

# **Michigan Internet Partner Services Guidance**

## Table of Contents

Purpose/Benefits.....	page 3
Confidentiality.....	page 3-4
Required Training.....	page 4-5
Getting Started: Using Mobile Applications (apps).....	page 5
Staffing.....	page 5-6
Creating Profiles and Screen Names.....	page 6-7
Using apps for investigations/to locate people.....	page 7
Referrals for IPS.....	page 7
Using apps for field investigations.....	page 8
Standard protocol messages for partners on adult dating applications (sending direct messages).....	page 8-10
Notification of Partners.....	page 10-11
Supervision and Quality Assurance.....	page 11
Evaluation of IPS Use.....	page 12-13
Summary.....	page 13
Glossary of Acronyms.....	page 14

## Appendices

Appendix A – Confidentiality Agreement Sample.....	page 15
Appendix B – Social Networking Sites & Dating apps & Investigational Strategies Available by App.....	page 16-17
Appendix C – Eliciting Websites & Mobile Dating Apps.....	page 18-19
Appendix D – Internet Partner Services Notification Log Sheet Sample.....	page 20
Appendix E – Follow up Messages.....	page 21-22
Appendix F – Incident Documentation Log Sample.....	page 23

### ***Purpose/Benefits***

The Michigan Department of Health & Human Services, Bureau of HIV & STI Programs (MDHHS/BHSP) has a long history of providing quality services to citizens living with or affected by **HIV, STIs and other emerging infections** with needed care and supportive services. Over the years, the increased use of many social media platforms, such as social networking sites and mobile dating apps, has resulted in clients being unable to provide public health with needed contact information (names, addresses or phone numbers) to notify exposed partners. Given the impact of the use of these platforms has had on our ability to notify partners of their possible exposure, the MDHHS/BHSP created this guidance for local public health departments to conduct Internet Partner Services (IPS). For the purpose of this guidance, the term IPS is used broadly to capture the use of a wide array of technologies for partner services, which would include, but not limited to, the internet, social networking sites, email, mobile devices, mobile applications, and texting. Also, the term DIS is used broadly to include any staff who interview clients, elicit partner information, and perform partner notification.

Increasing interview rates and improving elicitation of partners is key to meet the Centers for Disease Control and Prevention (CDC) metrics and to effectively intervene in the course of infection. It is important for MDHHS/BHSP and local health departments to investigate all known and suspected sex and needle-sharing partners of HIV and other reportable STIs to ensure they are provided medical evaluation as well as applicable treatment and follow-up referrals. The use of social networking sites, mobile dating apps and other technologies is considered IPS. The use of IPS does not replace traditional partner services, however, should be viewed as an additional tool to contact individuals that are otherwise unreachable by traditional partner services methods. In this regard, MDHHS/BHSP is recommending local health departments begin to integrate IPS into their partner notification delivery.

### ***Confidentiality/Ethics***

Adherence to standards of confidentiality and ethics is imperative. All the same confidentiality protections and ethics that are applicable to traditional in-person discussions for partner notification are equally important when conducting IPS and should be adhered to. When implementing protocols to conduct IPS, confidentiality agreements should be signed and reviewed annually by staff designated to conduct or participate in partner services investigations who will be using online social networking sites/mobile dating apps. The use of confidentiality agreements should also include information technology (IT) and other staff that may view or have access to confidential information. These agreements will include statements about the consequence of inappropriate use of the state health department and/or local health department accounts, email addresses, and user profiles. The agreement should contain statements related to access to confidential email or instant messaging (IM). Prior to implementation, agencies need to ensure HIPAA compliance, use of firewalls, security of wireless networks (if used), and that a policy is in place permitting staff to conduct IPS from their home computers, cell phones, and laptops is in place. **See Appendix A for sample Confidentiality Agreement.**

Screen names, email addresses, health status, and/or personal information obtained can be used as identifying information and will be held to the same level of confidentiality as a client's first name and surname. Under no circumstances should staff share any information other than with affiliated DIS staff on a need-to-know basis. Every reasonable effort will be taken to ensure all emails or messages are sent

to the intended recipients. To conduct IPS, staff will need approved access to internet-based social network sites and mobile dating applications that are traditionally blocked by state/local servers. **See Appendix B for the List of Social Networking Sites and Dating Apps, & Investigational Strategies by app.** Anti-virus and anti-spyware software will always need to be kept up-to-date and used on computers used for this work. The designated staff engaging in the work should be aware that their accounts will be monitored and audited and should be prepared to maintain accountability.

### ***Required Training***

The effective implementation of IPS is a result of experienced staffing, strong supervision, and a comprehensive training program. For this to be successful, STI/HIV programs will need to provide DIS staff with additional training specific to IPS. Training will be provided by local/state health departments, capacity building organizations, and by the Centers for Disease Control and Prevention (CDC). Staff will also be provided with ongoing professional development as this technology changes constantly and it is critical that as new technology emerges and existing sites/apps evolve, staff are staying current. Below is a list of processes and trainings that are important when addressing social networking sites and mobile applications access for IPS:

- DIS program policies and procedures
  - Revising interview format to include questions about on-line partners
  - Defining what information can be shared and/or discussed over the internet with an index client and their sexual/needle-sharing partners
  - Setting up online profiles
  - Developing standardized online correspondence to ensure consistent communication by DIS
  
- Basics of the Internet – including, but not limited to, types of web-based networks (internet service providers/dating applications, websites, chatrooms, IM services etc.) as well as online terminology and iconography.
  - Training on chat rooms and dating apps, including the differences between the two and applicable terminology, etiquette etc.
  - Cultural competency training, including how and why people use the internet for sex seeking
  - Internet safety and confidentiality levels of the various dating apps and online social media platforms
  - Review of terms of services of each dating app
  - Hands-on website experience examining different dating apps, and the groups that use them (app stimulator)

Program staff working in this area should spend time exploring dating app sites frequented by target populations to gain familiarity with how these sites work and to understand them from a public health perspective. Surfing the internet should be an ongoing activity to stay current as different dating apps

sites become popular and as DIS ask all clients about partners they meet via the internet. Usage of various types of sites can vary significantly by demographic or geography.

### ***Getting Started – Using Mobile applications (apps)***

While there are many common considerations related to partner services, there are some unique considerations that must be addressed before implementing the use of IPS to access index clients and/or partners who may need assistance. For online dating sites, descriptive details elicited during the DIS interview with the person living with HIV (such as race, height, weight, and unusual identifying characteristics) should be enough to determine the correct partner is being contacted. It is also required that DIS and other staff involved with PS should obtain detailed descriptive information about the partner's internet profile (such as username or profile name, age, weight, height, HIV status, interests, number and type of pictures, and town and state the profile is listed in) as well as the accuracy of the information listed. This information will be shared to the designated DIS to assist in the confirmation of identity before any messages are sent through any mobile dating application (app).

It is important to remember that dating applications, where clients meet sex partners and from which internet partner services (IPS) is being conducted, do not have a public health mission. Many of these services are private businesses whose primary goal is to generate revenue. It is possible that a health department presence will be perceived as a threat to that goal. In that regard, as a public health entity, it is important to be aware that working in these sites, we are a member of the community and are subject to the rules and regulations of the website; these will vary from site to site. It is imperative to be aware of each dating site rules and regulations pertaining to IPS prior to joining the site.

Some dating application websites will allow one type of effort and not another, for example, they will allow passive outreach, but not IPS. Other websites may require separate profiles for IPS and outreach and will state that they should not be used interchangeably.

Being aware of the rules and regulations for each dating application and following those policies will help to ensure that any internet efforts that are conducted within private businesses and trust in public health are preserved. Each app is unique; it will be necessary to review once a membership is established.

### ***Staffing***

There are two methods of conducting IPS within local/state health departments. The first method is called the distributed expertise staffing model. In this model, a few or all DIS will have access to devices and apps and are responsible for doing all app-based activities related to their own caseload. The second model is the centralized expertise model. In this model, one or a small number of staff will accept referrals from other DIS within their health department and conduct internet-based or app-based activities on behalf of the department. The local/state health departments will need to decide which model would best fit the needs and resources of their staff prior to implementing IPS.

A significant portion of IPS will take place within online adult- oriented websites. Because of the overtly sexual environments encountered within the internet/dating applications DIS who take on these

activities should be culturally competent, interested in the intersections of technology and HIV/STI prevention, well prepared to view explicit content, technology savvy, highly motivated, enjoys the challenge of tough investigations, be sex-positive and competent at working in gay and bi-men spaces. Supervisors of DIS staff will need to play a strong role in these IPS activities to ensure lower risk of confidentiality breaches, removal from the app, or client complaints.

Overall, joining websites or mobile dating applications will likely require agreements with the terms of services (TOS); these will define what confidential communication between persons on that specific website will be. All TOS are legally binding agreements that outline the owners' operating policies.

### ***Creating Profiles and Screen Names***

To access many of the online sites or dating apps, programs will need to create a user or member profile. When creating a profile, it is suggested that an official health department email should be associated with the profile, the official health department logo should be used as the account picture when possible, and other identifying information should be provided respective to IPS/website protocol for health departments.

Several caveats exist:

- Some sites will not allow logos; rather the profile picture must be of a person.
- Some websites may require certain information to be contained within your profile.
- Some profile fields are required for membership but may not be applicable to the IPS program. These could include age, sexual preferences, etc. When this occurs, we suggest that program choose the least complicated options. In some cases, programs have selected the lowest risk option or the option that most closely relates to the at-risk population. While not perfect, until such time that online venues create an option for public health membership, those doing PS must work within the requirements of a regular member profile.

Some online venues do not allow URLs or links to be used in open narrative fields, while others have provided fields for websites and social media accounts.

Screen names are your online name and must clearly identify the program. The headline of a profile must identify MDHHS or the local health department and all images used for IPS pages or profiles will consist of agency logos or images provided by the website (such as the standard health logo for IPS profiles on Adam4Adam). The profile text must clearly state the sole purpose of the profile is to contact potential partners. This activity should be done in collaboration with your communications department.

Passwords for websites/dating apps should be secured, using a combination of numbers, at least one capital character, and at least one special character (such as \*&^%\$#@). Passwords should always be recorded either electronically or on paper and kept in a secure location, such as a locked file cabinet and only used for IPS. Some online venues and dating apps may require detailed information, such as interest and activities that an individual may be "into." When fields (such as "things I am into") are required, options that display the healthiest choices available, such as "safe only" should be selected. The following steps are to be taken when creating online profiles:

1. Read carefully and understand the sites terms of services (TOS) and privacy policy
2. Clearly identify that you represent a local health department
3. Use only an official health department email address
4. Create headline that clearly states your health department address
5. Use the health department logo as an image whenever possible

Once a profile is created on a site, it is vital that the mail settings be set properly for optimum confidentiality. This can be done by visiting “my account” within each site.

Settings that should be “**on**” are as follows:

- Email alerts – will allow designated staff to be notified when a new message is received
- Send emails with news – will keep designated staff updated on site information
- Some settings that should be “**off**” are as follows:
- Viewer tracker or recently visited – allows members and their friends to see who visited them; we do not want their site friends to see we visited them and view our profile.

Different words/phrases are used on the various sites as to how they list their activities. Close attention must be paid to all available settings when establishing the new account. The IPS representative setting up the account must take the time to read through the account information before sending notifications to members of the website/dating application.

### ***B. Using Apps for investigations/to locate people***

Accessing dating applications for IPS to locate persons who have been exposed to a communicable disease will be used when other routine investigative means to notify at-risk persons are unavailable or have failed. All DIS shall ask all index clients who accept partner services whether any sex or needle-sharing partners were met through the internet and mobile dating applications. **See Appendix C for questions DIS can asked to elicit website/mobile dating applications.** After identifying clients who have used the internet/mobile applications to meet sex partners, DIS shall make every effort to obtain:

- a. Nickname (and online handle) of each partner
- b. Mobile dating application profile name
- c. Email address (if applicable) of known sex or needle-sharing partner
- d. Time of day and day of week that online contact was made
- e. Name of Internet/mobile dating application
- f. Address, phone number/cell number of partners
- g. Physical description of partner
- h. Place where sexual or needle-sharing encounter occurred

### ***Referrals for IPS***

DIS will initiate a referral via MDSS or Aphirm (formerly Eval & PS Web) for all sex or needle-sharing partners named, including those who are to be notified through IPS. If DIS elicit an internet/mobile dating application profile as the only means to contact the sex partner, they will use the code “Internet” as the initiating agency on the Eval Web field documentation. Depending on the staffing model chosen by local/state health department, the DIS responsible for the notification and referral of the partners will be coded as the “investigative agency”.

The local/state health department will develop and maintain a log (**See Appendix D Internet Partner Notification Log Sample**) to record the following data elements:

- a. Address of email account/mobile dating application profile accessed
- b. Date and time the email/mobile dating application account was accessed, and the message received
- c. Client tested (Yes/No/Type of test)
- d. Client treated or linked to care (Yes/No)
- e. All locating information, to be given to the respective DIS managing the case (depending on staffing model)
- f. Disposition in APHIRM (formerly Evaluation Web)

### ***C. Using Apps for Field Investigations***

If conducting interviews in the field, it can be helpful to do app-based investigation during the interview. DIS should discuss with index clients what apps they have visited and during the interview, ask the client to log in to see if the partner is currently online. This will allow the DIS to work from their own account to notify the partner. Some applications have geolocating so that, if the client has seen their partner online when they are at home, work, or school, it might be an indication of where that the partner also lives or works.

It is important for DIS to gather as much information as possible about a partner during the interview with the index client. This includes the partner's physical description, what kind of profile picture the partner had, where and what time the index client saw their partner online, and whether the client saw their partner on other apps as this might allow DIS to confirm they have the right profile when attempting to conduct notification using dating applications.

### ***D. Standard Protocol Messages for Partners on Adult dating applications (Sending direct messages in apps)***

*Anecdotal evidence from experienced programs that have utilized IPS indicates that including specific disease information in proprietary email systems is safe and acceptable to the recipients.* In general, proprietary message systems are password-protected, and members of these websites typically have individual accounts. Instant messages (IM's) are prohibited due to the high likelihood of breaching the site member's confidentiality. This can happen because conversations can be viewed by website owners and managers, as well as the health department's IT staff, or can go straight to a cell phone. Additionally, some IM programs will sit on a computer desktop whether the account user is present. This means that anyone can see an IM when it pops up on the computer screen and, therefore, anyone can respond to the IM.

The following messages have been developed for use by DIS for IPS in all contact attempts. They can be sent to any individual on an adult site, such as Adam4Adam or Jack' d, etc., who has been exposed to a communicable disease, such as HIV or syphilis. The DIS will send the message within the appropriate website but not via IM. The examples of messages are:



**Message #1:**

**To:** (Partner email address or online profile)

**From:** (Name and phone number of DIS)

**Subject:** PLEASE READ FROM YOUR LOCAL HEALTH DEPARTMENT

My name is John Doe and I work with the ABC Health Department. I have some very important health information to share with you. Because health information is covered by confidentiality policies, I cannot provide this information by email. I can provide this information by phone. Please call me at (xxx) xxx-xxxx. I can be reached at this number from 8:00am to 4:30pm., Monday through Friday, or you can contact me using my cell phone at (xxx) xxx-xxxx. To assist you in confirming my identity. I have included my supervisor's name and phone number: Supervisor/Manager, (xxx) xxx-xxxx. Please do not delay in contacting me.

John Doe  
ABC Health Department

**Message #2:**

**To:** (Partner email address or online profile)

**From:** (Name and phone number of DIS)

**Subject:** PLEASE READ FROM YOUR LOCAL HEALTH DEPARTMENT

I am Jane Doe with the ABC Health Department, and I need to speak with you. Please call me as soon as possible at (xxx) xxx-xxxx

To assist with confirming identity, the Supervisor/Manager's name and phone number should be included as listed above.

Jane Doe  
ABC Health Department

**Message #3:**

**To:** (Partner email address or online profile)

**From:** (Name and phone number of DIS)

**Subject:** PLEASE READ FROM YOUR LOCAL HEALTH DEPARTMENT

My name is (DIS staff name) and I work for the ABC Health Department. I am contacting you because someone you met online was recently diagnosed with a laboratory-confirmed infection and they have asked that you be notified of your possible exposure. It is very important that you call me as soon as possible at (xxx) xxx-xxxx, Monday through Friday from 8:00am to 4:30pm, or you can contact my cell number at (xxx) xxx-xxxx, so that I can speak with you confidentially about the specific potential exposure and provide you with options for testing and treatment. If you reach my voice mail when you call, please leave a number where I can reach you.

Thank you for your prompt response  
(DIS name)  
ABC Health Department

The following two messages have been developed for use by staff conducting IPS. They are to be used in response to messages sent to partners that are refusing to respond or if the message was read, but the DIS staff was not contacted back. **Additional follow up messages can be found in Appendix E of the document.**

**Message #4: (If no response)**

**To:** (Partner email address or online profile)

**From:** (Name and phone number of DIS)

**Subject:** PLEASE READ FROM YOUR LOCAL HEALTH DEPARTMENT

My name is (DIS staff name) and I work with the ABC Health Department. I attempted to contact you on (date of first email) and have not received a response. I am concerned that we have not heard from you regarding an important health matter and you are not receiving medical attention that you may need. Please call me at (xxx) xxx-xxxx. My voicemail is private, confidential, and password protected. To assist you in confirming my identity, I have included my supervisor's name and phone number: Supervisor's Name, (xxx) xxx-xxxx. Please do not delay in contacting me.

Thank you,  
DIS name  
ABC Health Department

**Message #5 (If message was read, but IPS staff was not contacted)**

**To:** (Partner email address or online profile)

**From:** (Name and phone number of DIS staff)

**Subject:** PLEASE READ FROM YOUR LOCAL HEALTH DEPARTMENT

My name is (IPS staff name) and I work with the ABC Health Department. I noticed that you read my first email, but I did not hear back from you. I have important health information and need to share that information with you as soon as possible. Please call me at (xxx) xxx-xxxx. My voicemail is private, confidential, and password protected. To assist you in confirming my identity, I have included my supervisor's name and cell phone number: Supervisor's name, (xxx) xxx-xxxx. Please do not delay in contacting me.

Thank you,  
  
DIS name  
ABC Health Department

***Notification of Partners***

An electronic notification message should be sent a maximum of three (3) times. The three messages should be sent according to program-specific timeframes. If a response is not obtained following three attempts, the case will be recorded as "Unable to Locate".

Once designated staff receives a reply from the named sex or needle-sharing partner, the first question to be asked should be, "Are you the only user of this email or mobile dating application account. If the answer is "No, this is a shared account, staff should end contact. However, if the sex partner answers "Yes, I am the only user of the account" designated staff will then inform the sex partner that they represent the health department. In both situations the DIS should request the partner call by phone to be able to inform the partner of the possibility they have been exposed to a communicable disease (i.e. HIV or syphilis) and discuss testing, care, and referral to supportive services. If a partner would like to have a face-to-face encounter with a DIS, that should be made available.

If DIS receives a response by phone, staff must ask the named sex or needle-sharing partner, how they were contacted. When the partner reveals they were contacted via the internet/dating application, the DIS must confirm what specific site and member name was used. The client **MUST** state their member name first. DIS are **NOT** to state the screen name first since this is the same level of confidentiality as a person's date of birth. Once a member name is confirmed the proper information can be obtained and the interview should be conducted per standard protocol. Syphilis and HIV exposures will be discussed over the phone so testing, treatment, care, and other supportive services may be administrated quickly.

### ***Supervision and Quality Assurance***

As with traditional Partner Services, IPS quality assurance and monitoring must be conducted through frequent, routine, and standardized evaluation. Evaluation and quality assurance measures are critical to the success of any disease intervention initiative. MDHHS BHSP and local health departments should assess and evaluate their efforts on these sites, not only to quantify successes but to avoid any potentially harmful/unintended consequences. As this initiative is being developed and implemented several questions need to be ask:

- What is working?
- What should be improved?
- How should it be changed?

The MDHHS/BHSP Partner Services Coordinator and Partner Health Improvement Coordinator will be a resource to local health departments as the program is initiated. However, local health department supervisors will oversee day-to-day operations of their staff providing IPS, including ensuring adherence to guidelines. Random periodic audits shall be conducted by the local IT staff to monitor compliance with MDHHS and local internet use policies and procedures. The supervisor should conduct reviews, which shall include observation of the IPS designated staff attempting to notify sex and needle-sharing partners via the internet/mobile dating applications to ensure compliance with information security policies, procedures, laws, and rules regarding confidentiality. In the event of an emergency, breach of confidentiality, or unusual incident related to IPS and referral services, the supervisor will immediately notify the health officer and document the incident on the incident log within one day. The incident documentation should include the date, time, name of site, and the online name of the person reporting the incident. **The IPS Incident Log can be found in Appendix F.** Furthermore, an internet partner notification log sheet will be maintained by the IPS team. All internet activities and communication with sex and needle-sharing partners will be documented, per standard program protocol, to ensure data is collected confidentially and in a timely manner. Example of the internet partner services notification log can be found in Appendix D.

### ***Evaluation of IPS Use***

The local health department supervisor will work with the MDHHS Partner Services Coordinator and MDHHS Epidemiologists to ensure quarterly and annual reports to evaluate app-based partner services activities. Below are examples of elements to evaluate app-based partner services activities:

<b>Process Evaluation Questions</b>	<b>Indicator/Measure</b>
How productive are interviews in terms of eliciting iPartners for field investigation?	Total # of interviews
	Total # of partners, regardless of locating information
	Number of clients asked about iPartners
	Number of iPartners for which some contact information was obtained (e.g., profile name, email address, phone number.
	Number of iPartners initiated for field investigation
<b>Outcome Evaluation Questions</b>	<b>Indicator/Measure</b>
How productive are online investigations of iPartners in terms of notification of exposure?	Number of iPartners sent notification <sub>1</sub> of their possible exposure
	Number of iPartners contacted <sub>2</sub> about their possible exposure
	Number of iPartners for whom traditional contacting information is obtained (telephone number and/or physical address)
	Number of iPartners notified <sub>3</sub> of their possible exposure
How productive are online investigations of iPartners in terms of testing/examination?	Number of iPartners previously diagnosed with HIV
	Number of iPartners tested/examined (STI or HIV)
How productive are online investigations of iPartners in term of identifying new infections?	Number of iPartners preventively treated for STI
	Number of iPartners infected, brought to treatment for STI
	Number of iPartners newly diagnosed with HIV
How effective are efforts to link newly diagnosed HIV + and previously HIV+ partners to HIV care?	Number of HIV+ partners linked to HIV care (includes newly diagnosed partners and previously positive partners who have fallen out of care.

***iPartner is defined as any partner met via the Internet or other digital technology (e.g., mobile dating apps)***

<sup>1</sup> – The term notification refers to a message being sent to an iPartner by email, text message, or via a social media/dating mobile app/sexual networking site. It does not imply that any response was received back to the DIS from iPartner.

<sup>2</sup>- Contact refers to a message that has been sent to an iPartner and there is evidence that the iPartner received and read the message. For example, the delivery of a “read receipt” back to the DIS or direct contact by the iPartner.

<sup>3</sup>- Notify refers to a face-to-face or telephone conversation between the DIS and an iPartner notifying them of their possible exposure.

Some of the above information can be further analyzed for more details that may reveal useful insight. For example, partner notification methods can be compared to determine the most effective means of reaching partners, i.e., a field visit, telephone call, email, or online/app. Evaluation findings are an

integral part of the quality improvement process. They are used to inform, modify, or further develop program planning and activities. For example, the evaluation results can be used to:

- Understand the effectiveness of IPS components (e.g., notification via email versus social/ mobile dating application sites).
- Help to identify technical assistance and training needs (e.g., cultural competency training).
- Allocate program resources (e.g., more DIS utilized to conduct IPS),
- Identify gaps that could be addressed by increased resources (staff, equipment, funding).
- Identify virtual communities in need of additional services

### ***Summary***

Technology and the ways people use it to communicate, learn, and interact with one another is constantly changing. Today, the constant and immediate access to the internet through tablets, hand-held computers, and smart phone devices allow users with a touch of a finger to find and meet a willing sex partner in a matter of minutes. As each generation of equipment evolves for consumer use, we can expect to see cheaper smart devices, better mobile technology, and even faster internet access, as well as changes in the way people use them as part of day-to-day living.

IPS provides a unique set of tools that can help facilitate the contact of potentially exposed individuals. Currently, IPS is most valuable in contacting individuals that may be otherwise be unreachable through traditional partner services strategies.

Overall, to ensure that partner notification is effective in its mission to reduce STI and HIV transmission, MDHHS is encouraged to employ new technologies as they are adopted by the public. Integrating documentation, program evaluation, process measures, outcome measures, and other forms of data collection and program review specific to IPS remain critical to the long-term success of this intervention.

## ***Glossary of Acronyms***

**APHIRM** – Advanced Public Health Information and Relational Mapping (Formerly Evaluation Web)

**BHSP** – Bureau of HIV & STI Programs

**CDC** – Centers for Disease Control and Prevention

**DIS** – Disease Intervention Specialist

**HIPAA** – Health Insurance Portability and Accountability

**IM** – Instant message or Instant Messaging

**IPS** – Internet Partner Services

**IT** – Information Technology

**MDHHS** – Michigan Department of Health & Human Services

**MDSS** – Michigan Disease Surveillance System

**MSM** – Men who have Sex with Men

**PS** – Partner Services

**SNS** – Social Networking Sites

**STD** – Sexually Transmitted Disease

**STI** – Sexually Transmitted Infection

**APPENDICES**

**Appendix A – Confidentiality Agreement Sample**

**CONFIDENTIALITY AGREEMENT USE OF RECORDS AND INFORMATION SYSTEMS FOR INTERNET PARTNER SERVICES**

It is the goal of (name of the health department) to provide clients and partners with professional, competent, quality care and education in a respectful, affirming atmosphere. As an employee, consultant, contractor with (name of the health department), you have a responsibility to maintain a sense of concern and professionalism while performing your duties with internet partner services (IPS). Individuals with access to the records and information via the internet, such as social networking sites or mobile dating applications have a legal and ethical responsibility to protect the confidentiality of medical, personal information obtained through those venues, and to use that information and those systems only in the performance of their jobs. This agreement has been developed to establish clear expectations when restricted sites are to be accessed while performing IPS, and the consequences for acting outside of these expectations. All staff performing IPS must sign this agreement prior to be granted access to restricted websites.

***Agreement***

1. I agree to access restricted websites for official business only.
2. I understand all passwords are confidential.
3. I understand I must not disclose passwords to anyone other than my supervisor.
4. I understand passwords are for official business only, and I will not use website passwords, profiles, pages, avatars, email accounts, or other technology for any personal endeavors.
5. I understand confidential information may not be accessed, discussed, or divulged in any form except as required in the performance of my duties, such as ensuring linkage to care or to other supportive services.
6. I understand I am not to use my personal home computer for any endeavors related to official department business.
7. I understand that my use of department equipment such as computer or a work cell phone will be monitored.
8. I understand I must document my Internet activities, dates, times, and sites visited on the Internet -Based Partner Services Website Log Sheet.
9. I understand I am to print out all correspondence and keep in a place designated by the Partner Services Coordinator.
10. I understand all correspondence must conform to existing policies and procedures regarding Internet-Based Partner Services.
11. I understand that I shall represent the health department and public health in a positive manner.
12. I understand I will be subject to disciplinary action should I engage in any activities on restricted websites outside the boundaries of my job requirements.

I have read, understand, and agree to comply with this agreement.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

**Appendix B - Social Networking Sites and Dating Apps and Investigational Strategies Available by App**

App	Searching by First Name and Last Name	Searching by App Username	Searching in Other Locations	Refining searches using filters	Searching for users who are not online
Adam4Adam	No	Yes: Can be easier using website app.	Yes	Yes	Yes
Bare Back Real Time (BBRT)	No	No	No	No	No
Facebook Messenger	Yes	This does not exactly exist, though it is possible to search by "URL Extension" (e.g., facebook.com/jane.doe.31/)	Yes	No	Yes
Snapchat	No	Yes	Yes	No	Yes
Instagram	No	Yes	Yes	No	Yes
WhatsApp	No	App identifies users only by their phone number.	Yes	No	Yes
KiK	No	Yes	Yes	No	Yes
Grindr	No	No: Can look for a user's Display Name manually but not search by it. Display name maybe blank, can be changed by user anytime, and multiple users may use same display name.	No: You cannot search another location of your choice; however, filters can extend the radius of your grid significantly.	Most filters only available with Extra membership.	Depends on user's privacy settings
Growlr	No	Search by Profile Name is available, but many multiple users may have the same Profile Name. A user may change their profile name. Search by email is also available.	Yes	Yes	Yes
Jack'd	No	No: Can look for a user's Display Name manually but not search by it. Display Name maybe blank, can be changed by user anytime, and multiple users may use same display name.	Yes	Yes	Yes
Hornet	No	Yes: The searchable field begins with "@". There is a separate Display Name that is not searchable.	Yes	Some filters available only with premium membership.	Yes
Plenty of Fish (POF)	No	No: Can look for a user's display name manually but not search by it.	Yes, enables users to access other users via Instagram profiles and Facebook	POF offers premium services as part of their upgraded membership, such as seeing the date and time a user viewed your	Yes



				profile and allowing you to see whether a user read and/or deleted your message.	
Scruff	No	Search by Profile Name is available, but multiple users may have the same Profile Name. A user may change their profile name.	Yes	Most filters only available with Pro Membership.	Yes
Squirt	No	No: Can look for a user's Display Name manually but not search by it. Display name maybe blank, can be changed by user anytime, and multiple users may use same display name.	No	No	No
Taimi	Yes	Yes	Yes,	Yes, enables users to access other users via Snapchat profiles and Facebook. Some extra filters available through paid subscription Taimi XL	Yes
Tinder	No	No: Can look for user's by swiping left.	Yes, enables users to access other users Instagram profiles and share a mutual Facebook friend with a match	Yes, available through Tinder Gold that allows users to see those who have already liked them before swiping.	Yes

## **Appendix C – Eliciting Website and Mobile Dating Apps Information**

To begin the conversation with a client, start by explaining why the health department needs to ask questions about one’s sex and/or needle-sharing partners and sex behaviors. Emphasize confidentiality and explain why it might be best to let the health department conduct partner notification. Talk about the period that is relevant, showing a calendar of the period in question may be helpful.

### **TIPS**

- Assume all clients use the internet
- Make no assumptions about the sexual behavior or the internet use of married/heterosexual clients.
- Capture all internet behaviors on the internet record
- It may be helpful to prompt the client by naming a few popular, sex seeking, websites and mobile dating apps. It may help jog their memory and will let the client know that you are familiar and comfortable with such sites.
- It may be best to get the names of all partners first and then go back and gather details about each partner.

### **Sample Questions**

#### **Prompt 1:**

Many patients/clients/men use the following websites. Please tell me your profile name for the following sites: *Note – Because profile names can have slight but significant differences in spelling, have the client spell out the profile name for you.*

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Adam4Adam: \_\_\_\_\_

Grindr: \_\_\_\_\_

Jack’d: \_\_\_\_\_

Scruff: \_\_\_\_\_

#### **Prompt 2:**

**What other websites or mobile apps are you a member of:**

Name of website/app:

Profile name:

Name of website/app:

Profile name:

Name of website/app:

Profile name:

### **Prompt 3: Partner online information**

When was the last time you had sex with someone you met online?

- What website did you meet him/her on?
- Where did you hook up after that? (What was the address?)

When was the last time you used the internet to meet a sex partner?

- What sites did you use?
- When was the last time you used that site?

When was the last time you used a mobile dating app to meet a sex partner?

- Which apps did you use?
- When was the last time you used that mobile dating app?

Tell me, do you use certain sites/apps for finding certain partners?

What time of day do you usually log on?

Do you keep a list of your sexual partners? Maybe a "Friends List" (Adam4Adam)

### **Prompt 4: For named partners**

On what site/app did you meet this partner?

What other websites have you seen him/her on? What were his/her screennames on those sites?

What was the profile name of this partner? (Ask client to write it down. If client cannot remember, encourage the client to log on to the site/app right then to gather that information).

What is his/her name/nickname?

How did you contact him/her? (Try to get the client to visit the website with you – ask to see him/her "friends list" to obtain the exact spelling of screennames)

What is his/her telephone/mobile number? (Ask client to write it down)

What is his/her email address? (Ask client to write it down)

What days and times of the day did you interact with this partner on the site/app? (This may help track down the partner for partner notification and services)

Where does the partner live?

What does this partner look like?

Sex

Race/ethnicity

Age

Height

Weight

Hair (color, length)

Where did you meet for sex?

**Appendix D – Internet Partner Services Notification Log Sheet Sample**

IPS Staff Name: \_\_\_\_\_

Initiation Date: \_\_\_\_\_

Index Client #: \_\_\_\_\_

PS Web ID	Date of Birth	Website Name	Partner's Email/Screen Name	Date emails sent	Email Script #	AM Logon Time	PM Logon Time	Disposition Date	Notes/outcome of Activity i.e. partner tested, type of test, linked to care, treatment

### **Appendix E: Follow up Messages:**

The following messages responses can be used by the DIS staff to respond to partner's that are refusing to call IPS staff directly. The message may be sent to an adult website, such as Adam4Adam etc. They will not be sent to traditional email sites, such as yahoo.com, gmail.com etc. These responses can be sent on the day, or within 24 hours of the partner's response.

**1. If partner request more information via the internet**

*Thank you for responding. As I stated in my first message, my name is (insert IPS staff name) and I work with the name of health department. The information that I need to discuss with you is urgent, highly confidential, and sensitive, so I need you to contact me as soon as possible at (work cell or office number). At that time, I will inform you of the details of this important health matter. I look forward to speaking with you soon.*

*Thank you,  
DIS Staff name*

**2. If partner is insistent upon information being give via the internet after requesting the information in a prior message. This would be sent after using the message listed above in #1.**

*Unfortunately, due to our strict confidentially protocol, I cannot reveal the details of this matter over this site. It is simply to protect you. If you call me, we can discuss the matter further. You have the right to this information since it is specific to you and only you. Please call me at (work cell or office number).*

*Thank you,  
DIS Staff name*

**3. If partner states he/she is out of town**

*Thank you for responding. I understand you are out of town; however, due to the urgent, sensitive nature of this important health matter, I need you to call me at (work cell or office number). At that time, I will inform you of the details of this situation. I look forward to speaking with you soon.*

*Thank you,  
DIS Staff name*

**4. If a partner reacts in a negative negative/angry manner**

*I understand your concern and want you to know that our mission is not to upset you in any way. While we understand and respect your concerns; however, Michigan state law requires us to contact individuals who have been provided to us to inform them of an important health matter. If we ignore this, we would be providing you a disservice. You have the right to deal with this matter as you see fit and want you to know that if you change your mind, please contact me at (work cell or office number).*

*Thank you,  
DIS Staff name*

**5. After confirming identify and contact and nature of the call, the partner states he/she will visit their own personal doctor**

*Excellent. So that your doctor knows to test and treat for, please give me a call, or have your doctor call me to find out specific condition (STI) you have been exposed to. Remember, with many STIs you need to be treated for your exposure, regardless of your STI test result. You can reach me at (work cell or office number).*

*Thank you,  
DIS Staff name*

**6. After confirming identify and contact and nature of the call, if a partner states he/she were recently tested**

*If you were recently tested, I would still encourage you to be tested again as soon as possible. This is because some STIs can take up to three months to develop in the body before they cause screening tests to become positive. Again, I can assist you to access free testing. You can reach me at (work cell or office number).*

*Thank you,  
DIS Staff name*

**7. After confirming identify and contact and nature of the call, if the partner ends up being an out of state contact and asks why health department (out of jurisdiction) is contacting him/her:**

*Our program can go online and contact partners who may have been exposed to a sexually transmitted infection. We, as IPS staff want to ensure that people are aware of their possible health issue, so they can deal with it quickly and confidentially. If you have further questions or concerns, you can reach me at (work cell or office number).*

*Thank you,  
DIS Staff name*

***Appendix F – Incident Documentation Log Sample***

In the event of an emergency or unusual incident related to IPS, the health department supervisor will immediately notify the Health Officer and/or other designated manager with 48 working hours. The log will include the following information:

Date of Incident	Time of Incident	Name of Website	Online Name of Person reporting the incident	Detailed Statement of Incident