**[Insert Practice Name]’s Adolescent Privacy and Confidentiality Policy**

*Effective [Insert Date]*

At **[insert office name]** we recognize and support our adolescent patients’ evolving maturity and independence. Adolescence is a time of transition toward adulthood, and we believe that we should support this healthy transition in our office. Toward this goal, this policy will address teenager confidentiality and privacy.

Our practice always encourages adolescent patients to be open and honest with their parents, and we also want them to have a “safe” place to go with any private health concerns. We would like to be that safe place and hope parents will trust us to take the best care of our teen patients in these situations.

**Office Responsibilities**

Healthcare professionals must be knowledgeable about state laws that govern the ability of minors to seek medical care confidentially for certain health conditions, including legal provisions regarding disclosure of information related to confidential health care to parents.

Healthcare professionals must also be knowledgeable about any state and other laws that govern the privacy of health information and medical records, including provisions pertaining to disclosure of information to parents, particularly when minors may legally give their own consent of care.

When state and other laws are unclear, healthcare professionals must be prepared to exercise professional judgment and grant or deny parents’ requests for information about care for which minors may legally consent, without the minor’s prior approval.

Healthcare professionals must be aware that the HIPAA privacy rule grants legal significance to agreements with parents that favor their adolescents’ receiving at least some health care on a confidential basis. The rule provides that in such situations, the minor generally assumes the rights to control access to information and records of the care, in accordance with state laws protecting minors’ rights to confidential care.

**Telephone Services**

Confidentiality parameters extend to any telephone calls that we may have with our teen patients about their healthcare, including discussions about appropriate lab/imaging evaluations and results. Our teenage registration questionnaire captures the teen patient’s cell phone number. It is imperative that we can contact our teens directly to maintain confidentiality between our office and teen patient.

**Adolescent Consent to Share**

Patients under 18 years old receiving confidential services must provide consent to information sharing or shared medical decision making with parents or guardians.

Patients who are legal adults must provide consent for any health information they would like shared. Every young adult 18 and older will be given the opportunity to fill out the “Young Adult Release & Consent Form” to make explicit what information they would like shared or not shared. This form is to be updated yearly or sooner if they have an urgent concern of privacy from the last time the form was updated.

**Making Appointments**

Teenagers starting at age **[insert your practice’s policy]** are allowed to make their own appointments in regard to their health.

**Office Visits**

Teenagers may attend appointments independently for confidential care, but must be accompanied by an adult for general medical services until age **[insert your practice’s policy]**.

Each teenage visit starting at age **[insert your practice’s policy]**, will begin with both the parent and teenager in the room together. This gives the parent a chance to ask questions and share important information about their child’s health.

After meeting together, the parent will be asked to leave the room for part of the visit. This time alone with the provider gives the teenager a chance to ask questions or deal with issues that are considered private. We want to give all teenagers an opportunity to address any and all of their healthcare concerns in a private and confidential manner.

For the physical examination, the teenager may choose to have the parent, a nurse, or just the provider in the room. **[Insert practice’s chaperone policy if applicable].**

The information discussed by the teenager and provider is considered confidential and will not be shared with anyone. If important medical issues come up during the visit, we will encourage the teenager to discuss them together with their parents.

At the end of the visit, the provider will meet with the parent and teenager together. This allows the provider to update the parent and collaboratively establish plans to keep the teenager healthy.

**Testing**

We offer confidential testing for sexually transmitted infections (STI) and pregnancy to our adolescent patients as recommended by the American Academy of Pediatrics and Centers for Disease Control and Prevention. Parents may see this testing on their insurance. By law, we cannot discuss these test results with parents without the minor’s consent.

When it is not possible to maintain confidentiality of office visits and lab work, teenagers will be referred to **[insert health department or other facilities]** for all STI lab work when that teenager wants to keep such information confidential from their parent who may receive an insurance explanation of benefits (EOB) that breaks that confidentiality.

**[Insert EMR Name] and Patient Portal**

Access to our secure online patient portal has some limitations in confidentiality. When a patient turns **[your practice’s policy]** he/she is able to sign up for their own unrestricted portal account. Parent/guardian portal accounts will be made as proxy. It is imperative that we update the patient’s portal account with the teenager’s email address. We will obtain the teenager’s email address and phone number **[insert specifics to your practice as to when and how you will obtain this information].**

Only the following services are available to parents/legal guardians **[depends on proxy portal functions]:**

* Ability to make appointments
* Ability to communicate with providers via secure messaging regarding health concerns
* Ability to view immunization history and growth charts
* Ability to pay bills

**Sharing Medical Records**

When a parent requests their child’s medical records, applicable **[State law]** needs to take precedence as to what records may be withheld for the teen patient’s confidentiality.

**When to Break Confidentiality**

When teens share something with us that they wish to remain confidential, we will always honor that request, unless it involves potential harm to themselves or someone else or if there is a communicable disease.

This policy is consistent with state and other laws surrounding adolescent confidentiality, as well as the recommendations of the Society for Adolescent Health and Medicine and the American Academy of Pediatrics. It is a privilege to take care of our teenage patients, and we look forward to working together with this policy in mind as our teenage patients grow into adulthood!