



Teens and Telehealth: Consent & Confidentiality

Telehealth presents new challenges and opportunities for providers caring for teenagers and young adults. When engaging teenagers about their health concerns using this modality, what new considerations exist for consent and confidentiality? How does clinical management change for urgent, typically confidential concerns when social distancing is a necessary barrier to in-person care?

- 1. Minors can independently receive and consent to care for certain health issues (e.g., sexual health, reproductive health, mental health). Can these health concerns also be addressed in a video visit?**

The same rules of adolescent confidentiality and minor consent apply to telehealth. In our institution, specific consent is required for care by telehealth and is explained to the patients and caregiver (or the minor teenage patient if they present independently for confidential care) at the beginning of a telehealth visit.

One important consideration in consenting teenagers for confidential telehealth care is that billing procedures may pose a risk of breach in confidentiality, especially if services are not covered by insurance. Ideally, practices should offer alternate payment schemes that allow teenagers to receive confidential care if insurance procedures pose a significant risk to confidentiality or be able to refer to community-based resources that can offer services more confidentially.

In addition, if the clinical situation dictates that follow up in-person care is recommended for further medical evaluation, lab-work or procedures; it may not be possible for minors to seek necessary care given strict social distancing rules, without the involvement of a parent/guardian.



2. What other access-to-care considerations are there for teenagers receiving confidential care by telehealth?

Teenagers are emerging decision makers and health care consumers. Supporting health literacy including knowing how and when to access health care is a vital goal in Adolescent Medicine. Teenagers in your practice should be educated in how to access care, including procedures for accessing telehealth services. Any new processes for coordinating telehealth visits should be user-friendly to enable teenagers to seek care independently when appropriate.

3. How do we approach consent for telehealth care? Do both the teenager and their guardian need to be consented?

We recommend that all parties participating in a visit participate in the telehealth consent process. When parents/guardians participate, just as for an in-person visit, it may be clinically appropriate to take private time with the teenager to allow for confidential care issues to be addressed in a visit scheduled for another reason. The consent process should be offered in plain language understandable by all parties, and in a video visit can involve both reading a screen version of consent, and having the health care provider read the consent information out loud.

4. How do we maintain confidentiality on video?

As in clinic, engage caregiver support for private interview time with the provider. It is helpful to explain the telehealth process in terms of the clinic processes they already know – e.g., “Remember how in clinic there is a certain part of the exam when we ask parents to step outside? We need to establish that same space of privacy over telehealth to address concerns that may be embarrassing, and to make sure your teen is being safe...”

Engage your teenage patient in advance on the space and time that is easiest for them to schedule a confidential visit, and confirm conditions are supportive of privacy at the beginning of the encounter. You can ask the teen if they feel they have enough privacy to feel comfortable talking openly. Suggesting earphones can be helpful to ensure at least one side of the conversation is not heard.

If for any reason you are unable to confirm the confidentiality of your encounter, on the client or provider side – e.g, other people interfering in your session, lack of a consistently private space – it is okay to stop the meeting and re-start when privacy can be established.

Once the encounter is complete, make sure that any post-visit documentation or patient education materials that should be kept confidential are not inadvertently sent to a parent or guardian's email, or posted to a portal where it might be accessed by a parent or guardian.

5. How do we approach clinical issues that would typically require a chaperoned sensitive exam?

At this time, we do not conduct any sensitive portion of the physical exam that would require a chaperone during an in-person visit, via telehealth. These limits should be clear and set at the beginning of the encounter.

Start calls with an overview of what to expect (education) as well as clarity on how communication with providers is different, including what can and cannot be shared on video (boundaries). Reviewing processes in order to set expectations is of key importance.

There may be cases when a teen is appearing in a way not appropriate to a client-provider meeting, e.g. drinking or smoking on the call, or wearing their underwear or a towel. It is OK to pause (or reschedule, if needed) in these cases, to reinforce whatever boundaries are important to your work together.

6. For a teenage patient with a mental health crisis, how do we approach safety planning through virtual care?

As in clinic, the provider's genuine concern for safety trumps the teen's rights to confidentiality. (Remember the safety rule of thumb: harm to self, others, or another harming the client may require us to break confidentiality). This standard should be reviewed with patients and caregivers, to prevent misunderstanding about any difference in providers' responsibilities when visits are conducted via telehealth.

Ensure you have current information about the client to support safety planning if it is needed. Start with administrative "housekeeping" tasks that include safety considerations:

- Confirm their best contact phone number
- Assess who is in the home with them
- Confirm their emergency contact (and where is that person)
- Verify their physical location at the time of the call, in case there are active safety concerns that require authorities to be called (e.g. mobile crisis or 911)
- Have emergency resources available to share with clients as is needed

7. Since telehealth brings us into patients' homes and private spaces, how do we act on "incidental" observations that may be concerning?

The same mandatory reporting requirements apply for telehealth as for in-person care. Telehealth brings providers more intimately into the client's home environment. You may see or hear things that are concerning. It is important to check your own biases, collect the same information you would as if in clinic, and reach out to social work for consultation or child protective services if there is suspicion of reportable harm.

Peer-to peer-consultation with an Adolescent Medicine specialist is always available and currently recommended before scheduling new patient consults. During weekday business hours, call 202-476-4880 and ask to speak to the Adolescent Medicine physician on call.

Resources for further reading

Operating Procedures for Pediatric Telehealth:

<https://pediatrics.aappublications.org/content/140/2/e20171756>

Tomines, A. (2019). Pediatric Telehealth: Approaches by Specialty and Implications for General Pediatric Care. *Adv Pediatr*, 66:55-85.

[https://www.advancesinpediatrics.com/article/S0065-3101\(19\)30015-5/pdf](https://www.advancesinpediatrics.com/article/S0065-3101(19)30015-5/pdf)

Best Practices in Videoconferencing-based Telemental Health:

https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/618da447-dee1-4ee1-b941-c5bf3db5669a/UploadedImages/APA-ATA_Best_Practices_in_Videoconferencing-Based_Telemental_Health.pdf

Practice Parameter for Telepsychiatry with Children and Adolescents:

[https://www.jaacap.org/article/S0890-8567\(08\)60154-9/pdf](https://www.jaacap.org/article/S0890-8567(08)60154-9/pdf)