

General Policy Statements that Address Adolescents' Access to Confidential Health Care, Including the Roles of Parents and Guardians in Adolescent Health Care and Procedures to Safeguard Adolescents' Confidentiality

American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and two other organizations

- Adolescents tend to underutilize existing health care resources. The issue of confidentiality has been identified, by both providers and young people themselves, as a significant access barrier to health care. Adolescents in the United States, while generally considered healthy, have a range of problems, including some of such severity as to jeopardize their development and health, their future opportunities and even their lives. To illustrate, there is an urgent need to reduce the incidence of adolescent suicide, substance abuse, and sexually transmitted diseases and unintended pregnancy.

As the primary providers of health care to adolescents, we urge the following principles for the guidance of our professional members and for broad consideration in the development of public policy: 1. Health professionals have an ethical obligation to provide the best possible care and counseling to respond to the needs of their adolescent patients. 2. This obligation includes every reasonable effort to encourage the adolescent to involve parents, whose support can, in many circumstances, increase the potential for dealing with the adolescent's problems on a continuing basis. 3. Parents are frequently in a patient relationship with the same providers as their children or have been exercising decision-making responsibility for their children with these providers. At the time providers establish an independent relationship with adolescents as patients, the providers should make this new relationship clear to parents and adolescents with regard to the following elements: The adolescent will have an opportunity for examination and counseling apart from parents, and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider. The adolescent must understand under what circumstances (e.g., life-threatening emergency), the provider will abrogate this confidentiality. Parents should be encouraged to work out means to facilitate communication regarding appointments, payment, or other matters consistent with the understanding reached about confidentiality and parental support in this transitional period when the adolescent is moving toward self-responsibility for health care. 4. Providers, parents, and adolescents need to be aware of the nature and effect of laws and regulations in their jurisdictions that introduce further constraints on these relationships. Some of these laws and regulations are unduly restrictive and in need of revision as a matter of public policy. Ultimately, the health risks to the adolescent are so impelling that legal barriers and deference to parental involvement should not stand in the way of needed health care.¹⁵

American Academy of Pediatrics, also endorsed by the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine

- The American Academy of Pediatrics and the endorsing organizations [AAPF, ACOG, and SAM] firmly believe that parents should be involved in and responsible for assuring medical care for our children. Moreover, we would agree that as parents we ordinarily act in the best interests of our children and that minors benefit from our advice and the emotional support we provide as parents. We strongly encourage and hope that adolescents communicate with and involve their parents and/or other trusted adults in important health care decisions affecting their lives. These discussions include such issues as substance abuse, mental health and pregnancy and pregnancy termination. We know and research confirms that most adolescents do so voluntarily. This is predicated not by laws but on the

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quality of their relationships. By its very nature family communication is a family responsibility. Adolescents who live in warm, loving, caring environments, who feel supported by their parents, will in most instances communicate with their parents in a crisis including the disclosure of a pregnancy or other urgent health concerns. However, even adolescents reared in the best of household environments will at times be unwilling to make full disclosure of their behaviors because they do not wish to disappoint and hurt loving and caring parents.

Family communication about health care decisions is the desired goal, and health care professionals are able to assist in this effort. Allowing confidentiality of care for adolescents does not preclude the involvement of parents, as it is sometimes presumed. To the contrary, research has shown that adolescents often voluntarily share information with their parents and clinical experience confirms that this often occurs after they consult privately with their health care provider.

Ensuring confidential care is about striking an important balance among parents, providers and the adolescent patient. While there may be circumstances when it is necessary and appropriate for the health care provider to inform parents or guardians of certain health problems facing a minor (e.g., life-threatening emergency) there is a critical need to ensure that an adolescent's health information is protected. Providing confidential care does not preclude working toward the goal of family communication.

Pediatricians, parents and policy makers know well the number of adolescents that are beginning to use illicit drugs, alcohol and become sexually active. What may start as experimentation with friends often leads to long term dependencies, accidents, injuries, sexually transmitted disease and a myriad of other physical and behavioral issues. In the infrequent cases where communication between adolescents and their parents can not be facilitated, many of these negative outcomes can be avoided if the adolescent has access to confidential health care.

My role as a pediatrician is to support, encourage, strengthen and enhance parental communication and involvement in adolescent decisions without compromising the ethics and integrity of my relationship with adolescent patients. Health professionals have an obligation to provide the best possible care to respond to the needs of their adolescent patients. [...]

The stated intent of those who support mandatory parental consent or notification legislation [...] is that it enhances family communication as well as parental involvement and responsibility. However, the evidence does not support that these laws have that desired effect. To the contrary, there is evidence that these laws may have an adverse impact on some families and that [they] increas[e] the risk of medical and psychological harm to adolescents. According to the AAP, "[i]nvoluntary parental notification can precipitate a family crisis characterized by severe parental anger and rejection of the minor and her partner. One third of minors who do not inform parents already have experienced family violence and fear it will recur. Research on abusive and dysfunctional families shows that violence is at its worse during a family member's pregnancy and during the adolescence of the family's

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children." It is for these and other reasons that the American Academy of Pediatrics and other organizations represented [in this testimony] oppose [legislation] that will undermine federal guarantees of confidentiality for adolescents receiving health care services. [...]

[We] firmly believe that young people must have access to confidential health care services. Every one of our states' laws also provides confidential access to some services for young people, whether for sexually transmitted diseases (STDs), drug addiction or reproductive health care. Concern about confidentiality is one of the primary reasons young people delay seeking health services for sensitive issues, whether for substance use, an unintended pregnancy or for other reasons. While parental involvement is very desirable, and should be encouraged, it may not always be feasible and it should not be legislated. Young people must be able to receive accurate diagnosis and appropriate treatment expeditiously and confidentially. [...]

Most adolescents will seek medical care with their parent or parents' knowledge. Making services contingent on mandatory parental involvement (either parental consent or notification) however, may drastically affect adolescent decision-making. Mandatory parental consent or notification reduces the likelihood that young people will seek timely treatment for sensitive health issues. In a regional survey of suburban adolescents, only 45 percent said they would seek medical care for sexually transmitted diseases, drug abuse or birth control if they were forced to notify their parents.

A teen struggling with concerns over his or her substance use, emotional well-being or sexual health may be reluctant to share these concerns with a parent for fear of embarrassment, disapproval, or possible violence. A parent or relative may even be the cause or focus of the teen's emotional or physical problems. The guarantee of confidentiality and the adolescent's awareness of this guarantee are both essential in helping adolescents to seek health care.¹³

American Academy of Child & Adolescent Psychiatry

- The issues of consent, confidentiality, professional responsibility, authority and behavior must be viewed within the context of development and the overlapping and potentially conflicting rights of the child or adolescent, of the parents, and of society. [...] The primary concerns of child and adolescent psychiatrists are the welfare and the optimum development of the individual child or adolescent patient or of the population of children and adolescents being served. [...] Child and adolescent psychiatric evaluations, treatment, and prevention activities may involve the participation and ideally the concurrence of many people. In attempting to develop such an arrangement, the child and adolescent psychiatrist should seek to provide the patients themselves and those involved in their care and/or treatment (parents or guardians, and where appropriate, the teacher and school, court or correctional agency, physicians and others) as thorough an understanding as can usefully be grasped and therapeutically utilized in the care of the child. Specific confidences of the patient and the parents or guardians and others involved should be protected unless this course would involve untenable risks or betrayal of care-taking responsibility. [...]

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There are situations where a difference exists in the views of a child or adolescent and parents or guardians regarding a professional judgment or recommendation. This may involve evaluation, treatment or prevention efforts, or the release of information. In such circumstances, the child and adolescent psychiatrist will work toward helping family members to resolve these differences. During this process, the child and adolescent psychiatrist will keep constantly in mind the well-being and developmental potential of the child or adolescent, the nature of family relationships and the responsibilities and the legal and moral prerogatives of both parents and offspring. [...]

**American Academy of Child
& Adolescent Psychiatry**
(cont'd)

It is often necessary and appropriate that others outside of the family provide information and that they also be informed regarding professional judgments, opinions, recommendations, and actions. The release of any information regarding a minor unemancipated child or adolescent to persons outside the family (including the non-custodial parent) requires the agreement of parents or guardians. Regardless of the locus of decision, the child and adolescent psychiatrist will attempt to inform the child or adolescent of the need and intent to release information and will seek his/her concurrence even though such an agreement is not required. Specific confidences of child or adolescent patients and of parents or guardians should be protected unless doing so would involve untenable risks or betrayal of care-taking responsibilities. [...]

It is necessary that the child or adolescent, within his/her capacity for understanding, be clearly appraised of confidentiality in regard both to his/her own communication and those of parents or guardians. He/she should also be informed of the limits to the general principle of confidentiality that the sharing of care-taking responsibilities requires. [...]

Where required to do so by the laws of a state, as in cases of child abuse and neglect, or in other situations where the safety and welfare of the patient, children, or others are in jeopardy, the child and adolescent psychiatrist may divulge confidences. However, in such cases the parties involved must be thoroughly informed in advance of these requirements. [...]

In those situations which a child and adolescent psychiatrist agrees to evaluate a child, adolescent, parent(s) or other individuals or situations for administrative, legal, or quasi-legal purpose, all parties should be informed of the nature and intent of the evaluation, and the lack of any ability to protect confidences. [...]

Child and adolescent psychiatrists must notify patients and their families at the onset of the constraints of confidentiality under health plan contracts. Families should be informed of the potential ramifications of requests for records by health plans, and their consent for releasing information should be obtained.³

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American Academy of Child & Adolescent Psychiatry

- From the clinician's point of view, many utilization management reviewers are intruding into clinical practice in a way that has a negative effect on quality of care by disturbing the potentially fragile treatment alliance, by compromising confidentiality, and by inappropriately mixing fiscal and medical treatment concerns. This appears to be particularly true for the child or adolescent who needs treatment for a serious psychiatric illness or drug or alcohol problem. Improperly managed utilization review may grossly compromise the ongoing treatment process so that significant psychiatric or physical harm may result. [...] [5] Parents of minors and when appropriate, patients, must be informed fully of the utilization review process. This is a shared responsibility of the utilization management company to provide necessary general information and the hospital and/or physician in obtaining informed consent for their participation in providing the information. [6] The utilization management organization should have policies in force to ensure that no more information is obtained than is necessary to make appropriate reviews, that the information is held confidential, and that it is used only for the purpose of making a determination on the medical necessity and level of care for a particular episode of illness. [...] [11] Interviewing patients and family members, or discussing or recommending a specific course of treatment, is an unacceptable intrusion into the physician [-patient relationship unless] authorized by the attending physician, the patient and the family and done in accordance with medical staff policy. ⁷

American Academy of Family Physicians

- Concerns about confidentiality may discourage adolescents from seeking necessary medical care and counseling, and may create barriers to open communication between patient and physician. Protection of confidentiality is needed to appropriately address issues such as depression, suicide, substance abuse, domestic violence, unintended pregnancy and sexual orientation.

When caring for an adolescent patient: 1. The physician should offer the adolescent an opportunity for examination and counseling separate from parents/guardians, and their privacy should be respected. 2. The physician should make a reasonable effort to encourage the adolescent to involve parents or guardians in healthcare decisions. 3. The physician should educate parents to encourage their adolescents toward personal responsibility in health care, and facilitate communication regarding appointments and payments, in a manner supportive of the adolescent's rights to confidentiality. 4. Every effort should be made to maintain confidentiality. The limits on what can be guaranteed should be clearly discussed. Information that would suggest someone is in danger, evidence of abuse or diagnosis of certain communicable diseases must be reported to the proper authorities. Billing and insurance information often cannot be kept confidential from the guarantor of payment.

Since state laws and regulations vary, family physicians should be aware of their community's standards regarding adolescent confidentiality. In general, especially in areas where the adolescent has the legal right to give consent, confidentiality must be maintained. Ultimately, the judgment of the physician should prevail in the best medical interest of the patient. ⁸

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- The privacy of adolescent minors should be respected. Parents should not, in some circumstances, have unrestricted access to the adolescent's medical records. Confidentiality must be maintained particularly in areas where the adolescent has the legal right to give consent.⁹

American Academy of Family Physicians

- As children develop, they should gradually become the primary guardians of personal health and the primary partners in medical decision-making, assuming responsibility from their parents. [...] In situations [...] that involve adolescents and young adults, the Academy encourages physicians to obtain the informed consent of the patient in most instances. [...] Such patients frequently have decision-making capacity and the legal authority to accept or reject interventions, and, in that event, no additional requirement to obtain parental permission exists. However, the Academy encourages parental involvement in such cases, as appropriate.

American Academy of Pediatrics

Review of the limited relevant empirical data suggests that adolescents, especially those age 14 and older, may have as well developed decisional skills as adults for making informed health care decisions. Ethical and legal factors (i.e., confidentiality and/or privacy), suggest that the physician involve parents after appropriate discussion with the adolescent elicits his or her permission to do so. In some cases in which the patient has no legal entitlement to authorize treatment, the physician may have a legal obligation in some jurisdictions to obtain parental permission or to notify parents in addition to obtaining the patient's consent. An adolescent's refusal of consent in cases such as these may well be legally (and ethically) binding.²³

- Health care professionals who practice family-centered care recognize the vital role that families play in ensuring the health and well-being of children and family members of all ages. These practitioners acknowledge that emotional, social, and developmental support are integral components of health care. They respect each child and family's innate strengths and view the health care experience as an opportunity to build on these strengths and support families in their caregiving and decision-making roles. Family-centered approaches lead to better health outcomes and wiser allocation of resources as well as greater patient and family satisfaction. Family-centered care in pediatrics is based on the understanding that the family is the child's primary source of strength and that the child's and family's perspectives and information are important in clinical decision making. Family-centered practitioners are keenly aware that health care experiences can enhance parents' confidence in their roles and, over time, increase the competence of children and young adults to take responsibility for their own health care, particularly in anticipation of the transition to adult service systems. [...]

American Academy of Pediatrics

3. Working with families in decision making and information sharing in all practice settings should always take into account the older child's and young adult's capacity for independent decision making and right to privacy and confidentiality. 4. Parents and guardians should be offered the option to be present with their child during medical procedures and offered support before, during, and after the procedure.

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American Academy of Pediatrics (cont'd)

5. Pediatricians should promote the active participation of all children in the management and direction of their own health care, beginning at an early age and continuing into adult health care.²⁰

American Academy of Pediatrics

- Although confidentiality is important in adolescent health care, for adolescents at risk to themselves or others, confidentiality must be breached. Pediatricians need to inform the appropriate persons when they believe an adolescent is at risk of suicide. [...] In addition to an in-depth psychological evaluation of the adolescent, family members should be interviewed to obtain additional information to help explain the adolescent's suicidal thoughts or attempt. This information includes detailed questions about the adolescent's medical, emotional, social, and family history with special attention to signs and symptoms of depression, stress, and substance abuse. With parental permission and adolescent assent, teachers and family friends also may provide useful information if confidentiality is not breached.³⁰

American Academy of Pediatrics

- It is important for pediatricians to develop office policies that assure confidentiality. State requirements and standards of practice should be reviewed and the development of clear, concise, and standardized office protocols for confidentiality should be developed for staff, patients, and parents. These policies should include information regarding when confidentiality must be waived, guidelines for reimbursement for services, medical record access, appointment scheduling, and office policy regarding information disclosure.¹⁷

American Academy of Pediatrics

- 1. Pediatricians should understand and abide by legislative and regulatory requirements that address the confidentiality, secure transmission and storage, and public accessibility of patient medical information. 2. Pediatricians or their affiliated institutions should accept the responsibility for protecting the confidentiality of their medical records by personnel education, office procedures, and security strategies that are in compliance with federal standards.²⁵

American Academy of Pediatrics

- The purpose of [electronic medical record] EMR systems is to compile and centralize all pertinent information related to a child's medical and nonmedical care so as to ensure that optimal pediatric care is provided. In doing so, EMR systems have the capacity to improve the quality of care that children receive from their primary care pediatrician as well as from ancillary health care professionals. [...] Privacy laws regarding adolescents' medical information (especially sexual and mental health and behavior issues) vary from state to state, and policies addressing the protection of adolescents' health information vary from practice to practice. EMR systems must be able to respond to these privacy needs by allowing restriction of access to this information according to these laws and policies.²⁹

American College of Obstetricians and Gynecologists

- [1] Concern about confidentiality is a major obstacle to the delivery of health care to adolescents. [2] Physicians should address confidentiality issues with the adolescent patient to build a trusting relationship with her and to facilitate a candid discussion regarding her health and health-related behaviors.

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[3] Physicians also should discuss confidentiality issues with the parent(s) or guardian(s) of the adolescent patient. Physicians should encourage their involvement in the patient's health and health care decisions and, when appropriate, facilitate communication between the two. [4] Physicians should develop office procedures to maintain adolescent patients' rights for confidentiality. All office staff should be aware of these procedures. [5] Physicians should be familiar with state and local statutes regarding the rights of minors to health care services and the federal and state laws that affect confidentiality. [...] [8] Health care providers should work to ensure that confidential services for adolescents are not compromised by legal and economic constraints. [...]

**American College of
Obstetricians and
Gynecologists** (cont'd)

Most adolescents underuse existing health care services. A major obstacle to the delivery of health care to adolescents is their concern about confidentiality. Confidentiality refers to the privileged and private nature of information shared during a health care encounter. Although ensuring confidentiality is relatively simple when providing services to adults, providing the same degree of confidentiality to adolescents can be less straightforward. The legal status of a minor and legal requirements for parental consent before the provision of medical services often encumber the physician-patient relationship.

Confidentiality also may be compromised by economic considerations because few adolescents have the financial resources to pay for medical services and, therefore, may need parental or adult help in arranging payment. Although a few states allow adolescents to qualify for Medicaid on the basis of their own incomes, the majority of states consider family income and assets when determining eligibility. To supply such information, adolescents may need to consult with family members. Explanation of Benefits forms issued by indemnity insurers, managed care organizations, and Medicaid are sent to parent policyholders, which also can compromise the confidentiality of information and, therefore, a minor's access to health care services. [...]

[P]hysicians should work with the political process to eliminate laws unduly restrictive of confidential health services for adolescents.

Parents should be counseled that it is appropriate for the maturing adolescent girl to assume increasing responsibility for her health and health care. Adolescence is a period of significant change and maturation, and learning to make appropriate health care decisions is a major developmental task. Physicians can assist in this process by providing an environment in which adolescents can candidly discuss their concerns. Adolescents are more likely to develop trusting relationships with their health care providers when the issue of confidentiality has been addressed. A confidential relationship, in turn, facilitates the open disclosure of health histories and risky behaviors. The health and behavioral issues of adolescent patients can then be addressed with nonjudgmental counseling and medical intervention.

Physicians should stress to parents that they share a common goal—the health and well-being of the minor patient. The mutual trust that follows from this common goal will enhance and support the adolescent–physician

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American College of Obstetricians and Gynecologists (cont'd)

relationship. The involvement of a concerned adult can contribute to the health and success of an adolescent. Providers should encourage and, when appropriate, facilitate communication between a minor and her parent(s).

Parents and adolescents should be informed, both separately and together, that they each have a private and privileged relationship with the provider. Additionally, they should be informed of any restrictions on the confidential nature of that relationship. For instance, the physician should explain that if the patient discloses any risk of bodily harm to herself or others, confidentiality will be breached. Furthermore, state laws may mandate the reporting of physical or sexual abuse of minors. [...] ⁴⁴

American College of Obstetricians and Gynecologists

- Billing mechanisms for services and procedures for insurance and other third-party reimbursement should ensure adolescent confidentiality. When these mechanisms and procedures compromise a patient's request for confidentiality, policies should be implemented allowing payment alternatives such as reduced fees, sliding scales, and timed installment payments and patient referral to a practice or agency where subsidized care is offered or both. ⁴³

American College of Physicians

- In the care of the adolescent patient, family support is important. However, this support must be balanced with confidentiality and respect for the adolescent's autonomy in health care decisions and in relationships with health care providers. Physicians should be knowledgeable about state laws governing the right of adolescent patients to confidentiality and the adolescent's legal right to consent to treatment. ⁴⁷

American Medical Association

- Physicians who treat minors have an ethical duty to promote the autonomy of minor patients by involving them in the medical decision-making process to a degree commensurate with their abilities. When minors request confidential services, physicians should encourage them to involve their parents. This includes making efforts to obtain the minor's reasons for not involving their parents and correcting misconceptions that may be motivating their objections. Where the law does not require otherwise, physicians should permit a competent minor to consent to medical care and should not notify parents without the patient's consent. Depending on the seriousness of the decision, competence may be evaluated by physicians for most minors. When necessary, experts in adolescent medicine or child psychological development should be consulted. Use of the courts for competence determinations should be made only as a last resort.

When an immature minor requests contraceptive services, pregnancy-related care (including pregnancy testing, prenatal and postnatal care, and delivery services), or treatment for sexually transmitted disease, drug and alcohol abuse, or mental illness, physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Physicians should encourage parental involvement in these situations. However, if the minor continues to object, his or her wishes ordinarily should be respected. If the physician is uncomfortable with providing services without parental involvement, and alternative confidential services are

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available, the minor may be referred to those services. In cases when the physician believes that without parental involvement and guidance, the minor will face a serious health threat, and there is reason to believe that the parents will be helpful and understanding, disclosing the problem to the parents is ethically justified. When the physician does breach confidentiality to the parents, he or she must discuss the reasons for the breach with the minor prior to the disclosure.

American Medical Association (cont'd)

For minors who are mature enough to be unaccompanied by their parents for their examination, confidentiality of information disclosed during an exam, interview, or in counseling should be maintained. Such information may be disclosed to parents when the patient consents to disclosure. Confidentiality may be justifiably breached in situations for which confidentiality for adults may be breached. [...] In addition, confidentiality for immature minors may be ethically breached when necessary to enable the parent to make an informed decision about treatment for the minor or when such a breach is necessary to avert serious harm to the minor.⁵⁰

- The AMA: (1) reaffirms that confidential care for adolescents is critical to improving their health; (2) encourages physicians to allow emancipated and mature minors to give informed consent for medical, psychiatric, and surgical care without parental consent and notification, in conformity with state and federal law; (3) encourages physicians to involve parents in the medical care of the adolescent patient, when it would be in the best interest of the adolescent. When, in the opinion of the physician, parental involvement would not be beneficial, parental consent or notification should not be a barrier to care; (4) urges physicians to discuss their policies about confidentiality with parents and the adolescent patient, as well as conditions under which confidentiality would be abrogated. This discussion should include possible arrangements for the adolescent to have independent access to health care (including financial arrangements); (5) encourages physicians to offer adolescents an opportunity for examination and counseling apart from parents. The same confidentiality will be preserved between the adolescent patient and physician as between the parent (or responsible adult) and the physician; (6) encourages state and county medical societies to become aware of the nature and effect of laws and regulations regarding confidential health services for adolescents in their respective jurisdictions. State medical societies should provide this information to physicians to clarify services that may be legally provided on a confidential basis; (7) urges undergraduate and graduate medical education programs and continuing education programs to inform physicians about issues surrounding minors' consent and confidential care, including relevant law and implementation into practice; (8) encourages health care payors to develop a method of listing of services which preserves confidentiality for adolescents; and (9) encourages medical societies to evaluate laws on consent and confidential care for adolescents and to help eliminate laws which restrict the availability of confidential care.⁵¹

American Medical Association

- Parents should be encouraged to be intimately involved in the health supervision and education of their children.⁶⁰

American Medical Association

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American Psychiatric Association

- ❑ Careful judgment must be exercised by the psychiatrist in order to include, when appropriate, the parents or guardian in the treatment of a minor. At the same time, the psychiatrist must assure the minor proper confidentiality.⁶⁸

National Assembly on School-Based Health Care

- ❑ Children and adolescents have the right to quality, accessible, confidential, culturally appropriate, comprehensive health services.⁷⁹

National Association of Pediatric Nurse Practitioners

- ❑ NAPNAP affirms that with parental involvement and informed consent, children and adolescents should receive comprehensive primary care, including social services, mental health and health education with a focus on wellness. These services should be delivered within the context of the family and community including the school, with an emphasis on cultural awareness.⁸¹

National Association of School Psychologists

- ❑ 3. School psychologists in all settings maintain professional relationships with children, parents, and the school community. Consequently, parents and children are to be fully informed about all relevant aspects of school psychological services in advance. The explanation should take into account language and cultural differences, cognitive capabilities, developmental level, and age so that it may be understood by the child, parent, or guardian. [...]

9. School psychologists respect the confidentiality of information obtained during their professional work. Information is revealed only with the informed consent of the child, or the child's parent or legal guardian, except in those situations in which failure to release information would result in clear danger to the child or others. Obsolete confidential information will be shredded or otherwise destroyed before placement in recycling bins or trash receptacles.

10. School psychologists discuss confidential information only for professional purposes and only with persons who have a legitimate need to know. School psychologists inform children and other clients of the limits of confidentiality. [...]

2. School psychologists recognize the importance of parental support and seek to obtain that support by assuring that there is direct parent contact prior to seeing the child on an on-going basis. (Emergencies and "drop-in" self-referrals will require parental notification as soon as possible. The age and circumstances under which children may seek services without parental consent varies greatly; [school psychologists should] be certain to [...] "adhere to federal, state, and local laws and ordinances governing their practice and advocacy efforts. If regulations conflict with ethical guidelines, school psychologists seek to resolve such conflict through positive, respected, and legal channels including advocacy efforts involving public policy.") School psychologists secure continuing parental involvement by a frank and prompt reporting to the parent of findings and progress that conforms to the limits of previously determined confidentiality.

3. School psychologists encourage and promote parental participation in designing services provided to their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain

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the skills needed to help their children. 4. School psychologists respect the wishes of parents who object to school psychological services and attempt to guide parents to alternative community resources. [...]

National Association of School Psychologists (cont'd)

6. School psychologists discuss the rights of parents and children regarding creation, modification, storage, and disposal of confidential materials that will result from the provision of school psychological services.⁸⁴

- 5. Youth health services should be provided in a professional and confidential manner with strict adherence to the concepts of self-determination and client confidentiality. Health services for youths must be provided in the context of the youth's peer group, family, and community. [...] 10. Health services for youths must use a multidisciplinary approach because of the interplay among individual characteristics, environmental factors, and social pressures that influence youth behavior.

National Association of Social Workers

Social workers should [...] empower adolescents, families, and communities through capacity-building activities to become active participants in the identification of adolescent health concerns; the creative resolution of these issues; and the advancement of adolescent, family, and societal well-being; [and] promote and adhere to the legal requirements that protect the health and safety of adolescents, families, and communities.⁸⁵

- Adolescents should be able to receive confidential services based on their own consent whenever limitations on confidentiality would serve as an obstacle impeding their access to care. Federal and state laws should support confidential access to health care for adolescents in these circumstances. Existing laws that provide for adolescents who are minors to give their own consent for health care and to receive services on a confidential basis should be maintained and fully implemented. Where additional protections are needed, they should be put in place. Health plans and providers should understand the relevant laws in their own jurisdictions, should implement administrative policies and procedures to maintain adolescents' confidentiality, and should inform adolescent patients and their parents about the scope and limitations of these protections. The existence of confidentiality protections for adolescents does not preclude, and sometimes helps to support, voluntary communication with parents, often with the assistance of a health care professional. Efforts to repeal minor consent laws or to place limits on the confidentiality of services for adolescents who are minors could undermine their access to essential services and should be opposed.⁸⁸

Society for Adolescent Medicine

- Co-payments, if required at all, should be minimal; co-payments should not be imposed for services such as family planning, screening for sexually transmitted infections, or substance abuse counseling and treatment that are related to adolescents' high risk behaviors and that adolescents are reluctant to seek other than on a confidential basis.⁹⁴

Society for Adolescent Medicine

- On the basis of standards of clinical practice, research findings, principles of ethics, and law, the Society for Adolescent Medicine supports the following

Society for Adolescent Medicine

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Society for Adolescent Medicine (cont'd)

positions with respect to confidentiality in the delivery of health services to adolescents. [1.] Confidentiality protection is an essential component of health care for adolescents because it is consistent with their development of maturity and autonomy and without it, some adolescents will forgo care. [2.] Confidential health care should be available, especially to encourage adolescents to seek health care for sensitive concerns and to ensure that they provide complete and candid information to their health care providers. [3.] Health care professionals should educate adolescent patients and their families about the meaning and importance of confidentiality, the scope of confidentiality protection, and the limits to confidentiality. [4.] Health care professionals should support effective communication between adolescents and their parents or other caretakers. Participation of parents in the health care of their adolescents should usually be encouraged, but should not be mandated. [5.] Health care professionals and delivery systems should review and, if necessary, revise their procedures (including scheduling, billing, and recordkeeping) to ensure that adolescents' privacy and the confidentiality of their health information are protected to the extent possible. [6.] Health care professionals should receive education and ongoing training to ensure that they know and understand the state and federal consent and confidentiality laws relevant to the delivery of health services to adolescents and have the skills to apply these laws when delivering clinical care. [7.] Laws that allow minors to give their own consent for all or some types of health care and that protect the confidentiality of adolescents' health care information are fundamentally necessary to allow health care professionals to provide appropriate health care to adolescents and should be maintained.[...]

The overall goal in clinical practice is to deliver appropriate high-quality health care to adolescent patients, while encouraging communication between adolescents and their parents or other trusted adults without betraying the adolescent's trust in the health care professional. When deciding how best to provide confidential health care to adolescents in specific clinical situations, health care providers need to take into account the following factors: [t]he patient's chronological age, cognitive and psychosocial development, other health-related behaviors, and prior family communication; [p]olicies of professional organizations that often support the provision of confidential health care to minors who request privacy for a broad range of health services, including treatment of STIs, contraceptive care, outpatient mental health services and outpatient substance abuse services; [l]aws that define emancipation, determine when a minor can consent to health care (e.g. state minor consent statutes), specify when parental consent or notification is required or permitted (e.g. often for abortion services), clarify the discretion of health care professionals to disclose information, and provide guidance on access to health care information and medical records; [t]he implications of the HIPAA Privacy Rule for the provision of adolescent health services; [and] [t]he limits of confidentiality (such as in situations of suspected physical or sexual abuse, suspected risk of suicide or homicide, and when public health laws require reporting certain diseases, e.g., Chlamydia, gonorrhea, TB, HIV), and strategies to involve the adolescent in appropriate plans for engaging parents or other trusted adults to assist with management of these situations.

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Health care professionals must also consider a variety of practical issues. First, experienced clinicians recognize that candid and complete information can be gathered only by speaking with the adolescent patient alone, and by clarifying with whom the information will be shared. Beginning in early adolescence, routinely spending at least part of each visit alone with a patient conveys to the young patients and their parents that this is a standard part of adolescent health care. This also provides regular opportunities to develop a confidential relationship with adolescent patients and to discuss sensitive health topics in an open manner, and it can reassure parents that the health care professional is available to help address topics that they may have a difficult time discussing. Experiences of seasoned clinicians suggest that most parents, who are often very trusting of physicians with whom they have an established relationship, support this arrangement.

Second, routine discussions with adolescents and their parents about both the protections and the limitations of confidentiality are important. This conveys that a clinician is aware and respectful of privacy issues, educates adolescent patients and their parents about the guidelines for this aspect of care, and has beneficial effects on the patient-clinician relationship. It encourages open patient-clinician communication, which is essential for effective screening, accurate diagnosis, and risk-reduction counseling. This also increases the chance that adolescents will seek future health care for sensitive health concerns. It is important to recognize that adolescent patients are attentive to the specific content of messages. Clinicians should be as clear as possible about what can and cannot be managed privately and convey messages that adolescents both understand and can trust.

Third, clinicians need to be aware of system-level issues that may inadvertently break confidentiality and betray an adolescents' trust. Common problems are related to billing and reimbursement procedures, scheduling notification, and privacy of medical records. Strategies to provide appropriate confidential care within this context need to be developed where feasible. Alternatively, clinicians must be knowledgeable and prepared to refer patients who need confidential services to other sites where privacy can be assured. Attention to this issue at the level of health care systems, and within the context of wide-spread use of electronic medical records, is clearly needed.

Fourth, clinicians need to learn the skills to provide appropriate confidential adolescent health care while also encouraging communication with parents. This may involve strategies such as discussing with adolescent patients their perceptions of the pros and cons of communication with parents, helping adolescents to see the potential advantages of increased communication with parents, and offering to facilitate communication with parents in a way that is helpful to the adolescent patient. Giving consistent messages to parents that health care professionals expect parents to discuss a wide range of issues related to health with their adolescent children may be helpful, and parent questionnaires may be an efficient way to regularly reinforce this message. At the end of an adolescent visit, when "wrapping up" with the adolescent patient and the parent, it may be very useful to provide general anticipatory guidance counseling that, in fact, is tailored to needs identified during private discussion with an adolescent patient.

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Finally, it is important to acknowledge that some adolescents do not have parents, parental support, or any meaningful connection with parents. Some adolescents have experienced abuse or neglect by parents, and have legitimate fears about future parental abuse, which may include being asked to leave one's home by parents. When clinicians encourage adolescents to communicate openly with their parents, it is important to ask about reasons for any reluctance to do so. There are times when it may be appropriate to identify and engage other trusted adults into management plans.⁹¹

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- Adolescents should be encouraged to involve their families in health decisions whenever possible; however, when such involvement is not in the best interest of the adolescent or when parental involvement may prevent the adolescent from seeking care, confidentiality must be assured.⁸⁹

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