Confidentiality is of the utmost importance to many adolescents, and concerns about confidentiality are listed as the number one reason for delaying or foregoing medical care.

Contents:
- Confidentiality and Adolescents
- Confidential Billing and Payment
- Happy Birthday Letter
- Reporting Sexual Activity of a Minor
CONFIDENTIALITY AND ADOLESCENTS

Confidentiality is of the utmost importance to many teens, and concerns about confidentiality are listed as the number one reason for delaying or foregoing medical care. Many major health organizations recommend that adolescents and young adults have access to comprehensive confidential health services.

Maryland Confidentiality and Consent Law for Minors

- A minor (i.e. a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about STIs.

- A provider does not need to provide information to the minor’s parents, guardian or custodian or the spouse of the minor’s parent about treatment needed or provided. However, a provider may provide this information to the parties without the consent or over the express objection of a minor.
CONFIDENTIAL BILLING AND PAYMENT

Providers working with adolescent patients should discuss that sexual and reproductive health services may appear on the explanation of benefits (EOB) sent to their parent or guardian from their private health insurance plan. The standard practice of issuing claims processing notices, or EOBS, directly to a patient’s primary policyholder may disclose sensitive information about the medical services provided to patients, including services related to sexual activity, pregnancy, STIs, substance abuse and mental health counseling, and intimate partner violence screening. Note: Maryland Medicaid does not send EOBS to enrollees.

Ways to maintain confidentiality of an adolescent patient:

▶ Offer teens the option of paying out-of-pocket at a reduced rate. Be sure to check with your insurer’s terms of agreement to see if this is permitted.

▶ Refer patients to community health centers, Planned Parenthood clinics, or local health departments (list provided in appendix) which may provide services free or at low cost and do not send EOBS.

▶ Under the HIPAA privacy rule, patients may request confidential communications if they feel that the sensitive health information provided in the EOB may put them in danger. In such situations, the patient may contact their insurance company to ask if requests for confidential communications can be taken over the phone or by email. If not, the patient can fill out the Maryland Request for Confidential Communications Form (provided on page 117) to request that their insurance company forward communications about sensitive health information to an alternate address, or via alternate means.
Do not make assumptions, particularly about initiation of sexual activity, type of activity, gender identity, or sexual orientation.

- Use inclusive language.
- Say, “Are you seeing anyone?” instead of “Do you have a boyfriend/girlfriend?”

Avoid jargon or complex medical terminology as teens are often hesitant to ask for clarification.

Use visual aids when available such as charts, posters, diagrams, and anatomical models.

Address the tendency for teens to think that the problem will go away on its own. Explain that infection cannot be resolved without treatment.

Separate the teen’s behavior from the person, and appeal to the strengths of the individual.
COMMUNICATING WITH ADOLESCENTS CONT.

In order to provide effective care, teens must be given the opportunity to speak with the provider alone. Parents must be given an explanation of why this is necessary and reassurance that they will also have an opportunity to discuss their issues and concerns about the teen with the providers.31,32

- Send a letter to adolescent patients’ parents on their 11th birthday explaining the policy to help families come prepared for the adolescent and provider to spend time alone (example letter on next page). Explain that you will first meet with teen and parent together, then privately with the teen. Emphasize that this policy applies to all teens in your practice.

- At the visit, invite the parents to accompany the patient into the exam room: ask general questions about family history, recent illnesses or problems since last visit, and ask if anyone has any concerns they want to share at this time.

- After the parent leaves the room, reinforce confidentiality.

- Talk to the teen about sensitive subjects such as dating, smoking, drugs and alcohol, and family life.

- Obtain a sexual history (see Guide to Taking a Sexual History on page 76).

- Ask the teen if they would like their parent to be present for the physician exam, and accommodate their preference.

- Before the parent is invited back into the room, ask the patient what information they are interested in sharing with their parent. Ask the patient if they need help discussing sexuality with their parent: what type of help, what the teen expects the parent’s reactions to be, and you can help that conversation go smoothly.

- Close the visit with both teen and parent present.

See page 73 for information about Mandated Reporting of Sexual Activity of a Minor in Maryland.
Welcome to adolescent services with [your practice name here]. Now that your son or daughter is a teenager, there are some things I would like to share with you that are important to providing the best medical care. Your child’s body is changing and so are his or her feelings. There are many health risks during the teenage years that we try to prevent, such as accidents, violence, unprotected sex, alcohol, drug use, and stress.

Some areas of teen health that we may talk about during the appointments are:

<table>
<thead>
<tr>
<th>Diet, exercise, body image</th>
<th>Working/jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fighting, danger, and violence</td>
<td>Depression and stress</td>
</tr>
<tr>
<td>Sexuality and sexual behavior</td>
<td>Peer pressure and school</td>
</tr>
<tr>
<td>Safety and driving</td>
<td>Dating and relationships</td>
</tr>
<tr>
<td>Smoking, drugs and alcohol</td>
<td>Family Life</td>
</tr>
</tbody>
</table>

It is good for parents to stay close to their children. It is also important for you to allow them some time alone to talk about their health and changes in their bodies and lives. This will help your teenager make good decisions. I encourage teenagers to share information about their health with their parents or guardians. However, there will be some things that your teenager would rather talk about with a doctor, nurse, or counselor. Maryland law allows teenagers to receive some health care services on their own. Health care providers have to keep those services confidential. “Confidential” means I will only share this information if a teenager says it is alright. I will also share this information if someone is in danger.

When you come for your appointment, I will first speak with you and your child together. Then, I will ask that you step out of the room to give your child the opportunity to speak to a healthcare provider on their own. I will then bring you back into the room for the remainder of the visit. This policy applies to all teenagers age 11 or older in our practice. I ask that you support this policy and help your teen learn to care for their own health needs. I look forward to providing ongoing medical care for your child. I will be happy to talk to you about questions or concerns you may have about this letter and your child.

Sincerely,

Your child’s healthcare provider
WHEN AM I MANDATED TO REPORT THE SEXUAL ACTIVITY OF MINORS TO CHILDREN’S PROTECTIVE SERVICES OR POLICE IN MARYLAND?

1. If a minor has consensual vaginal intercourse, sexual contact or a sexual act with an older (or younger) partner, is a report mandated?*

   YES, ONLY when the perpetrator is a family member or other caretaker**, the rape, other sexual offenses, or sexual exploitation falls under the legal definition of child sexual abuse as outlined by Maryland Family Law.

2. When are physicians required/mandated to report sexual activity to child abuse authorities?*

   When the perpetrator is a family member or other caretaker**, the rape, other sexual offenses, or sexual exploitation falls under the legal definition of child sexual abuse and that must be reported to child protective services or the police. This act falls under the mandatory reporting law outlined by Maryland Family Law.

3. Are physicians permitted/allowed to report rape or other sexual offenses when the victim is a child and the perpetrator is NOT a family member or other caretaker and informed consent has not been obtained?*

   NO, but they may report with informed consent. Additionally in most cases professionals are *allowed* to notify parents, guardians or caretakers, but are *not required* to notify them.

4. If a minor has consensual vaginal intercourse with an older (or younger) partner, when is it considered a crime?

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<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
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<th>21+</th>
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5. Are physicians required/mandated to report statutory rape?

   NO. If the perpetrator is NOT a family member or other caretaker**, then the crime does not fall under the mandatory reporting law outlined by Maryland Family Law.

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*Adapted from the Maryland Coalition Against Sexual Assault, Inc. To report or not to report? That is the question. *Frontline*. Fall, 2003.

**Hill JP, MCASA Executive Director.

***Caretaker” or “care and custody” is used as shorthand for a longer legal definition: a parent or other person who has had permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member.

***This worksheet is not intended to be a complete review of all Maryland child abuse reporting laws.