Policy Statements About Confidentiality Concerns for Particular Populations of Adolescents

Adolescents who have Run Away, are Homeless, or are Living on the Street

- The formidable barriers to comprehensive health care for all adolescents are amplified for independent homeless youth. [...] When presenting at a traditional site such as a hospital emergency room, they are likely to be asked for a permanent address, health insurance information, and parental permission for treatment. Although some states consider these adolescents to be emancipated minors, confidentiality remains a key concern. Many such youth have been exploited and victimized by adults and are reluctant to trust health professionals and the traditional health-care system. Legal concerns regarding status or criminal offenses may lead to fear of police or social service agency notification. Affordability, denial of need, delay in seeking care, and lack of adequate follow-up, owing to the transient nature of the population, all complicate the management of health problems. 93

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- [Regarding service coordination and case management for children and adolescents in foster care who need mental health and substance abuse services] Information must be shared on a regular basis among organizations/agencies providing services/support to the child and/or their family. Every effort must be made to eliminate barriers, while complying with the confidentiality requirements in HIPAA. This information should follow the child from placement to placement. [...] [Regarding family participation in all aspects of planning, service delivery, and evaluation.] Family is defined (using the Federation of Families definition) as including 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 for children and adolescents. It is important for the family to be actively invited as part of the engagement process at all levels of planning, service delivery, and evaluation: e.g., the system level, organizational level, and individual child level. 124

- [Regarding HIV disease] Federal, state, juvenile, and local correctional facilities house significant numbers of individuals who are at risk for HIV disease. Voluntary testing, strict application of Universal Precautions and CDC guidelines, education/counseling services, protective devices availability and confidentiality are important areas for nurses working in these settings. [...] Testing for HIV disease is valid as a diagnostic tool. With advances in the diagnosis and treatment of HIV, it is important that those who are seropositive be identified early for the purposes of initiating early intervention. Accordingly, voluntary confidential testing with pre and post counseling for the purpose of initiating treatment should be available to persons who request it. Anyone with clinical indication of HIV disease and anyone who has engaged in high risk behaviors should be encouraged to test for HIV disease. While recent research has demonstrated that early treatment can delay the progression of the disease, it is not clear that large scale screening is efficacious and mandatory testing is not warranted. [...] HIV/AIDS education should be provided to all staff and inmates in jails, prisons, and juvenile confinement facilities. [...] Staff should also receive
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American Nurses Association (cont’d)  
training on confidentiality as it relates to HIV disease. […] It is important that the rules of confidentiality be followed in correctional institutions since labeling inmates as HIV positive places them at undue risk for compromised personal safety. The facility staff should keep informed of any changes related to confidentiality enacted by legislatures or determined by the courts as such information varies from state to state and from time to time. 83

Society for Adolescent Medicine  
[Access to HIV testing and follow-up care [should be provided] to adolescents in juvenile detention or correctional facilities, foster care, or the mental health system. Specifically: they should be able to receive careful assessments, pre-test and post-test counseling, and confidential HIV testing if appropriate; they should be tested only with their voluntary informed consent; and the privacy of these young people should be protected to the maximum extent possible, although legal requirements applicable to youth in these systems may sometimes place limitations on the confidentiality of information, or on who makes decisions concerning disclosure. 92

Adolescents who are Gay, Lesbian, Bisexual, or Transgender

National Association of Pediatric Nurse Practitioners  
As an organization that advocates for all children, NAPNAP affirms that all persons, regardless of gender-identity or sexual orientation, have the right to access quality health care resources. Many [gay, lesbian, bisexual, and transgender] GLBT adolescents and young adults are exposed to prejudice, resulting in stigma, hostility, and hatred which may hinder the ability of GLBT youth to achieve developmental tasks. GLBT youth have a higher level of isolation, runaway behavior, homelessness, domestic violence, depression, suicide, violent victimization, substance abuse, and school or job failure than heterosexual youth. Many individuals first become aware of their sexual orientation during adolescence, and may experience confusion. Health care providers may be failing to fully address issues of sexual orientation and confidentiality with adolescents.

In order to advocate for GLBT youth, NAPNAP asserts the following: […] [Pediatric nurse practitioners] PNP’s should maintain confidentiality regarding sexual orientation in accordance with state regulations pertaining to confidentiality with minors. 82

Pregnant and Parenting Adolescents

American Public Health Association  
[The American Public Health Association] urges that services for pregnant adolescents include access to safe, legal, and confidential abortion counseling and services, as well as access to affordable, confidential prenatal and postpartum care and contraceptive services. 71


16. **American Academy of Pediatrics.** “Consent for Emergency Medical Services for Children and Adolescents: Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All


36. **American College Health Association.** ACHA Guidelines, “Drug Education/Testing of Student Athletes.” Prepared by the Alcohol, Tobacco, and Other Drugs Task Force. November 1994. Please note that as of November 2004, this policy was being revised by ACHA. Reprinted with permission from the American College Health Association.


48. **American College of Preventive Medicine.** “Statement on Health Data Control, Access, and Confidentiality.” Developed by the American College of Epidemiology (ACE) and adopted as official policy of the American College of Preventive Medicine, with permission from ACE. November 1999. Reprinted with permission from the American College of Preventive Medicine.


75. **American Public Health Association.** “Safeguarding the Right to Abortion as a Reproductive Choice.” APHA Policy Statement #8901. 1989. Reprinted with permission from the American Public Health Association. This policy has been archived. Archived policies are no longer current and are maintained for historical purposes only.


77. **National Assembly on School Based Health Care.** “School-Based Health Centers: A National Definition.” Adopted June 20, 2002. Reprinted with permission from the National Assembly on School-Based Health Care.

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79. **National Assembly on School-Based Health Care.** “Our Core Values.” 2000. Reprinted with permission from the National Assembly on School-Based Health Care.
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81. National Association of Pediatric Nurse Practitioners. “NAPNAP Position Statement on School-Based and School-Linked Centers.” Approved April 1994; Revised and approved by the Executive Board, June 2004. Copyright © 2004 by the National Association of Pediatric Nurse Practitioners. All rights reserved. No part of this article may be reproduced, stored, or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from NAPNAP.

82. National Association of Pediatric Nurse Practitioners. “NAPNAP Position Statement on Health Risks and Needs of Gay, Lesbian, Bisexual, and Transgender (GLBT) Adolescents.” Approved January 26, 2000. Copyright © 2000 by the National Association of Pediatric Nurse Practitioners. All rights reserved. No part of this article may be reproduced, stored, or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from NAPNAP.


