with a client that includes but is not limited to:  * Intimate touching of any kind, especially of breasts or perineal area * All types of sexual assault * Coerced nudity * Forced observation of masturbation and/or pornography * Taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them (e.g. posting on social media) |  |
|  | 2D. Define neglect. | 2D. Neglect   1. The failure of the facility, its employees or service providers to provide goods and services to a client that are necessary to avoid physical harm, pain, mental anguish or emotional distress. 2. Can be intentional or accidental 3. Failure to provide food, clothing, shelter, health care, or supervision. |  |
|  | 2E. Define exploitation | 2E. Exploitation   1. Taking advantage of a vulnerable person for personal gain through manipulation, intimidation, threats, or coercion. 2. Misappropriation of property: The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a person’s belongings or money without consent. |  |
| 2F. Identify populations at risk for abuse, neglect or exploitation. | 1F. Populations at risk   1. The aging population 2. Adults with a disability 3. People who cannot help themselves if they are hurt or misused by others, children and adults. 4. Persons 18 years of age or older who:  * Live in licensed facilities * Receive services from licensed agencies * Are in family settings but cannot report abuse or neglect themselves |  |
|  | 2G. Identify Federal and State laws protecting vulnerable persons. | 2G. Federal Child Abuse Prevention and Treatment Act   1. Requires the reporting of physical and mental abuse of children 2. Protect those who do the reporting. 3. Patient confidentiality does not exist in cases of suspected abuse.   Vulnerable Adult Act (Example: Minnesota Vulnerable Adult Law).   1. A law that provides for the protection of adults considered vulnerable due to physical, mental or emotional impairment. 2. Protects adults who because of disability are considered vulnerable to abuse or neglect. 3. Protects person who cannot help themselves if hurt or, misused by others 4. Persons 18 years of age or older who:   Llive in licensed facilities   * Receive services from licensed agencies * Are in family settings but cannot report abuse or neglect themselves | Refer to CAPTA (Child Abuse Prevention and Treatment Act) website  Read the Act  [History of CAPTA](https://www.childwelfare.gov/resources/about-capta-legislative-history/):  [Latest Version of CAPTA](https://www.congress.gov/bill/117th-congress/house-bill/485/text)  Read the Vulnerable Adult Act  <https://www.house.mn.gov/hrd/pubs/vuladult.pdf>  <https://www.revisor.mn.gov/statutes/cite/626.557> |
|  | 2H. Explain an individual’s legal responsibility if abuse or neglect is suspected. | 2H. Legal responsibility  The worker is legally responsible for reporting abuse immediately to the supervisor and should follow facility policy for reporting.   1. Know the abuse prevention plan for a facility 2. Review the written policy 3. Keep a record of incidents 4. Laws protect workers who do the reporting.  * Confidentiality of the reporter is protected. * The reporter should not fear reprisal or retaliation if done in good faith. * Failure to do so makes the worker equally responsible for the abuse.   + Guilty of a misdemeanor if failure to report   + Liable for damages caused by the failure to report. |  |
|  | 2I. Explain a facility's legal responsibility if abuse or neglect is suspected. | 2I. Facilities Responsibility   1. Develop an abuse protection plan 2. Develop an individual abuse prevention plan for clients in the facility. 3. Establish a written policy to ensure all cases of abuse or neglect are reported promptly. 4. Keep records of incidents to monitor for trends or repeated incidents. |  |
| 1. Explain client rights and responsibilities and how healthcare providers can ensure those rights. | 3A. Identify the purpose of the Patient’s Bill of Rights. | 3A.The Patient’s Bill of Rights is:  A list of rights of patients published by the American Hospital Association (1992) and OBRA to guarantee rights of all patients.   1. Patients have the right to make decisions about their healthcare. 2. Patients have the right to safe, considerate care. 3. All healthcare providers are obligated to uphold and protect these rights. 4. The dignity, confidentiality, and privacy of the patient will be protected. 5. The patient will be informed how much care costs 6. The patient may accept or refuse care.   Resident’s Bill of Right’s:   1. OBRA guarantees the rights of residents in nursing homes. | Small group discussions online/in class regarding the importance of the Bill of Rights to patient care.  How does the ethnicity or culture of the patient affect the meaning of the Bill of Rights?  Link to MN bills of rights: <https://www.health.state.mn.us/facilities/regulation/billofrights/index.html> |
|  | 3B. Identify the purpose of the Resident’s Bill of Rights. | 3B. Nursing Home Resident’s Bill of Rights  The resident has the right to (Refer to the Bill for a complete listing)   * 1. Be informed   2. Examine federal or state surveys regarding the facility   3. Be treated with dignity in by staff   4. Receive quality care regardless of race, color, ethnic origin, age, origin, marital status, sexual preferences, or handicap.   5. Have continuity of care   6. Refuse treatment   7. Have privacy   8. Be addressed by preferred name   9. Have confidentiality maintained   10. Be free from restraint | Review the Minnesota Resident’s Bill of Rights (or your state’s Resident’s Bill of Rights) from the webpage.  Small group discussions online/ in class regarding the importance of the Bill of Rights to patient care.  How does the ethnicity or culture of the patient affect the meaning of the Bill of Rights. |
|  | 3C. Explain how to help client/individual’s keep their rights. | 3C. A copy of the Patient or Resident’s Bill of Rights must be given on admission   1. A copy of the Patient or Resident’s Bill of Rights must be posted in an area where it is easily seen 2. Give patients/residents/clients as much control over their care as possible 3. Explain tasks and what will be done 4. Protect the patient/resident’s privacy |  |
|  | 3D. Discuss how to report and document a violation of patient rights. | 3D. How to report and document   1. Report to the supervisor any violation of patient rights. 2. Document exactly what you saw. Be specific. Facts only not opinions. 3. Follow facility policy for the scope of practice or role of the healthcare worker |  |
| 4. Describe the components of healthcare employee and healthcare facility liability when delivering client care. | 4A. Define liability, negligence, malpractice, and scope of practice. | 4A. Definitions:  Liability   1. Responsibility according to law.   Negligence  a. Failing to provide services to a patient in the same manner as a reasonably prudent person would do. Breaching the standard of care.  Malpractice   1. Negligence that results in harm to the patient.   Role within the job description & scope of practice   1. Practice within the guidelines of training, profession, and organization job description.   b. Scope of practice   * A description or list of skills that a specific occupational title is legally allowed to perform. | Review job descriptions for health-related occupations. |
|  | 4B. Discuss what a policy and procedure is. | 4B. Policy and Procedure   1. Policies & Procedures (P & P’s) guide worker conduct and patient care. 2. P & P’s help to maintain compliance with the various laws governing the workplace. 3. There are facilities and job policies and procedures that need to be followed. | Review sample policies and procedures. |
|  | 4C. Describe how policy and procedures protect the worker and client from harm. | 4C. How P & Ps protect the client and the employee:   1. Only do what you know how to do and what is allowed. 2. Perform procedures in the way you were trained and use good judgment. | **Case scenario**:  The nurse asks you to lift the patient into bed and you have not been trained to do this. What would you do? |
| 5. Discuss how confidentiality (HIPAA) must be maintained in healthcare facilities with clients and their medical records. | 5A. Define confidentiality. | 5A. Confidentiality   1. Clients have a legal right to privacy concerning their medical/personal affairs. |  |
|  | 5B. Discuss examples of confidential information | 5B. Confidential Information   1. Patient’s Personal History 2. Patient Medical History 3. Diagnosis 4. Treatment Plan 5. Prognosis | Review HIPAA  <https://www.cdc.gov/phlp/php/resources/health-insurance-portability-and-accountability-act-of-1996-hipaa.html> |
|  | 5C. Discuss with whom confidential information can be shared | 5C. Confidential information   1. Do not discuss the patient where someone might overhear you (elevators, hallway, cafeteria or outside the workplace with family and friends) 2. Information can only be discussed with those involved in the direct patient care or the supervisor. 3. Patients must give consent (permission) to transfer information to other healthcare providers. |  |
|  | 5D. Define libel and slander. | 5D. Libel   1. Making false statements about another person in writing.   Slander   1. Making false statements about another person verbally. |  |
| 6. Explore legal issues such as sexual harassment, wrongful discharge, negligence, malpractice and violence in the workplace. | 6A. Define terms: Sexual harassment, Wrongful discharge, and Malpractice | 6A. Sexual harassment   1. Unwelcome sexual advancements, sexual favors or verbal or physical conduct that unreasonably interferes with job performance. 2. job privileges or advancement on granting sexual favors 3. The Equal Employment Opportunity Commission (EEOC) is a government agency that handles sexual harassment complaints that cannot be settled at the workplace   Wrongful discharge   1. Illegal termination of an employee from their job. 2. Due process for employee rights are defined by the employer & the union if applicable.   Malpractice   1. Negligence that results in harm to the patient. 2. To prevent being sued, perform procedures in the way you were trained and only do what you can do. 3. Stay within your role as defined by the employer. | [EEOC Sexual Harassment](https://www.eeoc.gov/sexual-harassment):  [MN Dept of Labor Termination FAQ](https://www.dli.mn.gov/business/employment-practices/termination-faqs): |
| 7. Identify the legal issues for accurate documentation, informed consent, and advanced directives. | 7A. Discuss accurate documentation  7B. Define Informed Consent  7C. Discuss Advanced Directives | 7A. Accurate Documentation   1. Implications of inaccurate documentation   7B. Define Informed Consent   1. To give permission for a procedure after it has been explained along with the possible risks. 2. When Informed Consent is needed  * Before surgical procedures * Before receiving treatments like chemotherapy * Before taking high risk medications * Before anesthesia * Before blood transfusions  1. Informed versus implied consent   7C. Discuss Advanced Directives   1. Consequences when no Advanced Directives  * Physician and family (next of kin) will make the decisions on client’s behalf * Next of kin may or may not be motivated by the best interest of the patient   + Estranged spouse   + Adversarial family member * Advanced directives must have legal standing in state of residence * May be prepared by a lawyer * In MN: form must be signed by 2 witnesses or notarized * Resource for advanced directives: <https://prepareforyourcare.org/en/prepare/welcome> | More information about informed consent:  <https://my.clevelandclinic.org/health/treatments/24268-informed-consent>  <https://www.ncbi.nlm.nih.gov/books/NBK430827/>  [Informed versus Implied consent](https://lawcourses.org/what-is-implied-consent/) |
| 8. Describe the consequences of inappropriate use health data (including the use of social media and email) in terms of disciplinary action. | 8A. Define social media  8B. Discuss the inappropriate use of social media  8C. Describe consequences when social media is inappropriately used. | 8A. Social Media   1. Computer 2. Cell phones 3. of iPod 4. Social networking platforms (e.g., X(Twitter), Facebook, Snapchat, Caring Bridge, etc. 5. Texting 6. Cameras   8B. Unacceptable use of social media   1. While providing care 2. When talking to a client, patient, resident or customer 3. Private emails when working 4. Taking pictures of individuals being cared for 5. Personal calls when working 6. Sharing individuals' personal information   8C. The possible consequence of inappropriate use of social media   1. Loss of job 2. Criminal investigation 3. Loss of license, certification 4. Removal from the state registry | **Video (5mn):** [NCSBN-Social Media Guidelines for Nurses including stories and consequences](https://www.youtube.com/watch?v=i9FBEiZRnmo)  **Video (4mn):** American College of Obstetricians and Gynecologists (ACOG) on [social media and healthcare professionals](https://www.youtube.com/watch?v=3N8A5LMlego) |
| 9. Using a problem-solving process applied to healthcare situations, describe how laws influence healthcare facilities and the care of clients. | 9A. Discuss the problem-solving process as applied to legal issues in health care utilizing a team approach | 9A. Utilize a five-step problem-solving process:   1. Identify the problem. 2. Gather information 3. Create alternative solutions 4. Select and act/implement solutions 5. Evaluate and revise as needed |  |

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