

## TIPS FOR PROTECTING YOUTH CONFIDENTIALITY

While adolescent confidentiality laws provide us with formal (although often confusing) guidelines for ensuring confidentiality of our teen patients, it is frequently the small stuff that can seriously compromise an adolescent patient's confidence in his/her provider. The following is a list of tips-some obvious, some not—for preserving patient privacy and minimizing embarrassment in a clinical setting.

**1. Do not discuss patient information in elevators, hallways, or waiting rooms.**

If an adolescent patient overhears this conversation, he or she may assume that you will also discuss his or her case in an open environment.

**2. Do not collect an adolescent patient's medical history or reason for visit in an open area.**

It will be difficult for a teenager to discuss his or her personal issues honestly if he/she thinks other people can overhear.

**3. When an adolescent patient gives you a contact phone number, make sure that you can leave messages.**

If you can not, ask for an alternative number at which you can leave messages if necessary.

**4. Likewise, do not send mail (such as appointment reminders and bills) home unless you have discussed whether or not the patient feels comfortable receiving mail from you at his or her home.**

If he or she does not wish to receive mail at home, try to work out an arrangement whereby mail is picked up at the clinic. TIP: Some clinics have check boxes indicating a teen's preference regarding mail and phone calls. Other clinics clarify what kind of message might be ok to leave at a teen's contact number. (e.g. "Tina" called).

**5. When discussing anything sensitive, such as sexual history, weight, or substance use, make sure all doors are closed.**

A patient in the waiting room may overhear a discussion and thus be more reluctant to share information when he or she sees the health care provider.

**6. Think about how your clinic administers paperwork to patients.**

Are you asking clients to fill out forms such that other people might be able to read their answers? Give out a clipboard with the forms; also make sure that there is enough room in which to complete forms with some degree of privacy.

**7. Make sure that any clinic literature your clinic or practice distributes is small enough to fit into purse or wallet.**

Asking a teenager to leave with bright, large brochures on a sensitive subject, such as gonorrhea, will cause more embarrassment than anything else. These types of materials should be offered to teens in private.

**8. At the beginning of the appointment, make it clear that a provider is required to maintain patient confidentiality, except under very specific circumstances.**

Periodically remind the patient that anything he/she says about sex, drugs, and feelings will not leave the room.

**9. Discuss the possibility of disclosure of specific tests performed or medication prescribed at visit through health insurance billing statements sent home to the primary insured, who usually a parent or guardian.**

For patients who feel this is absolutely unacceptable, provide a list of local clinics where teens can receive confidential services at low- or no-cost.

**10. Assess your office's electronic medical record system for the ability to limit reader access of confidential information.**

Offices must consider how to prevent risk of disclosing confidential information through electronic transfer of medical records.

## **IS YOUR OFFICE CONFIDENTIALITY CONSCIOUS?**

Adolescents tend to underutilize existing health care resources. *The issue of confidentiality has been identified by both providers and youth as a significant access barrier to health care.* To support the promotion of adolescent care, please take a few moments to assess your office in determining whether it is confidentiality conscious. Creating a safe environment for teenagers to discuss issues concerning their health will facilitate the best possible care and counseling to respond to their needs.

- Do you have an office policy about confidential issues pertaining to youth and their families?
- Do you have a system to handle confidential information in medical records?
- Is it the usual practice in your clinic to allow adolescents and parents to talk separately with health care providers about their concerns?
- Do you educate your members and staff regarding laws that specifically pertain to adolescents and their right to receive care without parent or guardian's consent? (Please see summary of the "Legal Consent Requirements for Medical Treatment of minors", included in this packet.)
- Does the atmosphere (pictures, wallpapers, etc.) create a safe and comfortable environment for teens to discuss private concerns regarding their health?
- Do you display and /or offer educational materials on confidentiality to adolescent patients and/or patients?

- Are you and your staff careful not to discuss patient information in open environments (elevators, hallways or waiting rooms)?
- When collecting an adolescent patient's medical history or discussing anything sensitive, do you make sure all doors are closed?
- Do you ask if your adolescent patient feels comfortable receiving messages or mail from you, your patients, and his/her parents?
- Do you discuss situations in which you may need to breach confidentiality?
- Do you review with staff their knowledge and feelings regarding confidentiality for youth?

Source: Adolescent Health Working Group, 2003

## **QUESTIONS TO CONSIDER WHEN CREATING A YOUTH FRIENDLY ENVIRONMENT**

### **DOES YOUR OFFICE/HEALTH CENTER HAVE.....**

- An atmosphere that is appealing to adolescents (pictures, posters, wallpapers, magazines that would interest adolescents and reflect their cultures and literacy levels)?
- Appropriate sized tables and chairs in your waiting and exam rooms (i.e. not for small children)?
- Private areas to complete forms and discuss reasons for visits?
- Facilities that comply with the Americans with Disabilities Act?
- Decorations that reflect the genders, sexual orientations, cultures, and ethnicities of your clients?

### **DO YOU PROVIDE.....**

- Health education materials written for or by teens at the appropriate literacy level and in their first languages?
- Translation services appropriate for your patient population?
- A clearly posted office policy about confidentiality?
- After school hours?
- Opportunities for parents and adolescents to speak separately with health care provider?
- Alternatives to written communications (e.g. phone calls, meetings, videos, audiotapes)?
- Health education materials in various locations, such as the waiting room, exam room, and bathroom, where teens would feel comfortable reading and taking them?
- Condoms?

### **DOES YOUR STAFF.....**

- Greet adolescents in a courteous and friendly manner?
- Explain procedures and directions in an easy and understandable manner?
- Enjoy working with adolescents and their families?
- Have up-to-date knowledge about consent and confidentiality laws?
- Incorporate principles and practices that promote cultural and linguistic competence?
- Consider privacy concerns when adolescents check-in?
- Provide resource and referral information when there is a delay in scheduling a teen's appointment?

### **WHEN YOU SPEAK TO ADOLESCENTS DO YOU.....**

- Use non judgmental, jargon free, and gender-neutral language?
- Allow time to address their concerns and questions?
- Restate your name and explain your role and what you are doing?
- Ask gentle but direct questions?
- Offer opinions for another setting or provider?
- Explain the purpose and costs for tests, procedures, and referrals?
- Keep in mind that their communication skills may not reflect their cognitive or problem-solving abilities?
- Ask for clarification and explanations?
- Congratulate them when they are making healthy choices and decisions?

## **ARE YOU AWARE.....**

- That your values may conflict with or be inconsistent with those of other cultural or religious groups?
- That age and gender roles may vary among different cultures?
- Of health care beliefs and acceptable behaviors, customs, and expectations of the different geographic, religious and ethnic groups?
- Of the socio-economic and environmental risk factors that contribute to the major health problems among the diverse groups you serve?
- Of community resources for youth and families?

Source: Adolescent Health Working Group, 2003

## MAKING THE PARENT FEEL COMFORTABLE LEAVING THE ROOM

*Or, how do I provide adolescent sensitive services when a parent or a caregiver is present?*

Attempting to provide confidential services can cause great discomfort for the youth, parents, and providers if it is not handled in a sensitive manner. The following are recommendations that can facilitate a smooth transition from the parent-accompanied visit to the confidential adolescent visit.

### ROADMAP

Lay out course of the visit.....

- For example, *“We will spend some time talking together about Joseph’s health history and any concerns that you or he might have, and then I will also spend some time alone with Joseph. At the end of the visit, we will all meet together again to clarify any tests, treatments or follow-up plans”.*

Explain your office/clinic policy regarding adolescent visits.

- **Review** your policy verbally early in the interaction with the youth and parent.
- **Acknowledge** that the youth is a minor and therefore has specific legal rights related to consent and confidentiality.
- **Introduce** the concept of fostering adolescent self-responsibility and self-reliance.
- **Reinforce** that this policy applies to all adolescents in your practice or clinic (in other words, this is not specific to YOUR child).

Validate the parental role in their child’s health and well-being.

Elicit any specific questions or concerns from the parent.

Direct questions and discussion to the youth while attending to and validating parental input.

### REMOVE

- Invite the parents to have a seat in the waiting area, assuring them that you will call them prior to closing the visit.

### REVISIT

- Once the parent is out of the room, revisit issues of consent and confidentiality with the youth, including situations when confidentiality has to be breached (suicidality, abuse.).
- Revisit areas of parental concern with the youth and obtain the youth’s perspective.
- Conduct the psycho-social interview and physical exam (ascertain whether youth desires parent’s presence during PE and accommodate youth’s preference.)

- Clarify what information from the psycho-social interview and PE the youth is comfortable sharing with the parent.

### **REUNITE**

Invite the parent back to close the visit with both parent and youth.

### **TIPS.....**

- A young person is more likely to disclose sensitive information to a health care provider if the youth is provided with confidential services, and has time alone with the provider to discuss his/her issues.
- Remember that even when the chief complaint is acne or earache, there may be underlying issues on the part of the adolescent (such as the need for a pregnancy test or contraception), which will only surface when provided confidential services.

### **EXTRA NOTES:**

Additional ways to explain your policy regarding confidentiality:

- A letter to new adolescent patient and their parents, and all parents and patients on the youth's 11<sup>th</sup> or 12<sup>th</sup> birthday explaining your policy. This will help families to come prepared for the adolescent and the provider to spend some time alone.
- Posters in the waiting area explaining adolescent consent and confidentiality and your policy as it relates to the law can also help lay groundwork that provider will spending time alone with the youth.

Source: Adolescent Health Working Group, 2003