

## CRIMINAL PROVISION OF MEDICAL SECRET PROTECTION IN COVID–2019

<sup>a</sup>ANATOLIY M. KISLIY, <sup>b</sup>DMYTRO P. KYSLENKO,  
<sup>c</sup>YURIY P. TYMOSHENKO, <sup>d</sup>IRYNA V. KALININA,  
<sup>e</sup>DARIYA P. HURINA

<sup>a-c</sup>*Educational and scientific institute of Law. Prince Vladimir the Great Interregional Academy of Personnel Management 03039, 2 Frometivska str., Kyiv, Ukraine.*

<sup>d</sup>*Donetsk State University of Management, 87513, 58 Karpinskogo St., Mariupol, Ukraine.*

<sup>e</sup>*Laboratory of educational and scientific work of State Scientific Research Forensic Centre of the Ministry of Internal Affairs of Ukraine, 03170, 4 Velyka Kiltseva St., Kyiv, Ukraine*  
*E-mail: <sup>a</sup>nadiakisliy@yahoo.com, <sup>b</sup>kyslenko.dm@gmail.com, <sup>c</sup>yuripetrymsh@gmail.com, <sup>d</sup>irina2222kalinina@ukr.net, <sup>e</sup>dariya.gurina178@gmail.com*

**Abstract:** This article analyzes the regulatory framework of the Ukrainian Institute of Medical Secrecy. The purpose of the article is to analyze the Institute of Medical Secrecy and its confidentiality, its ethical and legal aspects, legal liability in case of violation of its observance, as well as proposals to improve the legislation of Ukraine in the relevant section. In writing the article, general scientific methods of analysis and synthesis, method of generalization, logical and system - structural analysis, monitoring methods, method of generalization, dialectical and system - structural analysis were used. At the same time, the issue of liability of medical workers for offenses committed or committed in the course of their professional activities is no less relevant.

**Keywords:** medical secrecy, institute of medical secrecy, criminal legislation, moral and ethical aspects, legal responsibility, medical activity.

### 1 Introduction

There are many questions about this situation, so this article analyzes the current national legislation on the prevention of the spread of COVID-19 and the processing of personal data during isolation. Given the danger of the spread of acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus in Ukraine, special attention began to be paid to various issues in the field of health care, including the activities of health workers, as well as the procedure and conditions of medical care. Information has always been and remains one of the greatest values. And the weaknesses of a person, obviously, no one knows better than the doctor who comes. From time immemorial, doctors have done everything to ensure that information about the patient does not fall into the wrong hands.

The basic Ukrainian law, namely the Constitution (Article 3), states that a person, his life and health, honor and dignity, inviolability and security in Ukraine are recognized as the highest social value and due to the need for proper legal protection the right to medical care is a medical secret (The Constitution of Ukraine: official, 2019).

In modern Ukrainian society, special attention is paid to ensuring and protecting the rights, freedoms and legitimate interests of man and citizen. This issue is relevant in medical practice. In a broader sense, medicine not only promotes the rights of patients, but in this context it is necessary to consider the institution of medical secrecy, define its concept and ensure effective regulation of relations arising in the field of health care.

The coronavirus disease 2019 (COVID-19) pandemic has required health care systems to radically and rapidly rethink the delivery of care. One of the most remarkable ongoing changes has been the unprecedented accelerated expansion of telehealth. The pandemic may provide the incentive needed to realize the potential of telehealth. Nevertheless, concerns remain that safety and privacy may be compromised by rapid deregulation, despite data, although limited, regarding good overall quality (Noel et al., 2020). In studies conducted before the COVID-19 pandemic, patients reported high levels of satisfaction (Kruse et al., 2017). One of the most significant changes for telehealth related to the COVID-19 pandemic has been payment parity between telehealth and in clinic care. Previously, many states required

insurers to cover telehealth but did not stipulate payment parity (State Telehealth Laws and Reimbursement Policies Report, 2020).

Low reimbursement for telehealth was viewed as a critical disincentive. Without payment, it would be difficult for clinicians to afford to provide the service, despite data from previous studies suggesting clinicians were broadly supportive about its use (Henry et al., 2017). Recognizing the need for incentives, some private payers and Medicaid programs announced payment parity for telehealth for the duration of the pandemic (COVID-19 telehealth coverage policies [Internet], 2020). For instance, for a routine primary care visit, such as for a 20- to 30-minute visit with a physician, Louisiana Medicaid reimbursement for 2020 would be \$33.95 for a telehealth visit (Current Procedural Terminology [CPT], code 99443), compared with \$62.65 for a physical visit (CPT, code 99214). This payment parity is a necessary step, as there has been a substantial shift in some clinics, increasing the proportion of telehealth visits from 10% before the pandemic to more than 90% telehealth work during the pandemic (Loneragan et al., 2020).

In response to the pandemic, the Office for Civil Rights at the Department of Health and Human Services issued a notice of enforcement discretion, stating that it will not impose penalties for HIPAA (Health Insurance Portability and Accountability Act) violations that occur during the good faith provision of telehealth during the COVID-19 emergency (Office for Civil Rights (OCR), 2020). In response to COVID-19, some states are relaxing or eliminating certain licensure requirements. This trend has enabled some clinicians from one state to care for patients in a different state. Because these regulations create a more permissive environment, however, mechanisms are required to ensure verification of clinicians. For instance, as in the insurance and finance industries, recorded calls could be used to audit and monitor the quality of care (which some platforms have already incorporated), although provisions to guarantee patient privacy and confidentiality would need to be established (Telehealth after visit summaries, 2020).

### 2 Methods and Materials

General scientific methods of analysis and synthesis, method of generalization, logical and system - structural analysis, methods of monitoring, expert evaluation and others were used. The method of generalization was used in the formation of the conceptual apparatus. Dialectical and system - structural analysis was used in the study of the world experience of medical secrecy in modern conditions.

Factor, the method of statistical and expert assessments was used in the analysis of the legislative and nominative base. Methods of qualitative data processing, which include statistics of medical secrecy, various methods of classification, differentiation, categorization based on certain characteristics and criteria. Empirical research method, which is a way to obtain scientific facts during the observation of medical secrets, diagnosis, experiment, praximetric methods, etc.

Theoretical research method that allows to identify the functional relationships between the studied phenomena and the processes of the studied article. The method of expert assessments, which allows to obtain prognostic information of forensic actions on the basis of identifying and processing the opinions of a group of experts on future events. The method of the commission, which is that on the basis of a set of personal opinions of experts and scientists are selected the most objective and reasonable actions for the article under study; the method of heuristic forecasting, which is distinguished by a clear theoretical justification, clarification of the competence of experts and the presence of an algorithm for processing the information obtained in this article; method of generalization,

which consists in generalizing the independent characteristics of the essence of the research topic, their analysis and synthesis, when rejecting everything insignificant.

Prognostic method as a further study of the topic of the article, the discovery of objective truth. In particular, the article is used: information method, which allows to provide fast and effective information on medical secrecy from various sources on selected issues in the scientific literature, periodicals, the Internet.

### 3 Results

For the first time, the provision of medical secrecy was clearly stated in the Hippocratic oath: "No matter what treatment - even without treatment - I have never seen or heard anything known in human life. It should never be disclosed, I perceive it as a secret" (The Constitution of Ukraine, article 32) prohibits interference with family and private life, and the collection, storage, use and dissemination of confidential information about a person without his consent is not permitted, except as provided by law and only for security, economic prosperity and human rights).

On a concordance with a doctor a patient expects from a medical worker the observance of confidentiality of information, medicare got during a grant results of inspection, tests of laboratory and diagnostics in the presence of other patients without the inspection of patients in a chamber. After an operation a surgeon provides information about an operation and prospects of recovery regardless of wishes of patient, his family and friends. A medical personnel that answers on phone calls provides information to the people that appear family members. Many television shows show confidential and medical information, the same in contempt of ethic and moral principles. On the whole such cases today are more and more.

Most doctors consider however, that opening of information without the consent of patient is direct violation of right on the detail of medical information. Today mental and ethical norms are envisaged in the "Oath of doctor", ratified by Decree of President of Ukraine N 349 from 15.06.1992, in that to "keep a medical secret, but not use them in harm a man during all life". To our opinion, under a medical secret it follows to understand information about a medical review, his results and illness, intimate and domestic parties lives of patient, that is not subject to announcement. For the illegal disclosure of medical secret criminal responsibility is envisaged in article 145 of Criminal Code of Ukraine in accordance with that: "Intentional disclosure of medical secret by a person that she became in connection with implementation of professional or official duties, if such act entailed heavy consequences, - to fifty untaxed minimums of acuestss of citizens are punished by a fine or by social works within two hundred forty hour, or privation right hold a certain position or carry on certain activity within three year, or correctional work within two year".

A patient has a right on the secret of state information and diagnosis that it is set him at an inspection the health. In obedience to article 40 of Law of Ukraine "Bases of legislation of Ukraine are about a health protection": "Medical workers and other persons, that in connection with implementation of professional or official duties it was known about illness, medical inspection, review and their results, intimate and domestic parties of life of citizen, have no authority to divulge these information, except envisaged by the legislative acts of cases". Therefore a doctor is under an obligation to respect a medical secret and divided by her only on the consent of patient. Will consider and will do the analysis of normatively-legal documents (table.1).

Table 1. The right and provision of information about the patient without his consent or the consent of his legal representative

Sequence number	Name	Content
1.	Constitution of Ukraine	In the interests of national security, economic prosperity and human rights, territorial integrity or civil order, to prevent riots or crimes, to protect public health, to protect the reputation or rights of others, to prevent the disclosure of confidential information or to maintain authority and impartiality of justice "(Part 2 of Article 32, Part 3 of Article 34);
2.	Criminal Code of Ukraine	Article 135, 142
3.	The Civil Code of Ukraine	Parents (adoptive parents), guardian, trustee have the right to information about the health of the child or ward "(Part 2 of Article 285).
4.	Family Code of Ukraine	«The results of the medical examination are secret and are communicated only to the groom" (Part 4 of Article 30).
5.	Law of Ukraine of October 2, 1992 (as amended on January 13, 2011, Article 21, Part 2)	« Confidential is information about an individual ... Confidential information may be disseminated at the request (consent) of the person concerned in the manner prescribed by him in accordance with the conditions provided by him, as well as in other cases specified by law.
6.	Bylaws: On the oath of a doctor: Decree of the President of Ukraine of 15.06.1992 (paragraph 1, parts 3, 4)	Keep medical secrecy, do not use it to the detriment of man (paragraph 3); not to hide the truth if it will harm the patient (item 4) ".
7.	Code of Ethics of the Doctor of Ukraine	"Medical information about the patient may be disclosed: 1. In case of written consent of the patient; 2. In case of a motivated request of the bodies of inquiry, investigation, prosecutor's office and court, sanitary and epidemiological service; 3. If secrecy significantly endangers the health and lives of patients and / or others (dangerous infectious diseases); 4. In case of involvement in treatment of other specialists for whom this information is professionally necessary.

A careful analysis of the legislation reveals cases where medical secrecy may be disclosed without the consent of the person or his or her legal representatives, in the interests of national security, territorial integrity or public order to prevent disorder

or crime, protect public health, protect reputation or rights. Let's consider analysis of regulations on criminal legal protection of medical secrecy (table 2).

Table 2. Analysis of regulatory provisions regarding criminal protection of medical secrets

Article of the Criminal Code of Ukraine	Kind of a mystery	A sign of what kind of corpus delicti is secrecy
Article 111 "Treason" 1. Treason, ie an act intentionally committed by a citizen of Ukraine to the detriment of sovereignty, territorial integrity and inviolability, defense capability, state, economic or information security of Ukraine.	State secret State secret is information in the field of defense, economics, science and technology, foreign relations, state security and law enforcement	Basic
Article 132 "Disclosure of information on a medical examination to detect infection with human immunodeficiency virus or other incurable infectious disease" Disclosure by an official of a medical institution, an auxiliary employee who has obtained information on his own initiative, or a medical professional conducting a medical examination of a person to detect infection with human immunodeficiency virus or other incurable infectious disease that is life-threatening, or acquired immunodeficiency syndrome (AIDS) and its results, which became known to them in connection with the performance of official or professional responsibilities	Medical secrecy Information, information about: 1) conducting a medical examination of a person to detect infection with human immunodeficiency virus or other incurable infectious disease that is life-threatening, or acquired immunodeficiency syndrome (AIDS); 2) the results of such a review	Basic
Article 145 "Illegal disclosure of medical secrets" Intentional disclosure of a medical secret by a person to whom it has become known in connection with the performance of professional or official duties	Medical secrecy	Basic

Others to prevent the disclosure of information obtained in secret, or to preserve the authority and impartiality of justice (part 2 of Article 34 of the Constitution of Ukraine), during the medical examination of brides who are obliged to inform each other about their health (Article 30 of the Family Law of Ukraine); when organizing the provision of psychiatric care to a person suffering from a severe mental disorder (part 4 of Article 6 of the Law of Ukraine "On Psychiatric Care"); when providing assistance to a minor under 14 years of age, and to a person who has declared impossibility to comply with the established law, to notify his parents (adoptive parents) or their legal guardians (part 2 of article 285 of the Civil Code of Ukraine; part 2 of article 39, part 1 Article 43 of the Principles of the Law of Ukraine on Health Care); when conducting an investigation, preliminary investigation or trial at the written request of the investigator (investigator, prosecutor or court) (section 4 of Article 6 of the Law on Psychiatric Care of Ukraine; 5 Article 14 of the Law of Ukraine "On measures to combat trafficking in drugs, narcotics, psychotropic drugs and precursors and their abuse", (<http://zakon.rada.gov.ua>) if emergencies and conditions threatening the health of the population, hygiene and health from diseases, in order to inform members, institutions and agencies of the State Sanitary and Epidemiological Service (Section 2 of Article 26 of the Law of Ukraine on Infectious Diseases, Section 6, Section 1 of Article 7 of the Ukrainian Law "Ensuring the Health of the Epidemic and the Population Epidemic"); if there is a risk of spreading infectious diseases, avoid mandatory medical or community vaccination testing from the established program to eliminate businesses, institutions and organizations at the request of relevant government officials on sanitation and hygiene, staff, education and church attendance of infectious diseases, patients with severe infectious diseases or people who have been in contact with such patients, as well as those who have undergone a mandatory medical examination or vaccine, the list of which is established by the central regulatory authority in the field of health (section 2 of Article 26 of the Ukrainian Law on Protection of Citizens from Infectious Diseases; paragraph 5, part 1 of Article 7 of the Law of Ukraine on hygiene and social epidemic); if HIV (human immunodeficiency viruses) is detected in children under the age of 18, as well as in persons declared incapacitated, inform the parents or other legal representatives of these persons (section 2 of Article 8 of the Ukrainian Law on Combating the Spread of HIV / AIDS and the

Legal and Social Protection of People Living with HIV"; (On counteracting the spread of diseases caused by human immunodeficiency virus (HIV) and legal and social protection of people living with HIV: Law of Ukraine of December 12 ,1991) a patient with tuberculosis from an isolation ward, a prison where a patient was serving a sentence to inform him about the state of health and the need to continue treatment in the institution or remain in custody, as well as that from the medical and medical card the group of his death is the competent authority for tuberculosis prevention (section 2 of Article 18 of the Ukrainian law "Tuberculosis Control").

Today, the condition of the coronavirus raises a number of questions in the media: How to write about patients 325 Legal Scientific Electronic Journal? Can the patient's name and photo be identified? What information can be provided and what cannot? In such cases, it is important to remember that access to information about a person's health is limited. It cannot be collected and used simply for curiosity or to add details.

Collection and illegal disclosure of human life may be subject to liability under Art. 182 of the Criminal code of Ukraine (Secret offenses). At the same time, Part 1 of Art. 29 of the Law of Ukraine "On Information" "allows the transfer of information with limited access, if necessary for the public, it is a matter of public interest, and the public's right to know this information exceeds the risk existing as a result of its distribution".

On April 18, the law "On Amendments to the Law" on Protection of Citizens from Infectious Diseases "on Prevention of Coronavirus Infection (COVID-19)" came into force. By law, during the average period of COVID-19 and no later than 30 days from the date of cancellation, individual data may be processed without the consent of that person (including information relating to health, hospitalization or hospital behavior, isolation, last name, first name, name of the person, date of birth, place of residence, occupation (education) and control of the spread of coronavirus.

The use of these data is allowed only for anti-epidemic measures, and within 30 days after the end of quarantine, the data are subject to depersonalization or destruction. "A quarantine order may specify a special procedure for recording

and exchanging information on cases during quarantine. Those guilty of improper disclosure will be prosecuted in accordance with the law", the document states.

Some journalists believe that patients' names and other personal data are socially important information and can therefore be freely disseminated. But such a statement is not true. Reference to the public importance of personal data is not a universal rule, but an exception that only exempts from liability in certain cases.

For example, reporting a specific patient who avoids observation or poses a threat to society will prevent the spread of infection. At the same time, it should be borne in mind that impersonal information that does not contain personal data and does not allow the patient to be identified may be placed in the media and not violate the law.

#### 4 Discussion

Some of the concepts and ideas contained in this article are based on discussions and interviews with Sanjay Arora, ECHO Institute; Elliot Fisher, Dartmouth Institute for Policy and Clinical Practice; Matthew Handley, Kaiser Permanente, Washington; Dr. Judd Hollander, Thomas Jefferson University, Sydney Kimmel School of Medicine; Surerson Matin; Rahul Sharma-Will Cornell, Presbyterian Medical Center of New York.

International experience should also be taken into account in the study of the Institute of Medical Secrecy. Many experts see Germany as a model for the organization of health care and regulatory support for the Institute for Medical Confidentiality. According to the Constitution, Germany is a federal state and defines certain rights as territorial units (land) and the state as a whole. Medical legislation for which federal and state standards exist includes: measures against particularly dangerous infections; admission to medical activities; drug and drug trafficking, etc." (Beske & Hallauer, 2012).

O. Makhnik, analyzing the history of German legislation on medical confidentiality, argues that German law prohibits physicians from disclosing information entrusted to them in the performance of their duties. Professional responsibilities. When a doctor is called as a witness, he has the right to refuse to testify if the patient he treated did not give him permission to do so (Makhnik, 2018).

The COVID-19 crisis is a typical example of the impossibility of a single global technological solution to this problem. To increase the acceptability of digital technologies, it is necessary to take into account various cultural, moral and religious characteristics of the user. If, in the current state of emergency, priority is given to the collective benefit of health and local social order, digital measures can be intrusive and violate people's freedoms. In some countries, strong digital disparities persist to this day, and vulnerable populations may not be taken into account when implementing digital approaches (Mackert et al., 2016).

In Singapore, a program called TraceTogether was used to monitor patients infected with COVID-19. Based on Bluetooth alarms, Singapore health authorities can monitor and notify people if they have been in contact with a patient with COVID-19 (Payments News & Mobile Payments Trends, 2020). This patient monitoring system can be useful for monitoring diseases and managing disease epidemics; however, it is not available in European countries due to individual data protection laws. France has developed CoronApp based on similar standards. (Aron, 2020) People should sign up for the program and provide information about their health and symptoms. An hourly updated geolocation system is used to track this information. Royal College of London has developed the COVID Symptom Tracker program to help patients manage their symptoms (Jee, 2020). The application has become so popular that it is now used in the United States. In addition to its personal preferences, the

program can be used to study the epidemiology of COVID-19 for research purposes.

Encouraged by the European Commission, an unprecedented consortium of eight giant telecommunications companies recently agreed to share aggregate and anonymous customer location data to track their movements and activities. Despite the availability of privacy-based proximity monitoring technology, such as the proximity monitoring protocol, this violates a number of data confidentiality (Abeler et al., 2020).

In telemedicine, the problem of implementing existing systems in most cases depends on governments, (Keesara et al., 2020) as billing systems need to be adapted. (Hollander & Carr, 2020). Telemedicine counseling should also ensure patient safety in terms of data protection. It is therefore necessary to ensure close cooperation between different actors, such as health professionals, health companies and health policy (Hollander & Carr, 2020).

Digital decisions must be less clear and used by people with the low level of literacy or separate sub-groups, such as minorities, people years old, or by people that live in rural locality or districts with the low level of acuests (Nguyen et al., 2017). On all these reasons digital approaches can be perceived very differently, when they are used in areas with the high, middle or subzero level of acuests or in individualistic and collectivism countries (Ferretti et al., 2020).

#### 5 Conclusions

It is suggested that Ukrainian legislators learn from the German experience and take the following measures: introduction of compulsory health insurance, which would increase social guarantees and insurance coverage for Ukrainian citizens; disclose details of the responsibility of persons who violated the requirements of medical secrecy for the patient; improve the procedures for documenting the patient's medical consent. In many countries, the United States has a model of democratic principles that respects the rights and legitimate interests of citizens. This country is characterized by clear guidelines for the support and development of private medicine. According to the American researcher of drug information JW Berg, the protection of confidentiality varies greatly from country to country. Many states have broad privacy laws, and some control the disclosure of medical information by developing detailed rules that cover everything from information about a specific disease to autopsy reports. Some countries are reluctant to introduce rules that require general confidentiality and simply provide for certain exceptions at the legislative level, recognizing that the protection of medical information under common law is adequate.

The studied American experience of the Institute of Medical Secrecy will be of great benefit to Ukraine (obtaining complete and accurate information about the state of health of patients) and its future prospects for such reasons as the phenomenon of "truth in the eyes" and its future prospects. As we can see, at this stage of development in Ukraine, medical confidentiality is ensured by moral standards, not legal guarantees. Because, Art. 145 (4) of the Criminal Code of Ukraine, according to which the responsibility for illegal disclosure of medical secrets in Ukraine is almost not responsible. In recent years, doctors and other health professionals in Ukraine have been prosecuted for divulging medical secrets. However, today, due to coronavirus disease in general in the world, and especially in Ukraine, many medical professionals are responsible for the disclosure of medical secrets. Therefore, the knowledge of lawyers and doctors about the moral and legal aspects of medical confidentiality is very important. In our opinion, the reasons for violating medical secrecy are ignorance of the law and misunderstanding of the harm caused by violating the principle of confidentiality. Vacancies for the training of doctors should be filled during the university, later renewal courses and scientific conferences.



It is necessary to agree with experts who seek to create and adopt a Ukrainian Medical Code, which will address in detail the problem of medical confidentiality. This would probably increase the efficiency of the institute without fear of future mistakes. Due to the effectiveness of judicial practice in our country, there are some shortcomings in the legislation, so we propose to improve the criminal law: to amend the laws of Ukraine, which include the definition of complete "medical secrecy" (Article 40 "Basic Principles of Ukrainian Law on Health" amendments to Article 145 of the Criminal Code of Ukraine, increase in the amount of the fine for illegal disclosure of medical secrets.

#### Literature:

1. Abeler, J., Bäcker, M., Buermeyer, U., Zillessen, H. (2020). COVID-19 contact tracing and data protection can go together. *JMIR Mhealth Uhealth*.
2. Aron, M. (2020). "CoronApp", une application française pour géolocaliser les porteurs du coronavirus. Available from: <https://www.nouvelobs.com/coronavirus-de-wuhan/20200326.OBS26600/coronapp-une-application-francaise-pour-geolocaliser-les-porteurs-du-virus-covid-19.html>
3. Beske, F., Hallauer, I. (2012). *Health of Germany*. In O.P. Shchepin, Eds. *System – Achievements – Development prospects*. Labpress LLC.
4. COVID-19 telehealth coverage policies [Internet]. (2020). Center for Connected Health Policy [Published 2020]. Available from: <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
5. Ferretti, L., Wymant, C., Kendall, M., Zhao, L., Nurtay, A., Abeler-Dörner, L. [Internet]. (2020). Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing.
6. Henry, B.W., Block, D.E., Ciesla, J.R., McGowan, B.A., Vozenilek, J.A. (2017). Clinician behaviors in telehealth care delivery. *Advances in health sciences education: theory and practice*, 22(4), 869-888. Available from: <https://doi.org/10.1007/s10459-016-9717-2PubMedGoogleScholarCrossref>
7. Hollander, J., Carr, B. (2020). Virtually perfect? Telemedicine for Covid-19.
8. Jee, C. (2020). Technology review. A new app might help researchers monitor the spread of coronavirus. Available from: <https://www.technologyreview.com/2020/03/25/950310/a-new-app-might-help-researchers-monitor-the-spread-of-coronavirus/>
9. Keesara, S., Jonas, A., Schulman, K. [Internet]. (2020). *Covid-19 and health care's digital revolution*.
10. Kruse, C.S., Krowski, N., Rodriguez, B., Tran, L., Vela, J., Brooks, M. (2017). Telehealth and patient satisfaction. *BMJ Open*, 7(8), e016242.PubMedGoogleScholar.
11. Lonergan, P.E., Washington, III S.L., Branagan, L., Gleason, N., Pruthi, R.S., Carroll, P.R. et al. (2020). Rapid utilization of telehealth in a comprehensive cancer center as a response to COVID-19. *Health Informatics*. Available from: <https://doi.org/10.1101/2020.04.10.20061259>
12. Mackert, M., Mabry-Flynn, A., Champlin, S., Donovan, E., Pounders, K. (2016). *Health literacy and health information technology adoption: The potential for a new digital divide*. Application of personal-oriented digital technology in preventing transmission of COVID-19.
13. Makhnik, O. (2018). *From the history of medical secrecy Scientific works of the II All-Russian Congress (National Congress) on medical law*. Russia. Moscow, 124-129.
14. Nguyen, A., Mosadeghi, S., Almario, C. (2017). Persistent digital divide in access to and use of the Internet as a resource for health information: Results from a California population-based study.
15. Noel, K., Messina, C., Hou, W., Schoenfeld, E., Kelly, G. (2020). Tele-Transitions of Care (TTOC). *BMC Family Practice*, 21(1), 27. Available from: <https://doi.org/10.1186/s12875-020-1094-5PubMedGoogleScholarCrossref>
16. Office for Civil Rights (OCR). (2020). Notification of enforcement discretion for telehealth. Available from: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
17. On counteracting the spread of diseases caused by human immunodeficiency virus (HIV) and legal and social protection of people living with HIV: Law of Ukraine of December 12 ,1991 No. 1972-XII. Available from: <http://zakon.rada.gov.ua/laws/show/1972-12>
18. On measures to combat illicit trafficking in narcotic drugs, psychotropic substances and precursors and their abuse: Law of Ukraine of February 15, 1995 No. 63/95-VR. Available from: <http://zakon.rada.gov.ua/laws/show/62/95-bp>
19. Payments News & Mobile Payments Trends. (2020). App Lets Singapore Track Virus Patients' Movements. Available from: <https://www.pymnts.com/coronavirus/2020/app-lets-singapore-track-virus-patients-movements/>
20. State Telehealth Laws and Reimbursement Policies Report. (2020). Center for Connected Health Policy. Available from: <https://www.cchpca.org/telehealth-policy/state-telehealth-laws-and-reimbursement-policies-report>
21. Telehealth after visit summaries. (2020). Abridge for Clinicians. Available from: <https://www.abridge.com/clinicians>
22. The Constitution of Ukraine: official. (2019). Text. Kyiv: KM;

#### Primary Paper Section: A

#### Secondary Paper Section: AG