



CHILDREN'S MEDICAL OFFICE

of North Andover, P.C.

477 Andover Street
North Andover, Massachusetts 01845

www.chmed.com
978.975.3355

Adolescent Confidentiality Policy

Adolescence is a special time of transition in the lives of both children and their parents. Although not yet fully adults, teenagers are beginning to establish their own separate identity. They need to deserve to take gradually increasing control over and responsibility for their own lives. Individual teens do this at different rates and at different ages.

Although teenagers are usually pretty healthy, many do have health concerns that warrant professional advice and sometimes treatment. Sometimes they may not feel comfortable sharing these concerns with parents, teachers, or even peers. Teenagers tend to under-use health care resources. In surveys many say worries about confidentiality are a big reason why they may avoid seeking medical care or guidance.

At Children's Medical Office we believe we have an obligation to provide the best possible care to our adolescent patients. It is essential that they feel free to share any information with the expectation that it will be kept private. Thus we have developed the following principles in guiding our care of adolescent patients.

1. Starting at age 12, it is generally up to the teenager whether they want to have a parent in the medical exam room with them or not while they see us. Occasionally, as providers we will also decide it's best to see them alone.
2. When we do see teenagers alone (or speak to them by telephone) information discussed is considered private and confidential. This means it will not be shared with others (including parents) without permission of the teenager.
3. This doesn't mean we don't also speak to parents. A parent may wish to speak to us, or we to them, with or without the teenager present. At these times we listen to what a parent has to tell us which may be relevant or useful. If we can, we will reassure them about worries they have, answer general questions, or give advice. We do not disclose confidential information, however.
4. Often our discussions in private with adolescents are about things we feel should be shared with their parents. We will tell the teenager when we feel that way, and ask for their permission to do so. Most often, they agree. If they do not, we may try to convince them by explaining our reasons. Ultimately we will respect their decision except in extreme circumstances, however (see #5).
5. In rare situations we may decide we have no choice but to break confidentiality. This will only be when we think someone is in extreme, imminent danger of severe harm and the only way for us to protect him or her is to break confidentiality. The person in danger might be the adolescent, or it might be somebody else. In either case, if we are going to break confidentiality for this reason we will make every effort to tell the teenager we are going to do so before we do, and look for alternative solutions.

The above guidelines apply to information of any kind about any subject. They are in accordance with Massachusetts law, general principles of medical ethics, and the policies of the American Academy of Pediatrics.