

## Introduction

Engage your team in a discussion on how to handle the challenges of providing confidential care in your practice.

## Objectives

By the end of this Spark training, participants will be able to:

- Identify strategies for communicating with parents and adolescents re: minor consent laws.
- Identify barriers, challenges, and strategies for protecting privacy with minor confidential services.

## Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector
- Writing utensils for all participants

## Additional Resources

If you would like to learn more about this Spark topic, or want to find health care services to refer teens to, take a look at these additional resources.

- [A Teen-Friendly Reproductive Health Visit](#)
- [Confidential Health Care for Adolescents](#)

## Citation

If you plan to modify this resource, please cite or credit as: Confidentiality Best Practices. Spark Training developed by the Adolescent Health Initiative at Michigan Medicine; August 2017; Ann Arbor, MI.

## Key of Icons

 = Slide change     = Estimated duration of topic     = Script for facilitator     = Note for facilitator

## Intro/Hook (10-15 minutes)

### 1 – TITLE SLIDE

 Introduce yourself/yourselfes.

 Today we're going to do a 15-minute mini-training, also called a Spark, to discuss best practices to ensure confidentiality for adolescents at our health center.

### 2 – I. AM. THE. MOM

 Let's start out with a real life scenario that was in the news recently. A mother wrote a blog post about her experience taking her 17-year-old daughter to the doctor for a foot injury. There was a sign at the front desk that said that according to new laws, a nurse is required to meet privately with patients age 12-17. Here's what the mom wrote about how the situation in the health center unfolded:

"I asked if this policy was in effect and if so, how could I opt out. The receptionist told me it's a new law and there is no opting out. Working to keep my cool, I said, "I'm sure there is." She said, "No, there isn't." At which point I asked if I needed to leave and go to the urgent care center because I was not submitting my daughter to such a conversation. That did not go over well.

The receptionist closed the window. Almost immediately, the office manager turned the corner and said, "Mrs. Duffy, may I speak with you?"

She said there was a new policy that would allow a child to access his/her medical records online and the child would be allowed to block a parent from viewing the website. The nurse would also inform my children that the doctor's office is a safe place for them to receive information about STDs, HIV and birth control. That is what the nurse would be chatting about with my children without any pesky parental oversight.

I kindly informed her that no one would be talking with my children privately, and I needed to know how to opt out of this policy before bringing [my daughter] back for her physical next month... I had to cut the conversation short because I was not letting my girl out of my eyesight or earshot. Not when it was clear that these people were angling to undermine my parental authority." End quote.

 [Pause for a moment.]

In response to Ms. Duffy's concerns, the health center took the sign down and issued this statement:

"We made a mistake as we worked to implement new information systems at [our health system] for minors and we apologize for the error. We will not be implementing mandatory private conversations with adolescent patients."

Take note that there is no law mandating time alone. However, there are several issues this situation brings up.

### 3 – MEDIA REACTION

 Confidential services can be a hot button issue for people. The original blog post was reprinted on several news outlets, and Ms. Duffy, the mom, appeared on Fox News about what she considers to be an issue of parental rights.

We may have our own strong feelings about adolescents and how much their parents should be involved in the provider-patient interaction. That's why it's so important for us to understand the laws and best practices around ensuring confidentiality for adolescents.

## Key Concepts (8 minutes)

### 4 – LAWS, POLICIES, & BEST PRACTICES

 Many people say that confidentiality laws are confusing. Often what happens is that people confuse laws for policies and best practices. With confidentiality, we need to be clear about the difference between law, policy, and best practice.

- Minor consent laws allow adolescents to consent to specific health services without parental involvement. These laws vary by state.
- Policies are set by health centers or institutions.
- And best practices are evidence-based recommendations or guidelines for how to handle situations. These are often not black and white, which can allow providers and managers to make decisions on a case-by-case basis. This gray area can be tricky, and we'll get into it in a minute.

### 5 – SAMPLE SITUATION

 Let's apply this to the situation in our case study.

Are there any **laws** in our state that require the provider has time alone with teen patients?

No, there are no state laws that require a provider has time alone with a teen patient. This is considered best practice and is endorsed by major medical organizations. This means that we should do everything we can to ensure a provider has time alone with a teen patient, but there is no law that requires it (although some practices may have a policy where this is required or encouraged).

Also, some institutions have policies related to patient portals to ensure that adolescents are the only ones with access to their confidential information.

 Review your institution's relevant policies and procedures if you are familiar with them.

Now let's look at best practices for talking to parents and teens.

## 6 – PARENTS AS PARTNERS

 The key is to partner with parents while still allowing teens to gain independence and have confidentiality when needed.

 Give participants time to read the slide text to themselves, or invite a volunteer to read it out loud.

## 7 – HOW DO WE TALK TO PARENTS?

 Read the script on the slide:

 “As teens begin to develop into adults and take responsibility for their lives, we always ask parents/guardians to wait outside for part of the visit to encourage the teen to discuss their own view of their health.”

 This is one way a medical assistant or provider can explain why time alone with a teen patient is important. Confidentiality can be framed as an appropriate developmental step to help teens understand and use the health care system to its fullest. Having confidential time as a teen allows them to gain confidence, independence, and an improved investment in and understanding of their own health.

 Would anyone like to share another way to talk to parents about one-on-one time between their adolescent and the provider?

## 8 – HOW DO WE TALK TO TEENS?

 Research has shown that teens have a very limited understanding of what services they can access without a parent’s consent or knowledge. Multiple studies have demonstrated that teens are more likely to share sensitive information that can affect their health only after they have been assured it will be kept confidential.

 In your role, what can you do to help adolescents know about confidential services at our health center?

## 9 – HOW DO WE TALK TO TEENS?

 Insurance issues can be a major barrier to a teen’s ability to access confidential health care. Teens and young adults need to be aware that any services they receive in clinic that are billed to their parent’s insurance may be sent home by the insurance company in the Explanation of Benefits, or EOB. This is a great reason to encourage teens to partner with their parents whenever possible so that there are no surprises on the EOB.

If a teen or young adult feels strongly that they need services confidentially, we need to be prepared to provide or refer them to free or low cost health care services. If your health center is unable to provide free or low cost services to patients, you can use [www.findcare.org](http://www.findcare.org) to find clinics near you that do.

 10 – INSURANCE & CONFIDENTIAL RECORDS

 Confidentiality often looks different at different types of health centers. Many family planning sites have legal and procedural protections in place for minor patients to make sure that confidentiality is protected. Many primary care and other health centers find it challenging to protect teens' confidentiality for multiple reasons, including the chance a parent could see an Explanation of Benefits (EOB) or access their child's medical records.

So, while a teen has a legal right to receive certain services without a parent's permission, in many cases, a parent might still be able to access their record and learn that their teen has received the service. This is why we have to be careful not to guarantee to a teen that their confidentiality will be protected, unless they are at a site that has maximum protections. Depending on institutional practices and policies, some health centers create workarounds to strengthen protections for their minor patients receiving confidential services.

It's important for staff and providers at *all types* of health centers to know where they can strengthen confidentiality protections at their sites.

---

**Application**  (2 minutes) 11 – PRACTICES THAT SUPPORT CONFIDENTIALITY

 There are many things we do and can do to support confidentiality at our health center. Take a moment to read through this list to yourself. Would anyone like to share something that we do well to support confidentiality? Would anyone like to share ideas on how we can better support confidentiality?

 12 – THANK YOU!

 To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to confidentiality. I'll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page. Thank you for your participation!

 Print and post Sparklers in areas your staff can see (e.g., lunchroom)