AMERICAN SOCIETY OF PLASTIC SURGEONS ®
THE PLASTIC SURGERY FOUNDATION ®

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Policy Name:	ASPS Social Media Guidelines
Background / Purpose:	This policy briefly outlines the etiquette, expectations and requirements for members using social media.
Program Area or Business Line	Communications
Policy Sponsor (Staff Officer):	Mike Stokes, Vice President Communications
Approving Body:	ASPS/PSF Board of Directors
Authorized Signatories:	C. Bob Basu, MD, MBA, MPH, ASPS President
Effective Date of Policy:	Oct. 14, 2026
Next Review Date:	November 2029

Background
ASPS recognizes the powerful role social media plays in patient education, marketing, branding, networking, and the public's perception of our specialty.

"Social Media" is a collective term for websites or applications that focus on communication via digital media and interaction with networks of individuals or companies.

The American Society of Plastic Surgeons (ASPS) Social Media Subcommittee has developed the following guidelines for member surgeons regarding their engagement in social media. All member plastic surgeons must also refer to the ASPS Code of Ethics as it pertains to one's professional engagements both inside and outside of the clinical setting.1

Scope
These guidelines are for Social Media posts that relate to digital assets and interactions posted by ASPS Member Surgeons to social media platforms in reference to plastic surgery or patients.

All conduct requirements in the ASPS Code of Ethics (the "Code") apply. Code references are provided for convenient and informational purposes and are not intended to be an exhaustive list of Code provisions which may be applicable to any set of circumstances.

Patient Privacy/Safety
Informed consent must be obtained for all social media, website or other promotional digital media used by a member surgeon. Patients tagging a surgeon in a direct message does NOT constitute informed consent. Informed consent must state the permitted usage of the patient's protected health information (e.g., website, social media, before-and-after photos).

All HIPAA requirements apply to social media – patient consent applies narrowly to described media and should be clearly delineated.

Where possible, identifying anatomy, tattoos or body marks should be disguised.

Patients may revoke consent at any time. The member surgeon should endeavor to remove subject digital media immediately.

There shall be no penalty or discrimination or alteration in medical care based upon a patient's willingness to participate in social media.

Obtaining content for social media shall not result in any undue risk to the patient, surgeon, or staff.

Content / Professionalism
Professional accounts should be updated regularly to reflect current and accurate information about the surgeon member and the practice.

Physician members are responsible for the content posted, including content posted by others for which Members have compensated such posters. Member physicians are encouraged to review all content before it is posted.

> *See ASPS Code of Ethics Section 2 Specific Principles, Part II Advertising*
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> *B. … A Member shall approve all advertisements (including testimonials and Endorsements for which Compensation is paid) before dissemination or transmission, and shall retain a copy or record of all such advertisements in their entirety for one year after its dissemination. A Member shall be held personally responsible for any violation of the Code of Ethics incurred by a public relations, advertising or similar firm which he or she retains, an endorser who receives Compensation from the Member or any entity that advertises on the member's behalf.*

Member physicians should not create posts or interactions that include hate speech or are discriminatory in nature.

> *See ASPS Code of Ethics Section 1 General Principles*
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> *I. The principal objective of the medical profession is to render services to humanity with full respect for human dignity. Members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.*
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> *XI. In their public and private communications with or concerning patients and colleagues made in a professional capacity or environment, Members shall strive to use accurate and respectful language and images.*

Content or interactions should not create false or unrealistic expectations or undo fear.

> *See ASPS Code of Ethics Section 1 General Principles*
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> *X. To assist the public in obtaining medical services, Members are permitted to make known their services through advertising. Advertising, however, entails the risk that the Member may employ practices that are false, fraudulent, deceptive, or misleading. Regulation is, therefore, necessary and in the public interest. Subsection II of the Specific Principles permits public dissemination of truthful information about medical services, while prohibiting false, fraudulent, deceptive or misleading communications, and restricting direct solicitation.*
>
> *See ASPS Code of Ethics Section 2 Specific Principles*

1. *Each Member may be subject to disciplinary action, including expulsion, if:*

   G. The Member uses, participates in or promotes the use of any form of public communication (as defined in Glossary to the Code) or private communication (as defined in the Glossary to the Code) containing a false, fraudulent, deceptive, or misleading statement or claim, including a statement or claim which:

   1. Contains a misrepresentation of fact, or fails to state any fact that is necessary to make the statement not deceptive or misleading, when considered as a whole.

   4. Contains photographs, images, or facsimiles of persons who have received the services advertised, but who have experienced results that are not typical of the results obtained by the average patient, without clearly and noticeably disclosing that fact.

   6. Contains a testimonial or Endorsement (as defined in the Glossary to the Code) pertaining to the quality of the member's medical care if the experience of the endorser does not represent the typical experience of other patients or if, due to the infrequency and/or complexity of such care, results in other cases cannot be predicted with any degree of accuracy.

   7. Contains a testimonial or Endorsement by an endorser who has not actually received services from the Member at the time of or prior to the communication.

   8. Is intended or is likely to create false or unjustified expectations of favorable results.

   10. Appeals primarily to a layperson's fears, anxieties, or emotional vulnerabilities.

   11. Contains, in reference to any matter material to a patient's decision to utilize a member's services, a representation of fact or implication that is likely to cause an ordinary prudent person to misunderstand or be deceived, or fails to contain reasonable warnings or disclosures necessary to make a representation or implication not deceptive.

All posts and content should be truthful and not misleading or deceptive.

See ASPS Code of Ethics Section 2 Specific Principles

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   G. The Member uses, participates in or promotes the use of any form of public communication (as defined in Glossary to the Code) or private communication (as defined in the Glossary to the Code) containing a false, fraudulent, deceptive, or misleading statement or claim, including a statement or claim which:

   1. Contains a misrepresentation of fact, or fails to state any fact that is necessary to make the statement not deceptive or misleading, when considered as a whole.

   11. Contains, in reference to any matter material to a patient's decision to utilize a member's services, a representation of fact or implication that is likely to cause an ordinary prudent person to misunderstand or be deceived, or fails to contain reasonable warnings or disclosures necessary to make a representation or implication not deceptive.

Testimonials or Endorsements should be from actual patients (which may include influencers, celebrities, members of the press (radio or tv), and if compensated, the fact that the endorser received compensation must be clearly and conspicuously disclosed.

See ASPS Code of Ethics Section 2 Specific Principles

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G. The Member uses, participates in or promotes the use of any form of public communication (as defined in Glossary to the Code) or private communication (as defined in the Glossary to the Code) containing a false, fraudulent, deceptive, or misleading statement or claim, including a statement or claim which:

7. Contains a testimonial or Endorsement by an endorser who has not actually received services from the Member at the time of or prior to the communication.

14. Is not identified as a paid advertisement or solicitation unless it is apparent from the context that it is a paid advertisement or solicitation

See ASPS Code of Ethics Section 2 Specific Principles, Part II Advertising

B. Subject to applicable law and the limitations of Section 2, Article I(G), a Member may advertise using testimonials or Endorsements where the endorser has been Compensated (as defined in the Glossary to the Code) by the Member or a third party retained by the Member only if such Compensation is clearly and conspicuously disclosed in the advertisement. A Member shall not otherwise compensate or give anything of value directly or indirectly to a representative of the press, radio, television, or other public communication media (including social media) in anticipation of or return for recommending the member's services…

Content sourced or reposted under fair use or other permitted theory of use should include the original source.

Use of AI

Artificial intelligence (AI) may be used to create original educational or illustrative content, but it must never be used to generate, alter, enhance, retouch or simulate a patient photograph that is presented as a clinical result. Any image depicting an anticipated or simulated outcome must be conspicuously and permanently labeled as a simulation, must not be characterized as an actual result, and must never substitute for unaltered before-and-after photographs of the member's own consented patients taken under consistent lighting, positioning and technique.

Where an AI-generated or composite human likeness appears in promotional content, that fact must be disclosed within the content itself.

Identifiable patient images may not be uploaded to any AI tool that lacks a business associate agreement or that retains inputs for model training.

Footnotes

1. Schoenbrunner, Anna M.D.; Gosman, Amanda M.D.; Bajaj, Anureet K. M.D. Framework for the Creation of Ethical and Professional Social Media Content. *Plastic and Reconstructive Surgery* 144(1):p 118e-125e, July 2019. | DOI: 10.1097/PRS.0000000000005782