

## Confidentiality in Adolescent Health Care

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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### Position

Nurses should ensure adolescents' rights to confidential health care services. Nurses should provide confidential services, as appropriate, and promote policies in health care settings that also protect this right. In order to establish such environments, nurses should be well-versed in laws and institutional policies related to adolescent confidentiality.

### Federal and State Laws Promote Confidential Health Care

A number of laws protect the confidentiality of health care services and information. At the federal level, chief among these is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. Generally HIPAA permits health care providers to disclose health information to a parent, guardian or other person with authority to act on behalf of the unemancipated minor; however, the federal law does provide exceptions and defers to applicable State or other laws that are more protective of patient privacy. For example, if in a given state a minor may legally consent to a health care service without parental consent, or if a parent or guardian has agreed to a confidential treatment relationship between the minor and health care provider, or if a provision of State or other law prohibits disclosure to a parent or guardian, then the health care provider may not disclose health information to a parent or guardian without the minor's authorization (United States Department of Health & Human Services, 2005).

All states allow certain minors to consent to screening and treatment for sexually transmitted infections (STIs), and many states allow minors to receive contraceptive services without parental notification (Committee on Adolescence and Committee on Child Health Financing, (2009). Furthermore, minors may give consent and receive family planning services if the services are funded by the federal Title X Family Planning Programs or in some states, the Medicaid program (Society for Adolescent Medicine, n.d.).

As minor consent laws vary between states, nurses and other health care providers should consult the state law where they practice to determine the degree of disclosure to parents/guardians that is permitted and/or required. If state law is not explicit, providers should consult their employers' procedures regarding the degree of confidentiality required in providing services to adolescents. Nurses, other health care providers, and administrative staff should be fully aware of the policy at their place of employment on adolescent confidentiality, and if necessary have a referral system if the services that adolescent patients seek are not offered.

### Adolescents Face Barriers Accessing Quality Health Care

Adolescents remain one of the United States' most medically underserved populations (American College of Nurse Midwives, 2001). In 2006, 13.8 percent of adolescents 13 through 18 years of age were uninsured; 28.4 percent of young adults aged 19 through 21 were uninsured (Tang, 2006). Having health insurance coverage for this population is especially important as morbidity and mortality in this age group are related to risky behaviors such as motor vehicle crashes, alcohol and drug use, suicide, interpersonal violence, and risky sexual behaviors (Committee on Adolescence and Committee on Child Health Financing, 2009).

Furthermore, research indicates that adolescents with health insurance coverage may forgo health care, omit information, delay, or not seek health treatment to prevent their parents from finding out (Akinbami, Gandhi, & Chen, 2009). For many adolescents, a lack of confidential reproductive health care services translates to lack of any reproductive health care at all (Reddy, Fleming, & Swain, 2002; Klosterman, Slap, Nebrig, Tivorsak, & Britto, 2005). Research has shown that the great majority of adolescents desire provider confidentiality, but a minority perceived that they had confidentiality

and even fewer had discussed it with their providers (Thrall et al., 2000).

Alternatively, adolescents are more willing to seek health care and disclose sensitive information when confidentiality is assured and consider confidentiality an indicator of quality care (Klosterman et al., 2005). AWHONN encourages the establishment of interdisciplinary educational initiatives that will increase healthcare providers' competency in delivering effective and confidential adolescent health care.

## Role of Nurses

Nurses should establish environments within the limits of the law in which adolescents' rights to confidential health care are protected. In part, the goal of establishing this environment is to increase adolescents' comfort about disclosing sensitive health care information; to provide more effective care; and to bolster patient satisfaction.

- Nurses should institute policies and practices in the environment of care that protect adolescents' right to confidentiality. These policies need to be well-communicated to all staff and address administrative tasks such as payments, appointment scheduling, and test result communication, all of which must be handled in a manner that respects adolescent confidentiality.
- Nurses can promote trusting relationships with their teen patients by having frequent discussions of confidentiality during clinic visits. It is important to discuss in advance the conditions under which sensitive information will be shared with others, such as when physical or sexual abuse is suspected.
- If possible, nurses should discuss confidentiality with both parents/guardians and adolescents together to encourage family involvement as appropriate and achieve an understanding between all parties.
- Nurses should give the adolescent the opportunity for examination and counseling apart from their parents.

## Policy Recommendations

AWHONN supports the implementation of legislation and public health initiatives that would ensure

that young people have access to affordable, adequate and confidential health care services. Such initiatives include the following:

- Legislation that addresses the gap in coverage for adolescents with respect to health insurance, including expansion of Title X Family Planning programs, Children's Health Insurance Program, school-based health clinics and Title V Maternal and Child Health Services Block Grant.
- Expanded access to timely prenatal care, which has been shown to improve birth outcomes in all populations.
- The expansion of state laws that protect adolescent confidentiality in the health care setting.
- Legislation and policies to increase school and community based health education programs that are evidence-based in content.
- Research and development of contraceptive methods that are safe, effective, accessible, and in tune with the unique needs of sexually active adolescents (Herrman, 2006).

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