

# Confidentiality Examples

## Adolescent Confidentiality Policy

At XXXX Pediatric Associates, we recognize that adolescence is an important time of transition toward adulthood. During this period of transition, we are committed to empowering our adolescent patients to assume more responsibility for their own healthcare. In an effort to provide the best quality of care for our adolescent patients please be aware of the following:

- **Beginning at age 13, each patient will be encouraged to meet with a clinician for a portion of the visit without a parent present.** We believe that this private time provides an opportunity to discuss sensitive topics that an adolescent may not feel comfortable addressing otherwise. During this time, a teenager will always have the option of requesting a nurse to be present in the room as a “chaperone” if they desire.
- **The information discussed by an adolescent and the clinician is considered private and confidential.** This means that it will not be shared with anyone without the permission of the adolescent. While this information is considered confidential, we always encourage our adolescent patients to be open and honest with their parents and can often help facilitate the process of sharing sensitive information. The confidentiality parameters noted above extend beyond the visit in our office and may include telephone calls. For this reason, we routinely collect the cell phone numbers of our adolescent patients.
- **The only time that we would break confidentiality is in the rare circumstance that we think a patient poses a severe risk to him/herself or another person, or if there is concern for immediate risk of life or limb.**

This policy is consistent with XXXX state law surrounding adolescent confidentiality as well as the policies of the American Academy of Pediatrics and the Society for Adolescent Medicine. If you have specific questions or concerns about this policy please share them with your healthcare provider.

**Confidentiality agreement for adolescent health care:  
From Up-to-Date**

<b>Confidential Agreement</b>	
<b>Parent</b>	
I, _____(parent or guardian), allow my daughter, _____(patient), to enter a confidential patient-physician relationship. I understand that my daughter can make independent health care decisions, but that my input and involvement will be encouraged.	
My daughter has permission to schedule appointments and receive confidential reports from this office. I further understand that various laboratory tests may be necessary in medical protocols and accept responsibility for physician charges and laboratory fees.	
_____	_____
Parent or Guardian	Physician
<b>Patient</b>	
I, _____(patient), am entering a confidential physician-patient relationship with _____(physician). I will make an effort to communicate with my parent(s) about issues concerning my health. I accept the personal responsibility of being honest and will follow the health care recommendations my physician and I establish.	
_____	_____
Patient	Physician

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## Confidentiality Case Discussions for Practices

### Michigan

‘Confidentiality Best Practices’ and ‘Confidentiality Laws’

<http://www.umhs-adolescenthealth.org/improving-care/spark-trainings/>

### Seattle:

<https://www.seattlechildrens.org/research/centers-programs/bioethics/education/case-based-teaching-guides/confidentiality/case-discussion/>

### Transition Algorithm

#### CHOP

Transitions to Adult Care Pathway (note some of the links are to out of date articles but design concept has value- such as addressing patients with special health care needs)

<https://www.chop.edu/clinical-pathway/transition-adult-care-adolescents-and-young-adults-ambulatory-outpatient-specialty>