**CHA Adolescent Confidentiality Policy**

At Child Health Associates we want to recognize and support our teenage 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. As your child approaches adolescence, the pediatric model where parents make most of the decisions begins to change to allow your teenager to assume more responsibility for his or her own healthcare.

It is important for our adolescent patients to know and understand their own pertinent medical and family history. We encourage you to discuss with them their chronic medical conditions, any medications (including vitamins and supplements) they are taking, and any allergies they may have. Being knowledgeable about one’s own health care, as an adolescent, is an important step in the process of eventually transferring to an adult provider.

Toward this goal, we want our teens and parents to be aware of the following:

\*During our adolescent well visits starting at age 13, we will have part of each visit alone with our teens. We see this as an opportunity for teens to become more comfortable speaking alone with an adult healthcare provider, something that they will need to do independently once they are adults themselves. We also want to give all teens an opportunity to address all their healthcare concerns in a private and confidential manner, should they need to.

\*When teens share something with us that they ask to remain confidential, we will honor that request, unless they plan to harm themselves or someone else. Although we always encourage adolescent patients to be open and honest with their parents, we also want them to have a “safe” place to go with any health concern, and sometimes we can be that safe place. We hope that parents will trust us to take the best care of our teens in these situations.

\*We are also happy to speak privately with parents during the visit, at their request, about any concerns that they may want to share with us about their teen. We will maintain our patient’s confidentiality in these discussions, however.

\*These confidentiality parameters also 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.

This policy is consistent with Massachusetts state law surrounding adolescent confidentiality, as well as the policies of the *Society for Adolescent Medicine*, and the *American Academy of Pediatrics*. We consider it a privilege to take care of our teens, and we look forward to working together, with this policy in mind, as our teens grow up!

**Adolescent Consent and Confidentiality Laws/Resources**

**General Information**

Generally, for regular doctor visits, in non-emergency situations, a minor must obtain parental consent, **unless** the minor is:

* Married, widowed, or divorced.
* The parent of a child, in which cases he or she may also give consent for Medical or dental care of the child.
* In the armed forces.
* Pregnant or believes herself to be pregnant.
* Living separate and apart from parents or a legal guardian and managing his or her own financial affairs.
* Reasonably believes he or she has contracted a disease dangerous to the public health, such as a sexually transmitted disease, (see 105 CMR 300:100), and he or she seeks treatment for such disease. M.G.L.A. c. 112 § 12F.

In addition to the above categories, Massachusetts Courts have adopted the "mature minor rule." This means that if a doctor believes that:

1. The child is mature enough and able to give informed consent to the medical care; and
2. It is in the best interests of the minor not to notify the child's parents; the doctor may accept the child's consent alone. Baird v. Attorney General, 371 Mass. 741, (1977).

Minors may also consent to their own treatment for drug addiction (if they are at least 12 years old), family planning services, or treatment for sexually transmitted diseases (including HIV or AIDS). M.G.L.A. c. 112 & 12E, c. 111 § 24E, and c. 111 § 117.

A minor who is at least 16 years old may commit himself or herself for mental health treatment without parental consent. M.G.L.A. c. 123 § 10

Source: http://www.masslegalhelp.org/children-and-families/emancipation

**Supporting Laws/Information**

**HIPAA**

Personal Representatives: https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/personal-representatives/index.html ‘

**Massachusetts Laws**

General Consent

Baird v. Attorney Gen., 371 Mass. 741 (1977): http://masscases.com/cases/sjc/371/371mass741.html

MGL Chapter 112, Section 12F: https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12F

Substance Abuse

MGL Chapter 112, Section 12E: <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section12E>

Family Planning

MGL Chapter 111, Section 24E: https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section24E

Sexually Transmitted Diseases

MGL Chapter 111 Section 117: https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section117

Mental Health

MGL Chapter 123, Section 10: https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter123/Section10

104 CMR 27.04 and 27.05: http://www.mass.gov/eohhs/docs/dmh/regs/reg-104cmr27.pdf

PATCH Act (An Act to Protect Access to Confidential Healthcare)

Chapter 63 of the Acts of 2018: https://malegislature.gov/Bills/190/S2296

Additional resources (including patient factsheets): https://www.hcfama.org/confidentiality