Health Web Site Standards

Version 1.0

Purpose and Scope

These standards are intended for the accreditation of consumer-oriented online health resources. Organizations offering such resources include (but are not limited to):

- Health care financing organizations, such as health plans and health insurers;
- Health delivery organizations, such as hospitals and physician practices;
- Health management organizations, such as third party administrators and specialty managed care organizations;
- Organizations offering health resources primarily through the Internet or other electronic media;
- Different combinations of the organization types listed above

Accreditation may increase the confidence of consumers and other stakeholders that their Web-based interests, welfare, and safety are protected by organizations that meet these standards.¹

Additional details regarding the Health Web Site Accreditation Program are available on URAC’s Web site at www.urac.org.

¹ Compliance with these standards does not substitute for compliance with applicable law(s) except where expressly provided in such law(s).
Definitions

Note: Defined terms are italicized throughout this document. Definitions apply to the way in which the terms are used in this document and do not necessarily apply in other contexts.

Commerce: Any services provided by a Web site that include the selling or marketing of health content; medical supplies or equipment; pharmaceuticals, dietary or nutritional supplements; service delivery, or other health care services or products.

Connectivity: Any services provided by a Web site that include the exchange or storage of personal health information or health content between users and the Web site, users and health professionals or facilities, or among users. Examples include management of health care records, chat rooms, discussion groups, bulletin boards, and e-forums.

Contractor: A business entity that performs delegated functions on behalf of the owner. Includes (but is not limited to) wholly-owned or controlled subsidiaries and third-party vendors.

Health Content: Web site services that are intended to provide general, user non-specific information or advice about maintaining health or the treatment of an acute or chronic illness, health condition, or disease state.

Health Professional: An individual who: (1) has undergone formal training in a health care field, (2) holds an associate or higher degree in a health care field and holds a state license or state certificate in a health care field (where applicable), and (3) has professional experience in providing direct patient care.

Opt-in: Affirmative consent actively provided by a user to participate in an activity or function of the Web site, provided after the Web site has fully disclosed the terms and conditions of participation to the user, including:

- The duration of the opt-in (is it indefinite or does it apply for a specified period?);
- The type of information to be collected from the user, and the purposes for which the information will be used; and
- The mechanism by which the user may opt-out.
**Opt-out:** A process by which a user declines to participate in an activity or function of the Web site.

**Owner:** A business, corporation, association, coalition, group, or other entity that owns or operates a Web site. For the purposes of these standards, an owner will usually (but not always) be:

- A health care organization, such as a health plan, insurer, managed care organization, hospital, or physician practice.
- The entity that users identify as the sponsor of the Web site.

**Note:** Under these standards, the owner is responsible for all Web site functions, even in instances where such functions are delegated to a contractor.

**Passive tracking mechanism:** A persistent electronic file used to track Web site navigation. (Passive tracking mechanisms may be temporary, which exist during a given Internet session but are destroyed automatically after the session is ended, or persistent, which exist permanently until they are deleted and may be used to track user behavior from one session to the next. The term “passive tracking mechanism,” as used in this document, refers to persistent mechanisms, which allow a Web site to record and retain user-specific navigation information whenever the user accesses the Web site.) Examples of passive tracking mechanisms include (but are not limited to) cookies, clear gifs, web bugs, etc.

**Personal health information:** Any personally-identifiable information, whether oral or recorded in any form or medium, that:

- Is created or received by a user, owner, health care provider, health plan, public health authority, employer, insurer, school or university, or health care clearinghouse; and

- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

**Personally-identifiable information:** Any information that can be tied to an individual identifier.
Quality Oversight Committee: A committee that has been assigned responsibility and authority for the quality of the Web site by the management of the owner. At a minimum, the committee membership includes:

(i) The health professional(s) responsible for the health content on the Web site; and
(ii) The individual responsible for the Web site’s privacy practices.

Service delivery: Any services provided by a Web site that include user-specific health care advice or information; communication between and among health care providers, users, and health plans, health insurers, or health care facilities regarding treatment decisions, claims, billing for services; and other services provided to support health care.

User: An individual person who visits a Web site.

Web site: An electronic source of health content, commerce, connectivity, and/or service delivery.
Health Web Site Standards

To achieve URAC accreditation, owners and Web sites must comply with the following standards.

I. Disclosure

Standard WS 1
The Web site discloses to users:
(a) The specific services it provides, such as health content, connectivity, service delivery, personal health management, and/or commerce;
(b) Terms and conditions regarding the provision of services;
(c) Appropriate uses and limitations of those services including limitations (if any) on
   (i) providing health advice to users; and
   (ii) emergency health situations; and
(d) The rights and responsibilities of users and other participants.

Standard WS 2
The Web site discloses its practices for uses and response times for e-mails, electronic messages, and other communications transmitted via the Web site.

Standard WS 3
The Web site discloses to users:
(a) What information is collected about users and how it is used (including the use of passive tracking mechanisms);
(b) To whom personally-identifiable information may be disclosed, and for what purpose;
(c) How long personally-identifiable information is retained;
(d) The rights of users with respect to their personally-identifiable information, including all the rights enumerated in section IV of these standards;
(e) The entity that maintains personally-identifiable information; and
(f) Any limitations on deletion or removal of information.

Note: Please refer to section IV, below, for standards regarding personally-identifiable information.)
Standard WS 4

The Web site discloses to users information regarding:

(a) Significant financial investors and interests in the owner or Web site (to include any product, service, or organization mentioned or endorsed on the site);
(b) The identity of the Web site owner, including address and legal name; and
(c) Where to get more information about the owner(s) (such as annual reports).

Standard WS 5

The Web site discloses to users its editorial policy. (see WS 11, below)

Standard WS 6

If advertising or sponsorship is one of the funding sources, the Web site discloses to users its advertising and sponsorship policies.

Standard WS 7

The Web site discloses significant relationships between commercial sponsors and health content by identifying a sponsor's involvement in:

(a) Selecting or preparing health information content that appears on the Web site, including any sponsorship of priority listings in search engine results, product listings, or other preferences in presentation of information to consumers; and
(b) Any "co-branding" of health content or service delivery.

Standard WS 8

The Web site discloses to users its promotional policy, i.e. if and how it will use information obtained from users to promote goods and services of the owner or its business partners.

Standard WS 9

The Web site discloses if it has a material financial and/or business relationship based on linking to other sites. (see section III, below)

Standard WS 10

Notice of all disclosures is prominently posted on the Web site, and the disclosures are available electronically through the Web site.
II. Health Content and Service Delivery

Note: The URAC Health Web Site Accreditation Program is not designed to guarantee a minimum level of quality for health content or service delivery. However, the practices and mechanisms described in this section (and elsewhere in these standards) are important components of a quality Web site program.

Standard WS 11
The owner develops editorial policies and applies these policies to all health content on the Web site, whether developed by the owner or licensed from another organization. Editorial policies specify:

(a) Requirements for minimum qualifications of authors and sources of health content;
and

(b) The editorial review process for any health content to be displayed on the Web site.

Standard WS 12
The Web site clearly distinguishes advertising from health content using identifying words, design, or placement.

Standard WS 13
The Web site does not make claims of therapeutic benefit without reasonable support.

Standard WS 14
The owner implements a policy not to knowingly accept advertising or sponsored health content for the Web site that either contains false or misleading claims or promotes ineffective or dangerous products.

Standard WS 15
For health content, the Web site provides:

(a) The name of the author and/or source of the material; and

(b) The date of the health content or its last update.
Standard WS 16
Where the Web site presents health content based on clinical experience or scholarly research, the Web site clearly discloses the actual author(s) of the health content.

Standard WS 17
The Web site has a conflict of interest policy for all authors of health content that is easy for users to find, read, and understand.

Standard WS 18
Where the Web site offers any self-assessment tools, the Web site:
   (a) Discloses their source;
   (b) Appropriately describes the scientific basis for their operation; and
   (c) Describes how the Web site maintains self-assessment tools, including:
      (i) a description of the evaluation process; and
      (ii) the date of the last review or update.

Standard WS 19
For service delivery, the Web site provides conspicuous and appropriate information for users to understand when they are, and are not, in an interaction with a health professional that is covered by the ethical standards of the profession.

Standard WS 20
For service delivery, the owner implements systems to enable health professionals to adhere to professional ethical principles in the Web site environment.

Standard WS 21
The Web site provides information on:
   (a) The credentials and qualifications (and, if applicable, professional licensure) of persons responsible for service delivery; and
   (b) Whether the owner verifies information regarding health professionals or others who provide services or information on the Web site.
III. Linking

**Standard WS 22**

The owner, with the involvement of the quality oversight committee, develops, documents, and follows specific policies and procedures for evaluating and choosing sites with which to link.

**Standard WS 23**

The Web site clearly indicates to users:

(a) Whether links to other sites are provided for information only or constitute endorsements of those other sites; and

(b) When they are leaving the Web site to go to a linked site.

**Standard WS 24**

The owner periodically (at least annually):

(a) Re-evaluates appropriateness of links to other sites; and

(b) Checks the functionality of links and removes or corrects non-functioning links.

**Standard WS 25**

The Web site provides a mechanism for users to report non-functioning links.

IV. Privacy

**Standard WS 26**

The Web site allows users to opt-out of the collection and use of personally-identifiable information and describes the consequences both of providing, and not providing, such information.

**Standard WS 27**

If the Web site uses passive tracking mechanisms, the Web site:

(a) Discloses the use of passive tracking mechanisms to users and the purpose(s) for which the passive tracking mechanisms will be used;

(b) Obtains opt-in from users before persistent passive tracking mechanisms are used;

(c) Provides users who have previously agreed to the use of passive tracking mechanisms a mechanism to subsequently opt-out; and
(d) Informs users of the consequences of not agreeing to the use of passive tracking mechanisms (for example, restricted access to the Web site).

Standard WS 28
If the Web site collects personal health information, the Web site does so only for users who opt-in for collection, and the Web site describes the consequences both of providing, and not providing, such information.

Standard WS 29
The Web site obtains opt-in from users prior to the collection and use of personal health information.

Standard WS 30
The Web site does not use personal health information for any purpose outside the scope of the original opt-in without first obtaining additional opt-in (unless required by law).

Standard WS 31
The Web site provides information to users about how to access, supplement, and amend user-provided personal health information.

Standard WS 32
Specific, voluntary opt-in is obtained prior to disclosure of patient health information unless required for: health care operations, treatment; payment, internal quality management activities, or legal requirements (public health reporting, fraud and abuse investigations, court orders, and warrants).

Standard WS 33
The Web site allows users, at any point, to opt-out of the continued collection and use of their personal health information and/or request deletion or removal of that information, providing directions/adequately describing how to do so.
Standard WS 34
For users who have opted-out of the use of their personal health information (or who no longer have access to their personal health information on the Web site), the owner develops and implements policies and procedures for:

(a) The management of retained personal health information; and

(b) The deletion or removal of personal health information for which the user has opted-out.

Standard WS 35
The owner requires a business partner agreement from any third parties that have access to personally identifiable information on (or obtained through) the Web site, holding them to the same (or higher) privacy standards as the owner.

V. Security

Standard WS 36
The owner requires a business partner agreement from any third parties that have access to personally identifiable information on (or obtained through) the Web site, holding them to the same (or higher) security standards as the owner.

Standard WS 37
If the Web site maintains or collects personal health information, the owner has on file a credible auditor’s report, no more than one year old, that finds the Web site meets or exceeds industry security standards and practices – both technological and administrative – to guard against unauthorized access to personal health information.

Note: URAC will evaluate the credibility of security audits under standard WS 37 on a case-by-case basis, considering such factors as:

- The qualifications and independence of the auditor;
- The standards used by the auditor; and
- The rigor of the auditing process.

In cases in which the owner does not have an acceptable auditor’s report, the owner may arrange for such an audit, or URAC will perform an audit as part of the accreditation process (for an additional fee).
VI. Accountability

Standard WS 38
The Web site provides a mechanism, clearly identifiable to users, to:
(a) Provide feedback about the Web site, and
(b) Register complaints.

Standard WS 39
The owner develops and implements policies and procedures to respond to complaints in a timely and appropriate manner, and for dispute resolution.

Standard WS 40
Information collected through the mechanisms described in standards WS 38 and WS 39 is documented and shared with the quality oversight committee.

VII. Policies and Procedures

Standard WS 41
The owner develops and maintains written policies and procedures that govern all material aspects of its Web-based, electronic activities, including (but not limited to):
(a) Quality oversight committee (see standards WS 47 through WS 53)
(b) Staff Competency Development (see standard WS 45)
(c) Disclosure (see standards WS 1 through WS 10)
(d) Health content and service delivery, including editorial policy (see standards WS 11 through WS 21)
(e) Linking (see standards WS 22 through WS 25)
(f) Privacy and Confidentiality (see standards WS 26 through WS 35)
(g) Security (see standards WS 36 and WS 37)
(h) Accountability (see standards WS 38 through WS 40)
(i) Accessibility (including accessibility for disabled persons)
(j) Reliability and Performance
(k) Credentialing and Professionalism (see standards WS 19 through WS 21)
(l) Protection of children regarding Web site access
(m) Business relationships (including advertising, editorial autonomy, etc.)
(n) Response to users who attempt to utilize the Web site outside the scope of its intended services
(o) Roles and responsibilities (if any) with respect to reporting information to appropriate legal and regulatory authorities

Note: Please refer to the subsequent sections of these standards for guidance on necessary policies and procedures regarding the items listed in standard WS 41.

Standard WS 42
The owner:
(a) Maintains a master copy of policies and procedures; and
(b) Reviews policies and procedures no less than annually, and revises when necessary.

Standard WS 43
Internal policies and procedures include:
(a) Effective dates, including the date of the most recent revision; and
(b) Signature of person with approval authority.

Standard WS 44
The owner:
(a) Adopts an appropriate and established set of guidelines, principles, or ethics code to guide the Web site; and
(b) Ensures that all policies and procedures are consistent with the guidelines, principles, or ethics code adopted by the quality oversight committee. (see standard WS 48, below)

Standard WS 45
The owner implements a process to provide staff training, in order to keep all those involved in Web site operations up-to-date regarding all policies and procedures relevant to their job functions.

Standard WS 46
The owner implements processes to maintain oversight of activities delegated to contractors, including written contracts that specify:
(a) The responsibilities of the owner and the contractor; and
(b) Mechanisms to address any problems with the contractor’s performance.

VIII. Quality Oversight Committee

Standard WS 47
The owner establishes a quality oversight committee. (see definition)

Standard WS 48
The quality oversight committee considers and applies other professional guidelines, principles, or ethics codes as appropriate to its health content, audience, and goals.

Standard WS 49
The quality oversight committee reviews changes to all policies and procedures related to the Web site.

Standard WS 50
The quality oversight committee establishes and reviews performance data or indicators relative to the Web site at least quarterly and implements interventions in cases where the data indicate deviations from stated policies.

Standard WS 51
The quality oversight committee maintains a process to implement appropriate interventions for circumstances or events that may pose an immediate or imminent threat to the health, safety, or welfare of users.

Standard WS 52
For issues that require intervention, the quality oversight committee:
   (a) Oversees the corrective action; and
   (b) Documents the corrective action and any resulting improvements.

Standard WS 53
The quality oversight committee maintains a formal record of proceedings.
References

Sources for this document include:

- “Best Principles for Health Privacy,” Health Privacy Project, Institute for Health Care Research and Policy, Georgetown University, July 1999.