

How to Protect Adolescent Patient Confidentiality

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We need adolescents to talk to us openly. That's less likely when their parent is in the room.

Not long ago, I treated a 14-year-old female patient with a history of vaginal discharge, and the patient's mother insisted on being in the room for the entire visit. Somewhat predictably, when I asked the patient about her sexual history, she denied any sexual activities. A urine cytology later was positive for gonorrhea.

Perhaps my patient would have been more forthcoming had her parent not been in the room. The American Academy of Pediatrics recommends clinicians talk with patients one-on-one starting at age 11.^{1,2} But a 2016 report found that only about 38% of patients age 15-17 spent time alone with their physician in the previous year.³ Lack of privacy and confidentiality makes it more difficult to discuss sensitive personal issues, such as mental health or sexual health, and poses a significant barrier to comprehensive care for adolescent patients.

Confidential adolescent care requires cooperation at three levels.

1. Health centers: Health centers should create time-alone policies and protocols⁴ for adoles-

cent patients in accordance with their state laws⁵ and display their policies in waiting areas or examination rooms.⁶ Centers can also have check-in staff provide handouts regarding adolescents' rights to confidential care or use other forms of education, such as videos in the waiting area.⁶ Health centers should ensure they have rooms with adequate visual and auditory privacy. They should also carefully implement parental proxy access to adolescent patient portal accounts.

2. Physicians and clinical staff: Physicians and staff should receive training about adolescent patient confidentiality and applicable state laws.⁵ They should aim to meet with adolescent patients privately for at least a portion of the visit but will need to gauge patient and parent readiness and gradually help them overcome any barriers.

3. Parents and patients: Many adolescents are unaware of the right to receive confidential and private health care and need to be informed and assured that what they tell their physician in confidence will only be shared with their parents if state law requires. Some parents may be uncomfortable with the idea initially—or unwilling to budge when it comes to being present for the visit.⁴ To overcome resistance, clinicians and staff can tell them about relevant state laws (a conversation that will hopefully be prepped by the above health center policies).⁶ Repeat this education at each visit as needed, responding to questions or concerns until they seem ready for a parent-unsupervised visit.⁷



It is understandable that parents want to know everything happening in their kids' lives. But the best argument for time-alone visits may be to explain to parents that they're not likely to get more information from their child in the exam room than they could at home, and by being in the room, they may jeopardize your ability to get the information you need to keep their child healthy. **FPM**

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