Policy Statements About the Importance of Confidentiality

This Compendium includes nearly 100 policy statements that affirm the critical role that confidentiality plays in ensuring timely access to essential health care services. Reflecting the significant interest that this topic has generated in recent years, more than 80 percent of the 95 documents cited here were published or revised within the past decade. The majority of items cited in this Compendium are formally-endorsed resolutions or policy/position statements that have been published in professional journals and/or on the organizations' websites. In addition, 11 organizations have adopted formal codes of ethics, ethical principles, or ethics manuals that address confidentiality, and those are cited here.

Each of the 20 national health care provider organizations cited in this Compendium has adopted or endorsed at least one policy statement affirming the critical role that confidentiality plays in ensuring access to essential health services. The American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the Society for Adolescent Medicine (SAM) have endorsed the greatest numbers of policy statements cited in this Compendium, with 22, 12, and nine respectively. Because a significant number of the organizations in this Compendium provide more specialized services (such as mental health or reproductive health) or services in particular health settings (such as schools or emergency departments), it is particularly interesting to note that 15 of the 20 organizations have endorsed at least three statements that are included in this Compendium.

As illustrated in Table 1, among the organizations cited herein, the rationale for providing confidential access to health services for the adolescent population differs little from that offered to support confidential access for the general population (which may include adolescents). Thirteen organizations discuss the protection of patient confidentiality as a fundamental component of ethical practice and 11 organizations discuss the role that confidentiality plays in establishing open, honest communication between patients and health care providers.

Nine organizations identify confidentiality as playing a critical role in patients' decisions to seek health care on a timely basis and to remain in care once they have begun treatment. Eight organizations discuss the role that confidential communication plays in helping health care professionals offer the best possible care to their patients. Moreover, several organizations discuss the importance of confidentiality for promoting adolescents' autonomy and helping adolescent patients learn to take responsibility for their own health care.

Table 1: Policy Statements About the Importance of Confidentiality [a, b]

	Organizations with Policies that Refer to the General Population (corresponding page numbers in this Compendium) [c]		Organizations with Policies that Refer to Adolescents (corresponding page numbers in this Compendium)	
❑ Protecting patient confidentiality is a fundamental component of ethical professional practice.	AAFP (33) ACEP (35) ACHA (35) ACOG (35) ACP (36)	AMA (33) ANA (38-39) APA1 (33, 40) APA2 (40-41) NASW (42-43)	AACAP (33, 46-47) AAFP (44) AAP (44) ACOG (44) NASP (54-55, 78-79)	
❑ Confidentiality and privacy are essential to establishing trust and open, timely, and honest communication between patients and health care providers.	AAFP (33) ACEP (35) ACHA (35) ACOG (35)	ACP (36) AMA (37-38) APA1 (40)	AACAP (73) AAFP (48) AAP (75) ACOG (50-52)	ACPM (64) SAM (55-58)
❑ Confidential communication between health care providers and patients is essential to the effectiveness of treatment and/or providing high quality/the best possible care.	AAFP (33) ACP (36) AMA (38) ANA (39)	APA1 (40)	AAFP (44-46) AAP (44-46) ACOG (44-46) SAM (44-46, 55-58)	
❑ Confidentiality protections increase the likelihood that patients will seek care on a timely basis and/or remain in care.	ACHA (35) ACP (36) APA1 (40)		AACAP (73) AAFP (44-46) AAP (44-46, 61-62)	ACOG (44-46, 70) ACPM (64) SAM (44-46, 55, 61)
❑ Assurances of confidentiality promote the dignity and/or autonomy of the patient.	ACEP (35) ACHA (35)	AMA (38)	SAM (55)	
❑ Learning to make appropriate health care decisions is an important developmental task. As adolescents mature, they should assume responsibility for their personal health and medical decisions.			AAP (49) ACOG (50-52) AMA (52-53)	
❑ Adolescents tend to underutilize health care services. Concerns about confidentiality represent a significant barrier to care for adolescents.			AAFP (44-46) AAP (44-46) ACOG (44-46, 50-52)	
❑ Patient confidentiality is essential for preventing discrimination.	ACP (36) ACPM (37)		AACAP (73)	

[a] See page ii for the key to abbreviations of the names of the organizations cited in this table. Because the American Psychiatric Association and the American Psychological Association are each abbreviated as APA, they are listed here as APA1 and APA2, respectively.

[b] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[c] The positions cited in this column refer to the general patient population, which may or may not include adolescents.

Policy Statements Regarding Disclosure of Confidential Information and the Scope and Limitations of Confidentiality Protections

While each of the 20 organizations has endorsed the critical importance of confidentiality in access to health services, their policy statements also reflect considerable agreement that a patient's right to confidentiality is not unconditional. As illustrated in Table 2, 15 organizations have adopted policy statements that address the scope and limitations of confidentiality protections and situations where disclosure of confidential information may be required. In general, the policy statements emphasize the importance of having the patient provide consent or authorization before confidential information is disclosed, with two important exceptions: when disclosure is required by law (13 organizations); and when the health care professional is concerned that the patient is in a life-threatening situation and is likely to harm himself/herself or others (13 organizations).

Ten organizations recommend that health care providers and patients should explicitly discuss the meaning, scope, and limits of confidentiality and circumstances in which health information will be disclosed. Of these ten, seven make this recommendation particularly with respect to communication with adolescent patients, and three organizations (ACOG, AMA, and SAM) also recommend that health care providers have these discussions with the parents or guardians of their adolescent patients.

Seven organizations have endorsed policy statements that emphasize that the rights, safety, and welfare and medical interests of the patient should be the primary considerations for health care professionals when making judgments about the disposition of confidential information. Table 2 also includes summaries of several policy statements which discuss the importance of ensuring that when information is disclosed, it should only be to individuals or entities who have a legitimate right to receive it, and that such disclosures should be time-limited and restricted to include only the information that is necessary to achieve the purpose for which disclosure was authorized.

Table 2: Policy Statements Regarding Disclosure of Confidential Information and the Scope and Limitations of Confidentiality Protections [d, e]

	Organizations with Policies that Refer to the General Population (corresponding page numbers in this Compendium) [f]	**Organizations with Policies that Refer to Adolescents** (corresponding page numbers in this Compendium) [g]
❑ Patient confidentiality and privacy should be protected unless:		
■ Consent or authorization for disclosure has been provided by the patient (or the patient's legally authorized representative.	AAFP (33-34) ACEP (35) ACHA (35) ACP (36-37) ACPM (37) AMA (37) ANA (33, 39-40) APA1 (33, 40) APA2 (33, 40-41) NASW (33, 42-43)	AACAP (33) AAP (49) AMA (52-53)
■ Disclosure is required by law (court order or statute).	AAFP (33-34) ACEP (35) ACHA (35) ACOG (35-36) ACP (36-37) AMA (33, 37-38) ANA (33, 38-39) APA1 (33, 40) APA2 (33, 40-41) NASW (33)[h]	AACAP (33) AAP (49, 75) AMA (52-53) SAM (55-58)
■ The health care provider is concerned that the patient is in a life-threatening situation and will harm himself/herself or others.	AAFP (33-34) ACEP (35) ACP (36-37) AMA (37-38) ANA (38-40) APA1 (40) APA2 (40-41)	AACAP (46-47, 73-74) AAFP (44-46, 48) AAP (44-46, 50, 62, 74-75) ACOG (44-46, 50-52) AMA (52-53, 65) NASP (54-55, 78-79) NASW (79) SAM (44-46, 55)
❑ Confidential health information should not be disclosed without the consent of the child or the child's parent or guardian except in those situations in which failure to release information would result in clear danger to the child or others.		NASP (54-55, 78-79)
❑ Specific confidences of the patient and the parents or guardians should be protected unless this course would involve untenable risks or betrayal of care-taking responsibilities. The release of information regarding an adolescent to persons outside the family requires the agreement of parents or guardians.		AACAP (46-47)
❑ Health care providers and patients should (routinely) discuss (or patients should receive written information regarding) the meaning, scope, and limits of confidentiality, how confidential information will be used and circumstances in which health information will be disclosed.	ANA (39-40) APA2 (40-41) NASW (42-43)	AACAP (46-47) AAFP (44, 48) AAP (44) ACOG (44, 50-52, 70) AMA (53) NASP (54-55, 78-79) SAM (55-58, 61)

[d] See page ii for the key to abbreviations of the names of the organizations cited in this table. Because the American Psychiatric Association and the American Psychological Association are each abbreviated as APA, they are listed here as APA1 and APA2, respectively.

[e] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[f] The positions cited in this column refer to the general patient population, which may or may not include adolescents.

[g] The policies cited in this column refer to the general adolescent population. See Tables 5 and 6 for additional policy statements about disclosure of confidential information and the scope and limitations of confidentiality for special populations of adolescents and for specific health services delivered to adolescents.

[h] See page 42 for the provision in NASW's Code of Ethics that obligates a social worker to request that a court withdraw or limit an order requiring disclosure of confidential information without a client's consent and such disclosure could cause harm to the client.

Table 2: Policy Statements Regarding Disclosure of Confidential Information and the Scope and Limitations of Confidentiality Protections (cont'd)

	Organizations with Policies that Refer to the General Population (corresponding page numbers in this Compendium)	**Organizations with Policies that Refer to Adolescents** (corresponding page numbers in this Compendium)
❑ Health care providers should explain the meaning, scope, and limitation of confidentiality protections to the parents and guardians of their adolescent patients.		ACOG (50-52, 70) AMA (53) SAM (55,61)
❑ The rights, well-being, safety, and/or best medical interest of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information.	ANA (38-39)	AAFP (48)
■ Health care providers should recognize the responsibility to their patients first and foremost.	AAFP (33) AMA (33) APA1 (33)	AACAP (33)
■ The welfare of the patient should be the basis of all medical judgments.	ACOG (35-36)	
■ The principal concerns of child and adolescent psychiatrists are the welfare and optimum development of the child and adolescent patient(s) being served.		AACAP (46-47)
❑ Before breaching a patient's confidentiality, health care providers should inform/discuss the reasons for the disclosure with the patient.	ACP (36-37) NASW (42-43)	AACAP (46-47) AMA (52-53)
❑ If breaching confidentiality is necessary, it should be done in a way that minimizes harm to the patient.	ACP (36)	
❑ Patients should be informed of any significant infringement on their privacy of which they may otherwise be unaware.	AMA (38)	
❑ Disclosure of confidential information should be time limited and/or restricted to only the information necessary for the purposes for which the disclosure is made.	AAFP (33-34) ACPM (37) AMA (37) ANA (33, 38-40) APA1 (33) APA2 (33, 40-41) NASW (33, 42-43)	
❑ If it is known that the results of a particular test or other information must be given to governmental authorities or other third parties, this should be explained to the patient as part of the process of obtaining informed consent.	ACOG (35)	
❑ Confidential information may be shared with another health care provider who is directly involved in the patient's care or is being consulted regarding treatment of the patient.	AAFP (33-34) ANA (38-39) APA2 (40-41)	
❑ Confidential information should only be disclosed to other entities that have a legitimate right to the information and can ensure that confidentiality will be protected.	ANA (33) APA1 (33) APA2 (33)	

Policy Statements Regarding Institutional Policies and Procedures to Safeguard Confidentiality

Two-thirds of the organizations (13 of 20) included in this Compendium have endorsed policy statements that address the need for institutional policies and procedures to safeguard confidentiality. See Table 3. Eight of these have endorsed statements regarding the need for health care providers (and institutions, in some cases) to ensure that written and electronic medical records are maintained, stored, reproduced, transferred, and disposed in a manner that protects confidentiality. Six organizations discuss the need for health care providers and institutions to establish policies and procedures to ensure that patient confidentiality is protected and six organizations describe specific administrative aspects of health care delivery, such as billing and quality improvement activities, where patient confidentiality should be protected.

In Table 3, differences between policy statements that refer to the general population versus those referring to adolescents begin to emerge. Specifically, six organizations (AACAP, AAP, ACOG, AMA, NASP, and SAM) have endorsed statements about institutional policies and procedures that address unique issues for adolescents and their families. These include, for example, policies recommending that health care providers and staff receive training and on-going education about laws and regulations regarding consent and confidentiality for adolescents and about their own institutional policies and procedures regarding confidentiality. In addition, three organizations (ACOG, AMA, and SAM) recommend that minor patients be referred to other health care providers or sites if health care providers are unable to provide or protect confidential access to health services for adolescents for a variety of reasons, such as the inability to implement reimbursement or billing procedures that protect adolescents' confidentiality.

Table 3: Policy Statements Regarding Institutional Policies and Procedures to Safeguard Confidentiality [i, j, k]

	Organizations with Policies that Refer to the General Population (corresponding page numbers in this Compendium) [l]	**Organizations with Policies that Refer to Adolescents** (corresponding page numbers in this Compendium)
❑ Health care providers (and institutions) should establish policies and procedures to ensure that patient confidentiality is protected.	ACP (36-37) ACPM (37) ANA (38-39)	AAP (50) ACOG (50-52, 63-64, 70) SAM (55-58)
❑ Health care providers (and institutions) should ensure that written and electronic medical records are maintained, stored, reproduced, transferred, and/or disposed in a manner that protects confidentiality.	AAFP (33-34) ACPM (37) ANA (33) APA1 (33) APA2 (33, 40-41) NASW (33, 42-43)	AAP (50) NASP (78-79)
❑ Health care providers (and institutions) should develop office protocols for staff, patients, and parents regarding when confidentiality must be waived, when information may be disclosed, guidelines for reimbursement, access to medical records, and/or appointment scheduling.		AAP (50) ACOG (50-52) SAM (55, 61)
❑ Health care providers (and staff) should be trained regarding institutional policies and procedures related to confidentiality.		AAP (50) ACOG (50-52) SAM (55)
❑ Health care providers should receive education and ongoing training to ensure they know and understand state and federal laws and regulations regarding consent and confidentiality for adolescents.		AMA (53) SAM (55-58)
❑ Institutional policies should require health care providers whose views on confidentiality restrict the provision of services to a minor to refer the patient to another practitioner.		ACOG (63-64)
❑ Health care providers who are unable to provide or protect confidential access to health services for adolescents should/may refer those patients to other providers/sites where confidential services are available.		AMA (52-53) SAM (55-58)
❑ Confidentiality should not be compromised by economic considerations. When costs or billing procedures compromise an adolescent's ability to obtain confidential care, payment alternatives or referral of the patient to other health care providers/sites should be offered.		ACOG (52) SAM (55)
❑ Co-payments should not be imposed for services that adolescents are reluctant to seek without assurances of confidentiality.		SAM (55)

[i] See page ii for the key to abbreviations of the names of the organizations cited in this table. Because the American Psychiatric Association and the American Psychological Association are each abbreviated as APA, they are listed here as APA1 and APA2, respectively.

[j] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[k] See Table 7 for additional statements about policies and procedures for particular health settings.

[l] The positions cited in this column refer to the general patient population, which may or may not include adolescents.

Policy Statements About the Roles of Parents and Guardians in Adolescent Health Care

Nine organizations have endorsed policy statements about the roles of parents and guardians in adolescents' general health care. [m] Most commonly, these organizations state that health care providers should encourage their adolescent patients to inform and involve their parents or other trusted adults in their general health care decisions. Several organizations expand on this theme by advocating for health care providers to work to facilitate family communication for a variety of reasons, such as to enhance parents' confidence in their roles and to help parents support the developmental goal of encouraging adolescents to assume increasing personal responsibility in their own health care.

Four organizations (AAFP, AAP, ACOG, and SAM) have endorsed policy statements explaining that most adolescents voluntarily communicate with their parents about their health concerns and that this communication is not something that can or should be imposed by law, but rather is a function of the inherent quality of the relationships between adolescents and parents. Nonetheless, these organizations state, even adolescents in the best of family and household environments may, at times, be unwilling to communicate with their parents. In these circumstances, mandatory parental involvement, consent, and/or notification laws reduce the likelihood that some adolescents will seek essential health care services. Similarly, the American Medical Association has endorsed a policy statement which says that when parental involvement is not in the best interest of the adolescent or may prevent the adolescent from seeking care, confidentiality must be assured.

Five organizations (AAFP, AAP, ACOG, AMA, and SAM) recommend that health care providers should provide adolescents with the opportunity for private examination and counseling, separate from their parents or guardians. Four organizations (AAFP, AAP, ACOG, and SAM) agree that the same confidentiality should be preserved between the adolescent patient and the provider as between the parent and the provider, and two organizations (ACOG and AMA) have endorsed statements which recognize that both adolescents and parents have privileged relationships with the health care provider.

[m] See Tables 5-7 for additional policy statements regarding the role of health care providers in encouraging communication between special populations of adolescents and their parents, and with respect to specific services or care delivered in particular settings.

Table 4: Policy Statements About the Roles of Parents and Guardians in Adolescent Health Care [n, o, p, q, r]

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)	
❑ Health care services should be provided in the context of the family (and the community).	AAP (49) NAPNAP (54)	NASW (55)
❑ Parents and adolescents each have a private and privileged relationship with the health care provider.	ACOG (50-52) AMA (53)	
❑ The same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider.	AAFP (44) AAP (44)	ACOG (44) AMA (53)
❑ While parental support is important, this support should be balanced with confidentiality and respect for the adolescent's autonomy in health care decisions and in relationships with health care providers.	ACP (52)	
❑ Working with families in health care decision-making and information sharing should take into account the adolescent's maturity, capacity for independent decision-making, and right to privacy and confidentiality.	AAP (49) SAM (55)	
❑ Adolescent patients should be encouraged to inform and involve their parents (or other trusted adults) in their health care decisions. Health care providers should facilitate this communication as appropriate.	AAFP (44, 48, 61) AAP (44, 49, 62) ACOG (44, 50-52, 61, 63-64, 70)	AMA (52-53) NASP (54-55, 78-79) SAM (44-46, 55-58, 61, 72)
❑ Health care providers should seek to strengthen family communication skills and family involvement in adolescent decisions by enhancing parental skills for listening, communicating, valuing, and nurturing throughout the childhood years.	AAP (62-63)	
❑ Health care providers should stress to parents that they share a common goal – the health and well-being of the adolescent patient. The mutual trust that follows this common goal will enhance and support the adolescent-health care provider relationship.	ACOG (50-52)	
❑ Providing confidential care does not preclude working toward the goal of family communication. Adolescents often voluntarily share information with their parents after they consult privately with their health care provider.	AAFP (44-46) AAP (44-46) ACOG (44-46)	SAM (44-46, 55)
❑ Family-centered practitioners understand that health care experiences can enhance parents' confidence in their roles and, over time, increase the competence of adolescents to take responsibility for their own care.	AAP (49-50)	
❑ Health care providers should educate parents to encourage their adolescents to assume increasing personal responsibility in health care	AAFP (48) ACOG (50-52)	

[n] See page ii for the key abbreviations of the names of the organizations cited in this table.

[o] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[p] See Table 1 for additional policy statements regarding the importance of confidentiality in the patient-provider relationship and the importance of confidentiality in promoting patient autonomy and responsibility in health care decisions.

[q] See Tables 5, 6, and 7 for additional policy statements regarding the roles of parents and guardians for special populations of adolescents, access to specific health services, and services delivered in particular health care settings.

[r] See Table 8 for additional policy statements regarding relevant laws and regulations about confidential care for adolescents.

Table 4: Policy Statements About the Roles of Parents and Guardians in Adolescent Health Care (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
❑ Most adolescents voluntarily communicate with their parents about health concerns. This is not predicated by laws, but by the quality of their relationships. Adolescents who live in warm, loving, caring environments, who feel supported by their parents, will in most instances communicate with their parents about an urgent health concern. However, even adolescents in the best of household environments may, at times, be unwilling to communicate with their parents because they do not want to disappoint or hurt their parents.	AAFP (44-46) AAP (44-46) ACOG (44-46) SAM (44-46)
❑ 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.	AMA (52-53)
❑ Health care providers should facilitate communication with parents regarding appointments and payments for services in a manner supportive of the adolescent's rights to confidentiality.	AAFP (44, 48) AAP (44) ACOG (44) AMA (53)
❑ Mandatory parental involvement, consent, and/or notification reduce the likelihood that some adolescents will seek health care.	AAFP (44-46) AAP (44-46) ACOG (44-46) SAM (44-46)
❑ Where the law does not require otherwise, health care providers should permit a competent minor to consent to medical care and should not notify parents without the patient's consent. In cases where the health care provider believes that without parental involvement and guidance, the minor will face a serious health threat, and there is reason to believe the parents will be helpful and understanding, disclosure to the parents is ethically justified. When parental 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.	AMA (52-53)

Policy Statements About Confidentiality Concerns for Special Populations of Adolescents

As illustrated in Table 5, eight organizations recognize in their formally-endorsed policy statements that some populations of adolescents have particular concerns regarding confidentiality. For example, the Society for Adolescent Medicine describes the unique issues facing adolescents who have run away, are homeless, or are living on the street. This population of particularly vulnerable young people may face administrative barriers to receiving health care when unaccompanied by their parents. They may mistrust adults (including health care providers) and be concerned that seeking health services may result in notification to the police or other authorities.

Four organizations (AACAP, AAP, ANA, and SAM) have endorsed policy statements discussing the confidentiality concerns of adolescents in state custody, including the child welfare system, the juvenile justice system, and the public mental health system. These statements primarily focus on issues related to confidential access to mental health and substance abuse services and to HIV-antibody testing and care.

The American Academy of Family Physicians and the National Association of Pediatric Nurse Practitioners have endorsed policy statements regarding the importance of confidentiality to adolescents who are gay, lesbian, bisexual, or transgender. Their statements emphasize the particular importance of protecting confidentiality for these adolescents because information about their sexual orientation or identity may expose them to prejudice, discrimination, hostility, harassment, violence, and/or abandonment by their families.

Table 5 also includes numerous policy statements from five organizations (AAFP, AAP, AMA, APHA, and SAM) that describe the particular needs of pregnant and parenting adolescents with respect to confidentiality. These statements discuss a range of health care services that should be available to pregnant and parenting adolescents on a confidential basis, such as contraceptive services, pregnancy testing, prenatal and postpartum care, delivery services, and abortion. Several organizations endorse the statement that health care providers should encourage pregnant adolescents to discuss their pregnancy with their parents or other trusted adults and to seek advice and support from these individuals. Nevertheless, as illustrated in Table 5, there is general agreement among these organizations that while voluntary communication between pregnant adolescents and their parents is beneficial for many young people, requiring such communication through parental consent and parental notification laws will discourage many adolescents from seeking timely access to professional care and advice.

Table 5: Policy Statements About Confidentiality Concerns for Special Populations of Adolescents [s, t]

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Adolescents who have Run Away, are Homeless, or are Living on the Street	
❑ Concern about confidentiality represents a key barrier to receiving necessary health care services for adolescents who have run away, are homeless, or are living on the streets. Many of these youth have been victimized by adults and are reluctant to trust health care professionals. Legal concerns may lead to fear of police or social service agency notification.	SAM (59)
Adolescents in State Custody	
❑ Within the limits of HIPAA, information regarding mental health and substance abuse services should be shared among organizations and agencies providing services to adolescents in the child welfare system and their families. This information should follow the adolescent from placement to placement.	AACAP (59) AAP (59)
❑ Adolescents in foster care have a right to family participation in all aspects of planning, service delivery, and evaluation. Family for these youth may include biological, foster, and adoptive parents, grandparents and their partners, as well as kinship care givers and others who have primary responsibility for providing love, guidance, food, shelter, clothing, supervision, and protection.	AACAP (59) AAP (59)
❑ Voluntary, confidential HIV testing with pre and post counseling, informed consent, and follow up care should be available to adolescents in juvenile detention or correctional facilities, foster care, and the mental health system. The privacy of these young people should be protected to the maximum extent possible.	SAM (60)
❑ Voluntary, confidential HIV testing with pre and post counseling should be available upon request to individuals in federal, state, juvenile, and local detention or correctional facilities. Those with clinical indication of HIV disease and those who have engaged in risk behaviors should be encouraged to test for HIV. HIV testing should be conducted with informed consent for the purposes of initiating treatment.	ANA (59-60, 71)
❑ Large scale screening of detained and incarcerated individuals may not be efficacious. Mandatory testing is not warranted.	ANA (59-60, 71)
❑ Confidentiality is particularly important for inmates because being labeled as HIV positive may place them at undue risk for compromised safety.	ANA (59-60, 71)
❑ Staff in jails, prisons, and juvenile confinement facilities should receive training on confidentiality as it relates to HIV. Staff should remain informed about confidentiality laws.	ANA (59-60, 71)
Adolescents who are Gay, Lesbian, Bisexual, or Transgender	
❑ Protection of confidentiality is needed to appropriately address issues related to sexual orientations.	AAFP (48)

[s] See page ii for the key abbreviations of the names of the organizations cited in this table.

[t] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

Table 5: Policy Statements About Confidentiality Concerns for Special Populations of Adolescents (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Adolescents who are Gay, Lesbian, Bisexual, or Transgender (cont'd)	
❑ Confidentiality is particularly important for gay, lesbian, (bisexual and transgender) youth because information about their sexual orientation may expose them to prejudice, discrimination, hostility, harassment, violence, and/or abandonment. Health care providers may be failing to fully address issues of sexual orientation and confidentiality with adolescents. In order to advocate for GLBT youth, health care providers should maintain confidentiality regarding sexual orientation in accordance with state regulations.	NAPNAP (60)
Pregnant and Parenting Adolescents [u, v]	
❑ Protection of confidentiality is needed to appropriately address issues related to unintended pregnancy.	AAFP (48)
❑ Pregnant adolescents should have affordable, confidential access to contraceptive services, prenatal and postpartum care, and safe and legal abortion services	APHA (60, 65-66)
❑ Adolescents should be strongly encouraged to involve their parents or other trusted adults in decisions regarding pregnancy termination, and the majority of them voluntarily do so. A minor's decision to involve parents is determined by the quality of the family relationship, not by laws. Family communication is inherently a family responsibility, and parents themselves create the emotional atmosphere that fosters productive dialog.	AAP (62-63)
❑ If parental support or involvement is not possible, pregnant adolescents should be encouraged to seek the advice of other trusted adults.	AAP (62-63) APHA (65-66) AMA (65)
❑ Health care providers should strongly encourage minors to discuss their pregnancy with their parents. They should ensure that a minor's reluctance to talk with her parents is not based on misperceptions about the likely consequences of parental involvement. Health care providers should not feel or be compelled to require minors to involve their parents before deciding whether to undergo an abortion. The adolescent patient should be allowed to decide if parental involvement is appropriate. Health care providers should explain under what circumstances (e.g., life-threatening emergency) the minor's confidentiality will be abrogated and should ensure the minor has made an informed decision.	AMA (65)
❑ Health care providers should convey the results of a pregnancy test to the adolescent alone in a private setting. In considering confidentiality, the health care provider should assess the adolescent's ability to understand the diagnosis of pregnancy and appreciate the implications of that diagnosis. The diagnosis should not be conveyed to others, including parents, until the patient's consent has been obtained, except when there are concerns about suicide, homicide, or abuse.	AAP (62)
❑ When an adolescent requests pregnancy-related care, including pregnancy testing, prenatal and postnatal care, and delivery services, health care providers should recognize that parental involvement may be counterproductive to the health of the patient.	AMA (52-53)

[u] See Table 6 for additional policy statements regarding confidential access to contraception, pregnancy-related services, abortion, and other reproductive health services.

[v] See Table 8 for additional statements regarding relevant laws and regulations about confidential care for adolescents.

Table 5: Policy Statements About Confidentiality Concerns for Special Populations of Adolescents (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Pregnant and Parenting Adolescents (cont'd)	
❑ While parental involvement in minors' pregnancy-related decisions may be very helpful, it can also be punitive, coercive and/or abusive. Parental involvement laws, whether notification or consent, for adolescent reproductive health care do not appreciably discourage adolescent sexual activity and provide a strong disincentive for many adolescents against seeking professional care or advice. Efforts to compel, rather than encourage parental notification of teenagers' abortions serve only to delay and deter access of pregnant teens to abortion services and violate their constitutional right of privacy	APHA (65-66)
❑ The decision to terminate a pregnancy should rest with the pregnant adolescent in concert with the advice and counsel of her physician. Although involvement of significant others should be strongly encouraged, particularly for minors, mandatory parental consent and/or notification should not be required.	SAM (68)

Policy Statements About Adolescents' Confidential Access to Specific Health Care Services

Nearly three-quarters of the organizations (14 of 20) cited in this Compendium have endorsed policy statements about ensuring adolescents' confidential access to specific health services such as: preventive health services; dental services; contraception, pregnancy-related services, abortion, and other reproductive health services; services related to HIV and other sexually-transmitted infections (STIs); and mental health and substance abuse care. See Table 6. As would be expected, a number of these policy statements were endorsed by organizations that provide specific services, such as dental care (the American Academy of Pediatric Dentistry), mental health and substance abuse services (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, and National Association of School Psychologists), and services related to sexual and reproductive health care and STIs (American College of Obstetricians and Gynecologists).

Nevertheless, Table 6 illustrates that many organizations support adolescents' confidential access to a wide range of specific health care services. For example, seven organizations (AAFP, AAP, ACOG, ACP, ACPM, APHA, and SAM) have endorsed the importance of confidentiality in delivery of reproductive health-related services, such as sexuality education in the clinic setting, contraceptive services and counseling, pregnancy testing, prenatal and postpartum care, and abortion counseling and services. Several of these statements reinforce the value of encouraging adolescents to involve their parents in their reproductive health care, but recognize that requiring parental involvement may be counterproductive to the patient's health.

Seven organizations (AACAP, AAP, ACP, ACPM, AMA, NASP, and SAM) have endorsed statements regarding adolescents' confidential access to education, counseling, testing, diagnosis, and treatment of HIV and other STIs. As with other sexual and reproductive health services, many of these organizations encourage voluntary, not mandatory involvement of parents and other trusted adults in HIV- and STI-related care. Four organizations (AACAP, AAP, NASP, and SAM) have endorsed statements reflecting a particular concern about adolescents' confidential access to HIV-antibody testing, the importance of explaining any limits that may exist regarding the confidentiality of test results, and policies related to disclosure of results to other health care professionals or staff providing services to the adolescent.

As illustrated in Table 2, eight organizations have endorsed policy statements about the necessity of breaching confidentiality when an adolescent is in a life-threatening situation or is perceived to be at risk to himself/herself or to others. While these statements are not focused on adolescents' access to mental health services specifically, they do address the responsibility of health care providers to recognize significant mental health needs of their adolescent patients. Table 6 includes a wide range of policy statements that address the importance of adolescents' access to confidential mental health and substance abuse services. Four of these organizations have endorsed at least one policy statement that discusses the importance of ensuring that adolescents are given the opportunity to provide informed consent for drug and alcohol testing, except in very limited situations such as when an adolescent patient does not have the capacity to provide informed consent or the patient is at risk for serious harm that could only be averted if the specific drug were identified. In addition, the American Academy of Pediatrics opposes mass drug testing programs for students particularly when the results of these screening programs may serve as a prerequisite for participation in school activities. Similarly, the American College Health Association recommends that drug testing programs for collegiate student athletes must ensure that informed consent is provided, that the results remain confidential, and that participants are offered due process protections in the event of sanctions for alleged violations.

Table 6: Policy Statements About Adolescents' Confidential Access to Specific Health Care Services [w, x]

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)	
Preventive Health Services		
❑ Preventive health services should be provided to adolescents on a confidential basis.	SAM (61)	
Dental Services		
❑ Issues of consent and confidentiality should be addressed in the provision of dental care of adolescent patients.	AAPD (61)	
Contraception, Pregnancy-Related Services, Abortion, and Other Reproductive Health Services [y, z]		
❑ Concern about confidentiality is one of the primary reasons that adolescents hesitate or delay obtaining family planning or contraceptive services.	AAFP (44-46) AAP (44-46, 61) ACOG (44-46)	APHA (65-66) SAM (44-46)
❑ Health care providers should integrate specific, culturally-sensitive, and non-judgmental sexuality education and counseling into the confidential relationships they develop with children, adolescents, and families to complement the education they obtain at school and at home. This education should respect and acknowledge the individual patient's and family's issues and values.	AAP (62)	
❑ Health care providers should encourage voluntary communication between adolescent patients and their parents/family regarding sexual behavior and reproductive health. Health care providers should explain the benefits of parental involvement to their adolescent patients.	AAFP (61) AAP (61) ACOG (61, 63-64) ACP (64)	AMA (65) APHA (65-68) SAM (61)
❑ The potential health risks to adolescents if they are unable to obtain reproductive health services are so compelling that legal barriers and deference to parental involvement should not stand in the way of needed health care for patients who request confidentiality.	AAFP (61) AAP (61) ACOG (61) APHA (65-68)	SAM (61)
❑ While parental involvement in minors' decisions may be very helpful, it can also be punitive, coercive, and/or abusive. Parental involvement laws, whether notification or advice, for adolescent reproductive health do not appreciably discourage sexual activity and provide a strong disincentive for seeking professional reproductive health care services.	APHA (65-66)	
❑ When an immature minor requests contraceptive services or pregnancy-related care (including pregnancy testing, prenatal and postnatal care, and delivery services), physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Health care providers should encourage parental involvement, however if the minor continues to object, his or her wishes ordinarily should be respected.	AMA (52-53)	
❑ If a minor patient requests advice about contraception or termination of a pregnancy without a parent's knowledge, the health care provider may wish to attempt to persuade the patient of the benefits of having parents involved, but information should not be provided to others without the patient's permission. In these cases, health care providers should be guided by their conscience in light of the law.	ACP (64)	

[w] See page ii for the key to abbreviations of the manes of the organizations cited in this table. Because the American Psychiatric Association and the American Psychological Association are each abbreviated as APA, they are listed here as APA1 and APA2, respectively.

[x] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[y] See Table 5 for additional policy statements regarding services for pregnant adolescents.

[z] See Table 8 for additional policy statements regarding relevant laws and regulations about confidential care for adolescents.

Table 6: Policy Statements About Adolescents' Confidential Access to Specific Health Care Services (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)	
Contraception, Pregnancy-Related Services, Abortion, and Other Reproductive Health Services (cont'd)		
❑ Comprehensive reproductive health services should be provided on a confidential basis to all adolescents enrolled in the State Children's Health Insurance Program (SCHIP).	ACPM (64)	
❑ Comprehensive health care for adolescents should include a sexual health history with assurances of confidentiality.	AAP (61)	
❑ Adolescents should have access to confidential contraceptive services and counseling.	AAFP (61) ACPM (64)	APHA (65-68) SAM (68)
❑ Protection of confidentiality is needed to appropriately address unintended pregnancy.	AAFP (48)	
❑ Adolescents should have access to confidential pregnancy testing.	AAP (62) ACPM (64)	SAM (68)
❑ Adolescents should have access to confidential prenatal and postpartum care.	ACPM (64) APHA (65-66)	SAM (68)
❑ Adolescents should have access to confidential abortion counseling and services.	AAP (62-63) ACPM (64)	APHA (65-66) SAM (68)
Services Related to HIV and Other Sexually Transmitted Infections [aa, bb]		
❑ Sexually active adolescents who refuse STI testing because of privacy concerns place themselves at risk of complications from undiagnosed infections and also limit the potential for screening programs to reduce STI rates.	ACPM (70)	
❑ Adolescents should have access to education, counseling, and health care services for the prevention, screening, diagnosis, and treatment of STIs based on their own consent.	AMA (70) SAM (68)	
❑ When an immature minor requests treatment for STIs, physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Health care providers should encourage parental involvement, however if the minor continues to object, his or her wishes ordinarily should be respected.	AMA (52-53)	
❑ If a minor patient requests advice about treatment of an STI without a parent's knowledge, the health care provider may wish to attempt to persuade the patient to involve his/her parent, but information should not be provided to others without the patient's permission. In these cases, health care providers should be guided by their conscience in light of the law.	ACP (64)	
❑ Health care providers should encourage adolescents to seek the support and involvement of their parents (or other trusted adults) in their HIV-related care whenever possible.	AAP (69-70) SAM (72)	

[aa] See Table 5 for additional policy statements regarding services for adolescents in state custody.

[bb] See Table 8 for additional policy statements regarding relevant laws and regulations about confidential care for adolescents.

Table 6: Policy Statements About Adolescents' Confidential Access to Specific Health Care Services (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Services Related to HIV and Other Sexually Transmitted Infections (cont'd)	
❑ Although it is usually best to involve the family in the health care of adolescents, this is not always the case. Deference to parents' wishes to be informed must not interfere with needed evaluation or treatment of HIV disease in adolescents. For adolescents who are able to understand the implications of testing and treatment and are capable of informed consent, and in the absence of laws to the contrary, it is best to proceed on the basis of this consent alone rather than insisting on parental involvement.	AAP (69-70)
❑ HIV antibody testing must be done with the adolescent's informed consent.	AACAP (68-69) SAM (72) AAP (69-70)
❑ Health care providers should explain the limits of confidentiality to adolescent patients regarding HIV testing and test results.	AAP (69-70)
❑ Confidential and anonymous HIV antibody testing should be available to adolescents. There should be no mandatory HIV antibody testing of individual adolescents or population groups as a pre-requisite for admission to programs, services, or placements. There should be no involuntary HIV-antibody testing of adolescents.	SAM (72)
❑ Health care providers should inform adolescent patients of their HIV status in order to help them make appropriate decisions about sexual behavior, treatment, and participation in clinical trials.	AAP (70)
❑ Results of adolescent patients' HIV antibody tests should be maintained in a confidential manner.	AACAP (68-69) SAM (72)
❑ An adolescent's consent should be obtained before release of any information regarding his/her HIV status. Disclosure of an adolescent's HIV status should be held to the same legal and ethical standards as disclosure of the HIV status of adult patients.	AAP (69-70)
❑ HIV-related information about an adolescent should be shared among health care professionals and other service providers only with appropriate authorization.	SAM (72)
❑ An adolescent patient's HIV status should be shared only with staff members who need to know that information in order to provide appropriate health care to the patient.	AACAP (68-69)
❑ Disclosure of HIV status to school authorities without an adolescent's consent generally is not indicated.	AAP (69-70)
❑ Classroom teachers and school psychologists should not have access to information about an adolescent's HIV status unless it can be documented that such disclosure would benefit the adolescent and consent for disclosure has been provided.	NASP (71-72)
Mental Health and Substance Abuse Services [cc, dd]	
❑ Protection of confidentiality is needed to appropriately address issues of depression, suicide, substance abuse, and domestic violence.	AAFP (48)

[cc] See Table 5 for additional policy statements regarding services for adolescents in state custody and Table 7 for additional policy statements about school-based mental health services.

[dd] See Table 8 for additional policy statements regarding relevant laws and regulations about confidential care for adolescents.

Table 6: Policy Statements About Adolescents' Confidential Access to Specific Health Care Services (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)	
Mental Health and Substance Abuse Services (cont'd)		
❑ Confidentiality should be breached when an adolescent is in a life-threatening situation or is a risk to himself/herself or to others. Health care providers should inform the appropriate person when they believe an adolescent is at risk of suicide.	AACAP (46-47, 73) AAFP (44-46, 48) AAP (44-46, 50, 62, 75) ACOG (44-46, 50-52)	AMA (52-53, 65) NASP (54-55, 78-79) NASW (79) SAM (44-46, 55)
❑ Careful judgment must be exercised by the psychiatrist in order to include, where appropriate, the parents or guardian in the treatment of a minor. At the same time, the psychiatrist must assure the minor proper confidentiality.	APA1 (54)	
❑ When an immature minor requests treatment for drug and alcohol abuse or mental illness, physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Health care providers should encourage parental involvement, however if the minor continues to object, his or her wishes ordinarily should be respected.	AMA (52-53)	
❑ Concern about confidentiality is one of the primary reasons that adolescents hesitate or delay obtaining treatment for substance abuse.	AAFP (44-46) AAP (44-46)	ACOG (44-46) SAM (44-46)
❑ Confidentiality plays a central role in creating an atmosphere of mutual trust and comfort which is essential to obtaining a comprehensive substance abuse history.	AAP (74)	
❑ Adolescents should be given the right to informed consent for drug and alcohol testing.	AACAP (73) AAP (74)	
❑ If confidentiality concerns are addressed, a competent adolescent may consent to testing and counseling for substance use without the knowledge of parents, police, or school administrators.	AAP (75)	
❑ Involuntary drug testing is not appropriate for adolescents with decisional capacity, even with parental consent, and should be done only if there are strong medical or legal reasons to do so. Patient consent for drug or alcohol testing may be waived when the patient's mental status or judgment is impaired. Involuntary testing for substance abuse would only be justified if the adolescent lacks decisional capacity or is at risk for serious harm that could be averted only if the specific drug were identified. If the treatment and therapy would not be changed by testing, involuntary testing would not be justified.	AAP (74)	
❑ When an adolescent patient is dangerous to himself/herself, is unable to make a positive treatment alliance, does not show concern about his/her condition, and or refuses help, informed consent for an alcohol or drug test may be obtained from the parent alone.	AACAP (73)	
❑ Because serious legal consequences may result from a positive drug screen, health care providers should have a candid discussion with adolescent patients regarding confidentiality of test results.	AAP (74)	
❑ "Voluntary screening" is a term applied to many mass, non-suspicion-based drug screening programs, yet such programs may not be truly voluntary as there are often negative consequences for those who choose not to take part. Participation in mass screening programs for substance use should not be a pre-requisite for participation in school activities.	AAP (74)	

Table 6: Policy Statements About Adolescents' Confidential Access to Specific Health Care Services (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Mental Health and Substance Abuse Services (cont'd)	
❑ A drug testing program for collegiate student athletes should provide for informed consent by all students required to participate and due process protections should be available in the event of sanctions for alleged violations. Test results should be handled in a strictly confidential manner, in accordance with established university procedures. Test results should be included in medical or counseling records only, not in athletic or academic records.	ACHA (75)
❑ Screening or testing for drug or alcohol use is improper under any circumstances if clinicians cannot be reasonably certain that the laboratory results are valid and that patient confidentiality is assured.	AAP (74)
❑ Health care providers should be knowledgeable about procedures to protect the confidentiality of drug and alcohol test results.	AACAP (73-74)

Policy Statements About Confidentiality for Adolescents Served in Particular Health Care Settings

Slightly more than half of the organizations included in this Compendium (11 of 20) have endorsed policy statements regarding adolescents' access to confidential health care in particular settings. As illustrated in Table 7, these organizations were most likely to discuss adolescents' confidentiality in the context of health care delivered in school settings. These policy statements discuss a variety of subjects with respect to school-based health care, such as the importance of having appropriate policies and procedures in place before services are delivered and discussing issues of confidentiality with parents and adolescents during the school registration process or as early as possible once services are sought.

Several organizations discuss the importance of encouraging parents to be involved in their students' health education and supervision whenever possible and the need to implement policies, implementing procedures to protect the confidentiality of a student's health information, and clarifying when information about a student may be shared with the student's primary health care provider, other school health professionals (e.g., nurses), and/or outside agencies.

Table 7 also includes summaries of several policy statements regarding services delivered to adolescents in college health settings, emergency departments, and managed care settings. The American College Health Association's policy statement contains many relevant provisions, including the importance of protecting confidentiality of patient health records, ensuring that confidential information is not available or disclosed to other students or staff who are not directly involved in the patients' care or qualified to provide care, and providing students and staff with information about policies related to the rights and responsibilities associated with patients' confidential access to health services.

Similarly, the American Academy of Pediatrics, the American College of Emergency Physicians, and several other health care provider organizations whose policy statements do not appear in this Compendium have endorsed a comprehensive, joint policy statement which addresses the unique issues associated with delivering confidential health services in emergency department settings. This policy statement includes, for example, the explicit recommendation that while health care providers should seek consent from the patient or family as soon as possible when emergency care is needed, appropriate medical care for minors with an urgent or emergent condition should never be delayed or withheld because consent could not be obtained. In addition, AAP and ACEP recommend that every clinic, office practice, and emergency department should develop written policies and guidelines on billing, parental notification, and confidentiality for unaccompanied minors.

One organization, the Society for Adolescent Medicine, has endorsed a policy statement which recommends that managed care organizations should incorporate protections for adolescents to receive confidential care and should implement procedures to allow adolescents to give informed consent for their own health care, as allowed by state and federal law.

Table 7: Policy Statements About Confidentiality for Adolescents Served in Particular Health Care Settings [ee, ff]

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
School Health Services [gg]	
❑ When health services are provided in school settings, patient confidentiality should be protected.	AACAP (76) NASP (54-55, 78-79)
❑ School health personnel should disclose confidential information if there is a danger to the student or another individual.	NASP (54-55, 78-79) NASW (79)
❑ Policies about confidentiality should be established with advice of expert legal advisors and school officials before patient services are offered.	AMA (76)
❑ Parents should be encouraged to be involved in their student's health education and supervision whenever appropriate and possible.	AAP (76) AMA (53) NASBHC (77) NASP (54-55, 78-79)
❑ With parental involvement and appropriate consent, children and adolescents should receive comprehensive primary care, including social services, mental health and health education, with a focus on wellness.	NAPNAP (54)
❑ School health centers should have a policy regarding parental consent.	NASBHC (77)
❑ Issues of confidentiality should be identified and discussed during the registration process. If the school's plan includes provisions for adolescents to receive services without parental notification or health plan billing, this should be addressed at the time of registration.	AAP (76)
❑ Written consent should be obtained from the parent and, when appropriate, from the student before the student health information is shared with the student's primary care provider, other school health professionals (nurse, counselor), and/or outside agencies.	AAP (76) ASHA (76-77)
❑ All school personnel should regard as confidential all information related to a student's physical, mental and developmental status.	ASHA (76-77)
❑ School health assessments should provide for each child to be examined individually (rather than in groups) to protect confidentiality.	AAP (76)
❑ School policies and practices for medication administration must ensure that student confidentiality is protected.	AAP (76)
❑ Parents and students should be fully informed in advance about all relevant aspects of school psychological services. School psychologists should discuss limits of confidentiality at the onset of the professional relationship.	NASP (54-55, 78-79)
❑ School psychologists should discuss the rights of parents and students regarding the creation, modification, storage, and disposal of confidential materials that will result from the provision of school psychological services.	NASP (54-55, 78-79)
❑ School psychologists discuss confidential information only for professional purposes and only with persons who have a legitimate need to know.	NASP (54-55, 78-79)
❑ Collaboration between health care providers in school-based health centers and school nurses enhances students' health and academic outcomes. This collaboration should include joint policies and procedures that ensure students' confidentiality and continuity and coordination of care.	NASBHC (77)

[ee] See page ii for the key to abbreviations of the names of the organizations cited in this table.

[ff] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

[gg] See Table 8 for additional policy statements regarding laws and regulations about confidential care for adolescents.

Table 7: Policy Statements About Confidentiality for Adolescents Served in Particular Health Care Settings (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
School Health Services (cont'd)	
❑ Schools have a responsibility to ensure that students' health information is maintained, stored, retrieved, transferred, and destroyed in ways that protect the students' and families' privacy.	ASHA (76-77) NASP (78-79)
❑ Student health information should be distinguished from other types of school records. School health records should have the same protections granted other medical records by federal and state law.	ASHA (76-77)
❑ School personnel should ensure confidentiality of health information whether transmitted through conversation, billing activity, telemedicine, or the release of medical records.	NASBHC (77)
❑ Regular, periodic training should be provided to staff, contracted service providers, and others concerning school district policies and procedures to ensure confidentiality.	ASHA (76-77)
College Health Services	
❑ Student health records and information are confidential. Students have the authority to approve or refuse their release in accordance with applicable federal and state laws.	ACHA (79)
❑ A student's confidential health information should not be available or disclosed to other health care providers who are not directly involved in the student's care or to other students working at the health service that are not trained or qualified to provide care.	ACHA (79)
❑ College health programs should maintain a health record system that protects patient confidentiality as information is collected, processed, maintained, stored, retrieved, and distributed.	ACHA (79)
❑ Students and staff should be provided with information about policies related to the rights and responsibilities of patients and treatment of unemancipated minors.	ACHA (79)
Emergency Departments [hh]	
❑ Health care providers should seek consent from the patient or family as soon as possible when emergency care is needed, but appropriate medical care for minors with an urgent or emergent condition should never be withheld or delayed because of problems with obtaining consent.	AAP (79-81) ACEP (79-81)
❑ Emergency health care professionals should discuss confidentiality concerns with minor patients and should seek assent from the patient, as appropriate for his or her developmental age and understanding, for parental involvement, but should honor the patient's wishes for confidentiality.	AAP (79-81) ACEP (79-81)
❑ Emergency health care professionals should document in the patient's medical record all discussions of assent or consent, including the identity of the person providing permission for treatment, an assessment of the patient's maturity and understanding, and efforts to obtain consent from the parent or legal guardian.	AAP (79-81) ACEP (79-81)
❑ If treatment is given to unaccompanied minors without prior parental consent, parents should be advised of the treatment rendered as soon as possible.	ACEP (81)

[hh] See Table 8 for additional policy statements regarding relevant laws and regulations about confidential care for adolescents.

Table 7: Policy Statements About Confidentiality for Adolescents Served in Particular Health Care Settings (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
Emergency Departments (cont'd)	
❑ Every clinic, office practice, and ED should develop written policies and guidelines on billing, parental notification, and confidentiality for unaccompanied minors.	AAP (79-81) ACEP (79-81)
❑ Financial reimbursement should not limit a minor's access to emergency medical care or result in a breach of patient confidentiality, particularly if an unintended parental notification may result from the receipt of an itemized medical bill.	AAP (79-81) ACEP (79-81)
Managed Care Settings	
❑ Managed care arrangements should incorporate protections for adolescents to receive confidential care and procedures allowing adolescents to give informed consent for their own health care, as allowed by state and federal law.	SAM (82)

Policy Statements About Federal, State, and Local Laws that Protect Adolescents' Access to Confidential Health Services

Half of the organizations cited in this Compendium (10 of 20) have endorsed policy statements which refer to federal, state, and local laws that protect adolescents' access to confidential health care. Most commonly, these statements recommend that health care providers and plans should understand relevant laws and policies regarding confidentiality for adolescents (9 organizations). Some of these statements refer to laws and policies about a specific health service (e.g., substance abuse treatment) and others refer to the need for health care providers in particular health care settings (e.g., schools) to be informed about relevant confidentiality laws. Three organizations (AAFP, AAP, and ACOG) also recommend that adolescents and parents should understand relevant laws and regulations governing confidentiality for minors.

As illustrated in Table 8, several organizations have endorsed policy statements which state that while parental involvement in adolescent health care is desirable, mandatory parental consent or notification should not be legislated. Finally, six organizations (AAFP, AAP, ACOG, AMA, APHA, and SAM) have endorsed policy statements recommending that health care providers should advocate for public policies that ensure and protect adolescents' confidential access to health care, such as by opposing efforts to repeal minor consent laws and efforts to undermine confidentiality protections for adolescents and by working proactively to support public policies that guarantee adolescents' access to essential health services.

Table 8: Policy Statements About Federal, State, and Local Laws that Protect Adolescents' Access to Confidential Health Services [ii, jj]

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)	
❑ Health care providers (and plans) should understand relevant laws and regulations about confidentiality for adolescents.	AAFP (44, 48) AAP (44, 50) ACOG (44, 50-52, 70)	AMA (53) NASP (54-55, 78-79) SAM (55-58)
■ Health care providers should understand legislative and regulatory requirements that address the secure transmission, storage, and public accessibility of patient medical information.	AAP (50) NASP (54-55, 78-79)	
■ Health care providers should be familiar with state and local laws regarding confidential reproductive health care for adolescents.	AAP (62) AMA (65)	APA1 (71)
■ Health care providers should understand local and state laws regarding testing and treatment for HIV and STIs.	AACAP (68-69) AAP (69-70) ACOG (70)	ANA (59-60) APA1 (71) NASW (79)
■ Health care providers should be familiar with relevant state and federal regulations governing information about substance abuse treatment.	AAP (75) NASW (79)	
■ School health personnel should be familiar with federal and state laws and local educational policies with respect to confidentiality.	NASP (54-55, 78-79) NASW (79)	
■ Emergency health care providers should be knowledgeable about federal and state laws and departmental policies regarding treatment of minors.	AAP (79-81) ACEP (79-81)	
■ Staff in jails, prisons, and juvenile confinement facilities should be informed about confidentiality laws.	ANA (59-60, 71)	
❑ Adolescents and parents should understand relevant laws and regulations about confidentiality for minors.	AAFP (44) AAP (44)	ACOG (44)
❑ While parental involvement in adolescent health care is desirable, it may not always be feasible. Mandatory parental consent or notification should not be legislated.	AAFP (44-46) AAP (44-46)	ACOG (44-46) SAM (44-46, 55-58)
■ Legal barriers and deference to parental involvement should not impede access to needed health care.	AAFP (44) AAP (44)	ACOG (44)
■ 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.	SAM (55)	
■ Adolescents should be encouraged to involve their parents and other trusted adults in reproductive health care decisions, but this should not be mandated through parental consent or notification laws.	AAFP (61) AAP (61-63) ACOG (61)	AMA (65) APHA (65-67) SAM (61, 68)
❑ Health care providers should advocate for public policies that ensure and protect adolescents' confidential access to health care.	ACOG (50-52) AMA (53)	SAM (55)
■ Laws and regulations that are unduly restrictive of adolescents' confidential access to health services should be revised.	AAFP (44) AAP (44)	ACOG (44, 63-64)
■ Efforts to undermine guarantees of confidentiality for adolescents should be opposed.	AAFP (44-46) AAP (44-46) ACOG (44-46)	APHA (66-67) SAM (44-46)

[ii] See page ii for the key to abbreviations of the names of the organizations cited in this table. Because the American Psychiatric Association and the American Psychological Association are each abbreviated as APA, they are listed here as APA1 and APA2, respectively.

[jj] The statements in this table are intended to provide a general thesis of the organizations' policy statements. Please refer to the page numbers indicated in the table for the precise language adopted by each organization and for appropriate citations to the source material.

Table 8: Policy Statements About Federal, State, and Local Laws that Protect Adolescents' Access to Confidential Health Services (cont'd)

	Organizations with Relevant Policies (corresponding page numbers in this Compendium)
■ Laws that allow minors to give their own consent for health care and that protect the confidentiality of adolescent's health information are fundamentally necessary to allow the health care professional to provide appropriate care and should be maintained. Efforts to repeal minor consent laws or to place limits on the confidentiality of services for minor patients should be opposed.	SAM (55-56)
■ Legal barriers which restrict adolescents' access to confidential contraceptive and reproductive health services should be removed.	ACOG (63-64) APHA (66-68)
■ Efforts should be made to clarify or change laws regarding parental consent in those states where the legality of providing contraceptive services without parental consent is in doubt.	APHA (66-68)
■ Health care providers should support legislation to allow minors to consent to services for the prevention, diagnosis, and treatment of STIs, including HIV.	AMA (70)