

Privacy and Confidentiality:

Rules and Regulations Related to Adolescent Preventative Services



Acknowledgement and Disclaimer



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Recap: OPIP's Webinar Series

Part 1: What, Why, and How to **Educate** about Adolescent Well-Care Visits

- Three webinars

Part 2: From **Recommendations to Implementation:** Implementing & **Documenting** AWW in Alignment with CCO Incentive Metrics

- *Today's webinar*, plus four other webinars

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers (SBHCs)**

- Two webinars

OPIP's Ten Part Webinar Series

Part 2: From Recommendations to Implementation: Implementing & Documenting AWW in Alignment with CCO Incentive Metrics

1. Structure & Composition of adolescent well-care visits
2. Privacy and Confidentiality
3. Depression Screening and Follow-Up for Adolescents
4. Substance Abuse Screening, Brief Intervention, Referral and Treatment for Adolescents
5. Alignment of Public and Private Payer Policies and Impact on the Front-Line Provision of Services

Goals For Today's Webinar

- Provide a summary of resources describing **adolescent confidentiality and privacy** rules and laws
 - **Consent and Confidentiality: What are Adolescent's Rights**
 - Overview of rules and overview provided in OHA Resource
 - **HB 2758: Overview of Oregon's New Law**
 - What it *does*, and what it *doesn't* do
 - Why it is important for CCOs to consider as you outreach to your practices who care for publicly and privately insured patients
- Describe methods and strategies front-line practices have used to **provide information about privacy and confidentiality** to adolescents and their parents
- Describe methods and strategies front-line practices have used to use **private, one-on-one time, with a provider**
- Provide an overview of **how CCOs could support implementation** of policies and practices that support care aligned with these recommendations

Why Does Confidentiality Matter When You are Focusing on Increasing Adolescent Well-Care Visits Rates?

- *Lack* of confidentiality and *concerns* about confidentiality, are cited as primary reasons that teens forgo care
 - Majority of teens unsure where to get confidential care
 - One study found that only 5% of teens identified the primary care provider as source of confidential care (Ford et. al. Adolescent interpretations of confidentiality assurances)
- National survey found that 1 in 4 middle and high school students did NOT seek needed care
 - Of these youth, nearly 2 out of 5 noted “Not wanting to tell their parents” as the reason
 - Adolescents with concerns are more likely to be engaging in risky behaviors
- Confidentiality impacts the reliability and validity of teens’ answers to the screening tools that relate to other CCO incentive metrics (depression, substance abuse)
 - Goal of the screen is not to screen
 - Goal is to accurately identify issues early that can be addressed

Adolescent Consent & Confidentiality: What you Need to Know

June 30, 2016

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Adolescent, Genetics, and Reproductive Health Section
PUBLIC HEALTH DIVISION

What I will Cover

- **Consent and Confidentiality: Adolescents' Rights**
 - Overview
 - OHA resource on minors' rights to consent and access services
- **Confidentiality and Billing Communications**
 - Overview of Oregon's new law, HB 2758, and what it does and does not do
 - Important considerations for CCOs with regards to confidentiality
- **Questions**

Consent and Confidentiality



Definitions

- **Minor:** children and adolescents younger than 18 years of age
- **Consent:** individual decides voluntarily
- **Confidentiality:** information will not be shared without explicit permission of the patient

Oregon Statutes: Consent

- **15 and over:** Medical and dental services (ORS 109.640)
- **14 and over:** Mental health and chemical dependency (ORS 109.675)
- **Any age:** family planning/sexual and reproductive health care (ORS 109.610, ORS 109.640)



Oregon Statutes: Confidentiality

- No “right” to confidentiality or “right” to disclosure. **Provider uses best judgment** (ORS 109.650)
 - EXCEPT:
 - 42 CFR Part 2: if minor is able to self consent for drug or alcohol treatment, treatment records cannot be released without minor’s written consent.
 - Reproductive health services conducted in a Title X family planning clinic

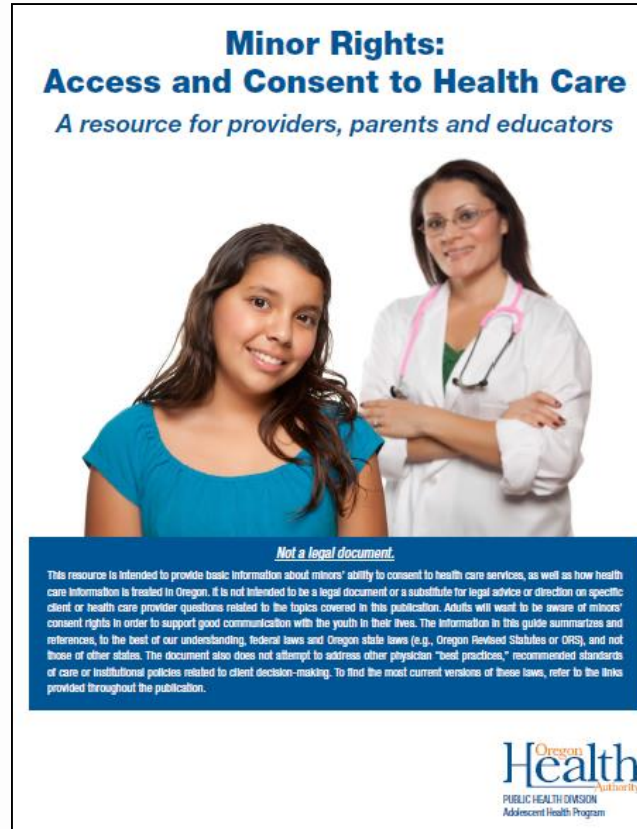
Consent and Confidentiality: LIMITS

Adolescents should be *informed of exceptions* to confidentiality:

- RISK OF HARM TO SELF OR OTHERS
- ABUSE



OHA Resource



<https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MinorConsent2012.pdf>

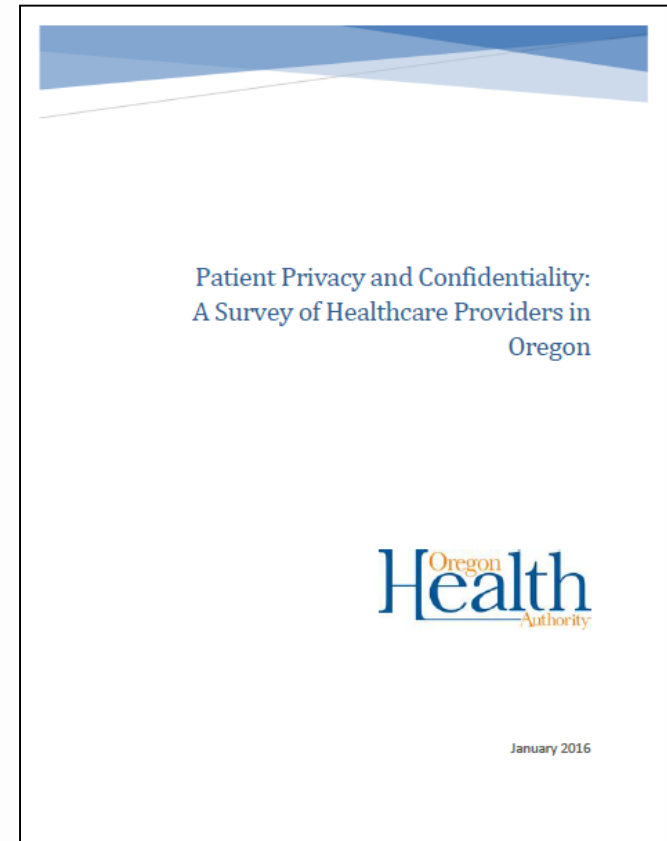
Questions?



Concerns about Confidentiality: Impact on Providers

A 2015 survey of health care providers in Oregon found:

- 32% reported redirecting care to another provider or setting
- 38% reported avoiding coding and/or billing for services
- 41% reported a financial impact on their health center/practice because they cannot or do not bill a clients insurance (private or OHP)



HB 2758: Oregon's New Law

What the law **DOES**:

- Requires ***commercial health insurance carriers*** to permit any member the right to request that protected health information be sent directly to them instead of the person who pays for their health insurance
- Standardized request form
- Types of communication covered include:
 - An explanation of benefits (EOB)
 - Name and address of provider, description of services provided, or other visit information
 - Claim denial
 - A request for additional information about a claim
 - A notice of a contested claim

HB 2758: Oregon's New Law

What the law does **NOT** do:

- Apply to patients with Oregon Health Plan (Medicaid).
- Suppress an EOB or other communication. Only redirects it to another location.
- Impact deductible or out-of-pocket maximum amounts.
- Impact communication generated by **providers**.
- Change access to information on online patient portals.

Insurance Division Website

<http://tinyurl.com/ORPatientPrivacy>

OREGON.GOV Home e-Alert News Agents Answers & Action Insurers Legal Medicare help

Department of Consumer and Business Services / Division of Financial Regulation / Get help / Health / Patient right to privacy

Patient right to privacy

File a complaint
Appeals process
Health insurance
Preventive care services
► Patient right to privacy
Individual (nongroup)
Employers
Health insurance report
Enrollment data
Common questions
Long-term care
Avoid fraud
Insurers contact information
External review

Oregon law guarantees you the right to have protected health information sent directly to you instead of to the person who pays for your health insurance plan (the primary account holder).

You can have this information shared with you directly through a number of different ways:

- Email
- Telephone
- At a different mailing address

To make this request, complete, sign, and send [this form](#) to your insurer. You can send it by mail, fax, or email. Contact your insurance company to find out where to send your form.

Download the **Oregon Request for Confidential Communication** form.

PLEASE NOTE: If you change insurance companies, you must make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health insurance to the person who is paying for your health insurance.

Key links

- [Information for health care providers](#)
- [Links to insurer confidentiality information](#)

What is protected health information?

Protected health information is individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:

- The name and address of a provider, a description of services provided, and other visit information
- An explanation of benefits notice
- Information about an appointment

Questions to Consider

- System/CCO-level questions
 - Do you generate and send service-specific communications to members (e.g. EOBs, service verification surveys, etc.)?
 - Do you have a policy in place to allow members to request confidential billing communications?
 - If so, how is this policy communicated to members?
 - If so, is this policy communicated to your provider network?
 - Do you inform your members about their privacy rights and responsibilities?
 - Do you generate any *adolescent-specific* educational materials for your members about seeking/accessing care?
 - Do you provide trainings/educational materials/ professional development opportunities on consent and confidentiality rules and regulations to your provider networks?

Questions to Consider

- Provider-level questions
 - Do your providers have policies on confidentiality, its limits, and the ways in which to communicate those policies to patients in place?
 - Are your providers clear about their consent and disclosure policies for adolescents and do they communicate those to their patients effectively?
 - Do your providers know about Oregon's new Confidential Communication Request law for patients covered by private health insurance?

Available Resources

- OHA Public Health Division website: <https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Pages/Reproductive-Health-Data-and-Reports.aspx>
- Client education poster for clinics *in process*
- California Keep It Confidential: www.myhealthmyinfo.org
- Confidential and Covered, National Family Planning and Reproductive Health Association (NFPRHA) www.confidentialandcovered.com
- [Best Practices for Youth Friendly Clinical Services, Advocates for Youth](#)

Reproductive Health Data and Reports

Oregon can be proud of its accomplishments in reproductive health services. Through the provision of Title X Family Planning services and Oregon Contraceptive Care access, we have increased the quality, reliability and availability of this specialized component of healthcare in our state.

Protecting Patient Privacy

Patient privacy and confidentiality is a fundamental principle underlying the delivery of healthcare. When confidentiality is not assured, patients may be reluctant to communicate openly with their health care provider, and may delay or even forgo accessing needed care. One particular area of concern is the potential for sensitive information, about the care received by dependents, to be inadvertently divulged to health insurance policy holders (such as parents/guardians or spouses) through billing-related communications. Disclosure of sensitive health information can negatively impact all consumers of healthcare services, but are most problematic and common for adults of any age whose partner holds the insurance policy, minors who may consent to healthcare services and are insured through a parent, and young adults (age 18-26) remaining on their parents' health insurance.

Provider Confidentiality Survey: The Adolescent and School Health and Reproductive Health Programs surveyed healthcare providers across the state to better understand the impact of patient confidentiality concerns on provider practice, and the policies and practices in place to strengthen confidentiality protections.



Provider Confidentiality Survey Findings

Oregon Confidential Communication Request Law: HB2758 was passed during the 2015 Oregon legislative session. It gives patients enrolled in a private health insurance policy the right to request that protected health information be sent directly to them instead of the person who pays for their health insurance (i.e., the primary account holder or policy holder). Patients must complete, sign and send the Oregon Request for Confidential Communication form to their health insurance company. The form can be sent by mail, fax or email. The form is available at: <http://tinyurl.com/ORPatientPrivacy>.

The Oregon Confidential Request: What Providers Need to Know Webinar Recording

Provider Quick Links

- Program Manual
- Provider Trainings
- Additional Provider Resources
- Program Newsletter
- CCare Social Marketing & Outreach Materials
- Order Health Education Materials

Contact Us

- Clinic Directory
- Reproductive Health Program

Thank You!

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Ensuring Adolescent Privacy & Confidentiality:

*Lessons Learned from the
Front-Line on implementation*

Five Key Factors to “Set the Stage” for a Confidential, Private Visit



1. Develop and publicize a **policy** that lays out expectations about confidential care
 - For youth
 - For parents, about their youth's care
2. Start early with **conversations about privacy** – usually 11 or 12 years old
3. **Structure forms** (and the spaces where forms are completed) to ensure privacy as they are completed
4. Ensure **private, one-one-one** time with the provider
5. Routinely assess for potential **breaches in privacy**

Policies that Support Provision of Confidential and Private Visits

- A) Adolescent **Transition** Policies
 - Transitioning the youth to being the primary patient
- B) Policies about **Confidentiality**
- C) **Patient portal** access – Office Policy

Part A: Transitioning to the *Adolescent as the Primary Patient*

Recommended Health Care Transition Timeline

| AGE: | 12 | 14 | 16 | 18 | 18-22 | 23-26 |
|------|--|--|--|-----------------------------------|--|--|
| | Make youth and family aware of transition policy | Initiate health care transition planning | Prepare youth and parents for adult model of care and discuss transfer | Transition to adult model of care | Transfer care to adult medical home and/or specialists with transfer package | Integrate young adults into adult care |

Source: GotTransition.org

- Bright Futures Recommendations advise that these discussions begin at age 12
 - For all children; special emphasis and importance for children and youth with special health care needs (CYSHCN)

Part A: Adolescent Transition Policy

- Create an office policy for transition, and explain this policy and related resources in the office.
 - Examples of policies are here: <http://gottransition.org/>
- Utilize standardized processes and scripting to further normalize the activity
- Display this policy in prominent places in the office
- Make it a standard to give this policy out at specific visit

Transitioning the Adolescent to Being the Primary Patient

| Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers) | Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers) | Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers) |
|---|--|--|
| 1. Transition Policy <ul style="list-style-type: none"> Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information. Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i>, and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences. Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care. | 1. Transition Policy <ul style="list-style-type: none"> Develop a transition policy/statement with input from youth/young adults and families that describes the practice's approach to transitioning to an adult approach to care at 18, including privacy and consent information. Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i>, and distinct roles of the youth, family, and health care team in the transition process, taking into account cultural preferences. Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care. | 1. Young Adult Transition and Care Policy <ul style="list-style-type: none"> Develop a transition policy/statement with input from young adults that describes the practice's approach to accepting and partnering with new young adults, including privacy and consent information. Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i> and distinct roles of the young adult, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences. Post policy and share/discuss with young adults at first visit and regularly review as part of ongoing care. |
| 2. Transition Tracking and Monitoring <ul style="list-style-type: none"> Establish criteria and process for identifying transitioning youth and enter their data into a registry. Utilize individual flow sheet or registry to track youth's transition progress with the <i>Six Core Elements</i>. Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible. | 2. Transition Tracking and Monitoring <ul style="list-style-type: none"> Establish criteria and process for identifying transitioning youth/young adults and enter their data into a registry. Utilize individual flow sheet or registry to track youth/young adults' transition progress with the <i>Six Core Elements</i>. Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible. | 2. Young Adult Tracking and Monitoring <ul style="list-style-type: none"> Establish criteria and process for identifying transitioning young adults until age 26 and enter their data into a registry. Utilize individual flow sheet or registry to track young adults' completion of the <i>Six Core Elements</i>. Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible. |
| 3. Transition Readiness <ul style="list-style-type: none"> Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care. Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care. | 3. Transition Readiness <ul style="list-style-type: none"> Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care. Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care. | 3. Transition Readiness/Orientation to Adult Practice <ul style="list-style-type: none"> Identify and list adult providers within your practice interested in caring for young adults. Establish a process to welcome and orient new young adults into practice, including a description of available services. Provide youth-friendly online or written information about the practice and offer a "get-acquainted" appointment, if feasible. |

¹ American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011; 128:182.

Continued »

Example of a Clinic's Transition Policy

Transitioning From Pediatric to Adult Health Care

Transitioning from pediatric to adult health care can be a challenge for teens and young adults. The Children's Clinic is committed to helping our patients make a smooth transition during this process.

This process involves working with youth, beginning at ages 12 to 14, and their families to prepare for the change from a "pediatric" model of care where parents make most decisions to an "adult" model of care where the youth take full responsibility for making decisions.



- We will work together with youth and families regarding the age for transferring to an adult provider and recommend that this transfer occurs before age 22.



- Encourage teens and young adults to assume more responsibility and make more independent judgments for their health care needs.

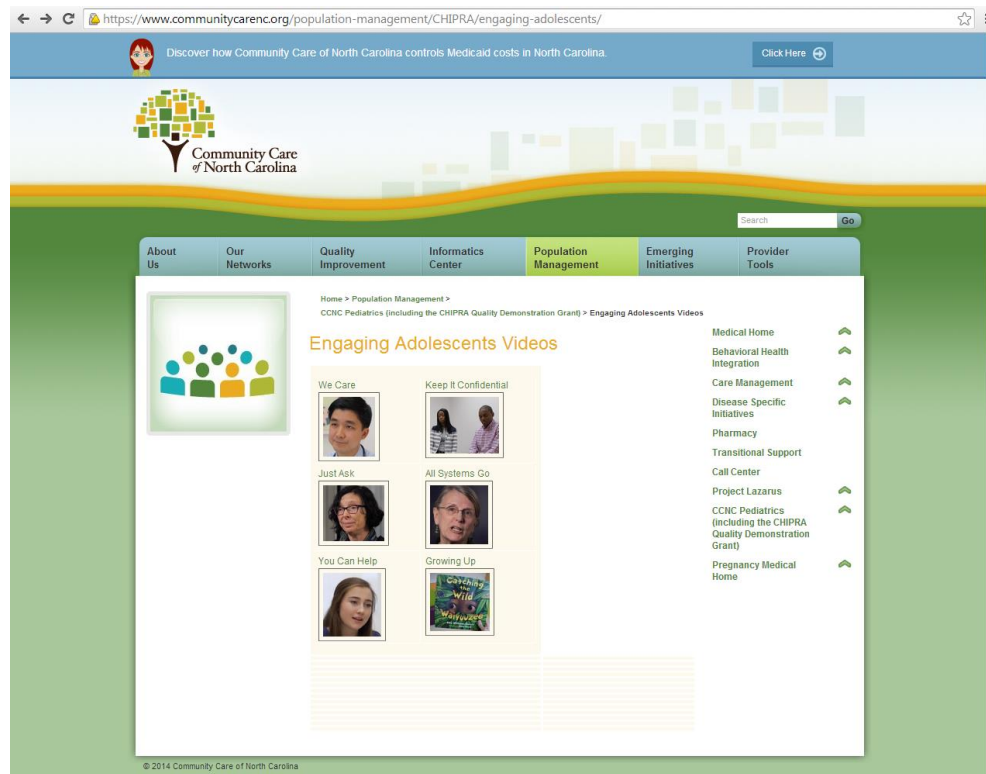


- Our providers will identify and assist those patients who are at risk of having a more complicated transition due to special medical, developmental, social and/or environmental needs.



Engaging Adolescents - Resource

- **Community Care of North Carolina (as part of CHIPRA Demonstration Grant)**
 - Video series (each about 6 min) outlining various elements
<https://www.communitycarenc.org/population-management/pediatrics/engaging-adolescents/>



Policies that Support Provision of Confidential and Private Visits

A) Adolescent **Transition** Policies

- Transitioning the youth to being the primary patient

B) Policies about **Confidentiality**

C) **Patient portal** access – Office Policy

Part B: Confidentiality Policies

- Create an overview of your office policies related to confidentiality
 - Make sure to create one for *youth* AND one for *parents*
 - Build in prompts in EMRs to guide provision of policies and document who has received them
- Provide the OHA handbook that describes the different rules and rights that adolescents have related to health care services

Examples of Explaining Privacy and Confidentiality

[insert logo here]

Teen Patient Handout



[Clinic welcome statement]

We provide quality care for teens and young adults. We want to work together with you and your family to meet all of your health care needs.

As you become more independent and take on more responsibilities, we ask for more input from **you** about your health. Oregon law allows youth at age 14 *[or other age that is standard in your clinic]*, it is our practice to ask all parents and guardians to wait outside for part of your visit. This gives you and your provider a chance to discuss anything you may feel uncomfortable talking about in front of others.

Your safety is most important to us. Know that if you are doing anything to hurt yourself, or others, or if some is hurting you, we may have to tell someone.

We will always encourage you to talk to your parents or guardians about your health. We can help start the conversation.

As you begin to take more responsibility for your health care, we trust you to:

- Learn about your medical problems, and let us know if you don't understand something we are discussing
- Follow the treatment plan that we agree upon as best as you can
- Be honest. Tell us about your medical history, health behaviors, and all medications you are taking
- Let us know when other healthcare providers are involved in your care. Ask them to send us a report whenever you see them
- Be on time for your appointments. If you are not going to keep appointments, call to reschedule or cancel them at least 24 hours in advance
- Call us if you do not receive test results within 2 weeks
- Use the "after hours" line only for issues that cannot wait until the next work day
- Come to our health center when you are sick instead of going to the Emergency Room, so that someone who knows you and your history can take care of you
- Tell us how we can improve our services

We are always available to discuss your health problems or answer questions. We want to work with you to help you make the best choices for a healthy future.

**Some insurance plans may mail information about our visit to your home. Talk to your provider if you are using your family's insurance and want confidential care.*

Customizable Handouts and Posters *From the Adolescent Health Initiative*



**Download available in documents
section of the webinar interface:**

*AHI_AAP_Teen and Parent
Confidentiality.docx*

Link to tool:

[http://oregon-
pip.org/resources/Teen%20handout-
%20Confidentiality.docx](http://oregon-pip.org/resources/Teen%20handout-%20Confidentiality.docx)

Examples of Explaining Privacy and Confidentiality

Customizable Handouts and Posters *From the Adolescent Health Initiative* *Adapted to be Oregon Specific*



**Download available in
documents section of the
webinar interface:**

*AHI_AAP_Teen and Parent
Confidentiality.docx*

Link to tool:

**[http://oregon-
pip.org/resources/Parent%20Hand
%20out_Confidentiality.docx](http://oregon-pip.org/resources/Parent%20Hand%20out_Confidentiality.docx)**



Parent or Caregiver Handout

[insert clinic logo]

[Clinic welcome statement]

Adolescence is a time of rapid change and development. Teens and young adults need specialized medical care and a provider with whom they can discuss anything, from normal body growth and development, illness, preventive care, sexual concerns and emotional problems. Parents and guardians also benefit from special guidance and support through these years. **Our practice goal is to provide comprehensive health care to our patients and their families.**

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. Starting around age 14 [or clinic's standard age], it is our practice to ask all parents or guardians to wait outside for part of the visit.

If teens feel they can speak with clinicians in confidence, this opens the door for conversations about the risks of certain behaviors that may lead to serious problems. Sometimes teenagers will hide their behavior so parents are not the first to find out. Our goal is to help prevent and identify any issues before they become serious. Data indicate that many youth are facing health challenges that we are well-positioned to help with.

Among 11th graders in Oregon*:

- 27% were depressed in the past year
- 15% seriously considered suicide in the past year
- 45% have had sex
- 31% drank in the past month
- 21% used marijuana in the past month

We know that parents and guardians are an important source of health information for youth, and that you likely help in decisions around your teen's care. **We always encourage the teen to discuss important issues with their parent or guardian.** Private time during the visit helps youth gain more independence in accessing health care, and helps to build trust in their care team. The best approach gives parents a role in young people's lives while empowering our teen patients to take responsibility for their own health.

We let all teen patients know that our services are confidential. However, safety of our patients is our priority, and there are some cases but there are some cases when we are required to break confidentiality for safety reasons.

The staff is always available to discuss health problems or answer questions. Our staff wants to work with you to help your teen(s) make the best choices for a healthy future. Please let us know if you have any questions or concerns.

*2013 Oregon Healthy Teens Survey.

Examples of Explaining Privacy and Confidentiality

[Your Office Logo]

Welcome to [your practice name]. We provide routine health care for teens and young adults. We want to work with you and your family to meet all of your health care needs: physical, mental and emotional.

Services We Provide
School, Sport and College Physicals
Patient and Parent Education on Adolescent Related Issues
Routine Care for Acne, Allergy and Sports-Related Conditions
Adolescent Gynecology Services

Young adults need specialized medical care and a doctor with whom they can discuss anything, from acute and chronic illness, health maintenance and preventive care, sexual concerns and emotional problems. Their parents also need special guidance and support through these years. *Our practice goal is to provide comprehensive health care to teens and their families.*

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. As part of *comprehensive health care*, it is our practice to ask parents to wait outside for part of the interview and encourage the adolescent to discuss his or her own view of their problem. Talking to teens without the parent also gives teens a chance to ask questions or give information they may feel self-conscious about. **Teens often have questions or concerns that they may feel embarrassed to talk about in front of their parents.** It is important to give them enough freedom to grow but not so much that they get involved in the wrong activities.

Many teenagers and young adults experiment with *high-risk* behaviors that can lead to serious problems.
In New York State high schools (excluding NY City):

- 46 % have tried cigarettes
- 73 % drank alcohol
- 38 % have tried marijuana
- 43 % have had sex

Most teenagers will hide their behavior so parents are not the first to find out. Our goal is to help identify these problems before they become too big and to help prevent them. To do this we must give them a reason to trust us.

New York State law requires that some services are offered to teens privately. We ask parents to leave for part of the interview for confidentiality and to build trust. We also encourage the teen to discuss important issues with parents.

It is important to know that if they are doing anything to hurt themselves or others, or if someone is hurting them, we will be forced to break confidentiality.
The staff is always available to discuss health problems or answer questions. The [your practice name] staff wants to work with you to help teens and young adults make the best choices for a healthy future.

To find your state or locale *high-risk* youth behaviors to modify this document, go to the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System web site at: <http://apps.nccd.cdc.gov/yrbss/>.

Customizable letter to adolescents *From the New York AAP Chapter*



**Download available in
documents section of the
webinar interface:**

*AHI_AAP_Teen and Parent
Confidentiality.docx*

Link to tool:

**[http://oregon-
pip.org/resources/NY%20AAP%20C
hapter%20Letter%20to%20Parents.
docx](http://oregon-pip.org/resources/NY%20AAP%20Chapter%20Letter%20to%20Parents.docx)**

Examples of Explaining Privacy and Confidentiality



CONFIDENTIALITY

Your privacy and safety are important to us. In general, adolescents may request privacy regarding some health information. If there is a safety concern, privacy cannot be maintained when you are less than 18 years of age or when we are required to report by law.

Having your parent or guardian included in your healthcare is important. We will work with you to involve them as needed while still protecting your privacy.

Oregon state law allows:

- General medical service may be provided to all clients 15 years and older without parent or guardian consent.
- Mental health (counseling) which includes drug and alcohol services may initially be provided to a person 14 years or older without parent or guardian consent.
- Family planning (birth control) and sexually transmitted disease services may be provided to a person of any age without parent or guardian consent.

There are certain situations related to your safety that must be reported, such as:

- You tell us that you plan to cause serious harm or death to yourself or someone else.
- You are doing things that could cause serious harm or death to you or someone else.
- You tell us you are being abused (physically, sexually or emotionally).
- You tell us you have been abused in the past (physically, sexually or emotionally).
- You tell us that you are having sex with someone who is three or more years older than you.
- You have a life threatening health problem.

You have the right to ask about treatment planned for you and to refuse that treatment.
You have the right to a chaperone during an examination. (A chaperone is someone who watches the examiner during the examination).

Signed _____ Reviewed with _____ Date _____

*Oregon State law requires a parent or legal guardian's consent to provide medical treatment to an individual under 15 years of age except for family planning and sexually transmitted disease services. ORS 109.610, ORS 109.640, ORS 109.675



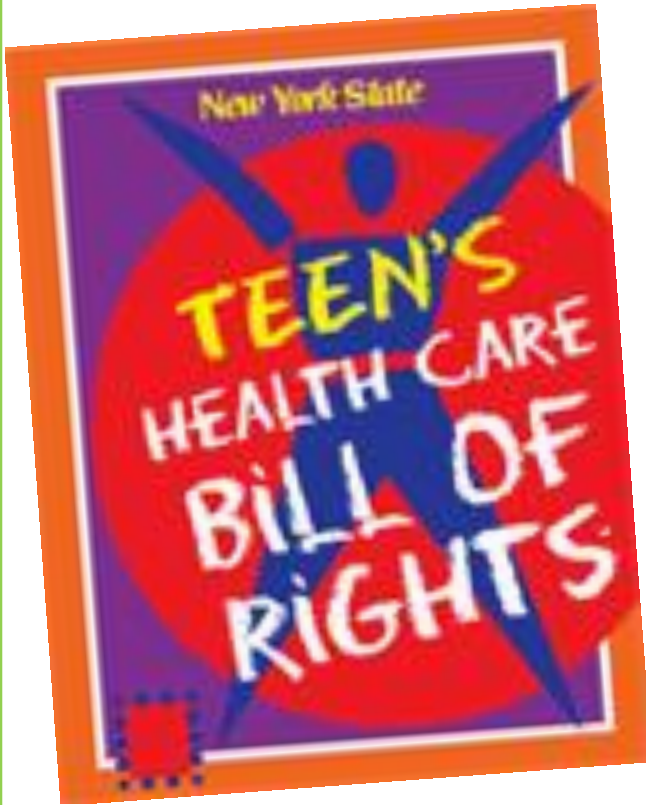
**Download available in
documents section of the
webinar interface**

Multnomah_confidentiality.pdf

Link to Tool:

<https://multco.us/file/28850/download>

Examples of Explaining Privacy and Confidentiality



Link to website:

<http://www2.aap.org/sections/adolescenthealth/links.cfm>

- Get complete information, in words you can understand, about your medical care
- Get private medical care for problems related to sexual activity, without permission from your parents
- Agree to or refuse HIV testing without your parents' permission
- **Get counseling for alcohol and drug use**
- Meet with a counselor, social worker, psychologist, or psychiatrist without your parents' permission (under certain circumstances)
- See information contained in your medical record
- Agree to your own health care if you are considered "emancipated"
- Get medical care in an emergency, like a sudden illness or injury
- Learn the costs of medical care, and if you can get care that costs less or is free

Anticipatory Guidance- 14-18YR: BRADLEY X TEST

Anticipatory Guidance- 14-18 Years

All Discussed

Discussed:

☐ Seat Belts

☐ Helmets

☐ Guns

☐ TV

☐ Substance Abuse

☐ Sexual Behavior

☐ Nutrition/Exercise

☐ STD's

☐ Condoms

☐ Contraception

☐ Handouts Given

Comments:

Adolescent Transition Planning

☐ Discussed Confidentiality Policy (HIPAA)

☐ Assess health care skills

☐ Set/Prioritize/review individualized transition plans.

For patients with intellectual disabilities:

☐ Discuss need for guardianship and alternatives.

Transition Planning
Comments/Notes:

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Privacy and Confidentiality Resources

- **Adolescent Health Working Group:**
<http://www.ahwg.net/resources-for-providers.html>
- **Physicians for Reproductive Health:**
<http://prh.org/teen-reproductive-health/arshep-explained/>
- **Center for Adolescent Health & Law:**
<http://www.cahl.org>
- **Confidential Health Care for Adolescents:**
[Position Paper of the Society of Adolescent Health; 35: 160-167](#)

Policies that Support Provision of Confidential and Private Visits

A) Adolescent **Transition** Policies

- Transitioning the youth to being the primary patient

B) Policies about **Confidentiality**

C) Patient portal access – Office Policy

C: Patient Portal Access

- Key area to consider as transition and confidentiality policies are developed
- No one solution given variations that exist within patient portals, information shared, and options related to share
- Considered one of the largest barriers in practices we have worked with
- Strategies Practices Have Used:
 - **Removed portal access altogether starting at age 12 or 14**
 - **Removed parents from patient portal at a specific age**

Five Key Factors to “Set the Stage” for a Confidential, Private Visit



1. Develop and publicize a **policy** that lays out expectations about confidential care
 - For youth
 - For parents, about their youth's care
2. Start early with **conversations about privacy** – usually 11 or 12 years old
3. **Structure forms** (and the spaces where forms are completed) to ensure privacy as they are completed
4. Ensure **private, one-one-one** time with the provider
5. Routinely assess for potential **breaches in privacy**

Part 2: Starting Early with Conversations

- It's all about the framing... Growing Independence vs. “sex, drugs, and rock & roll”
- Start the process at age 12... Give a road map for the next few years
 - Explain confidentiality, privacy, the “adult model of care”
 - Tell parents and patients that after age 14, part of the visit will be just between the teen and provider
 - Responsibility steps for the teen to take, based on age (knowing names of medications / doses / allergies, planning questions for well-visits, calling an advice nurse, making their own appointments, obtaining refills, etc.)
 - Still offer a chaperone during private exams
 - Encourage teens to see their parents as a continued resource

The Adolescent Roadmap

- **At age 12-14:** Explain privacy laws, “conditional confidentiality”, give roadmap for next few years
 - Expectations: knowing names of meds, allergies, medical conditions
 - Skills: making appointments, getting advice from advice nurse, and filling prescriptions
- **At age 14:** Start having one-on-one time as part of visit; Reminders about “conditional confidentiality”
 - Still offer chaperone for exam.
- **At age 16:** Many parents are no longer accompanying the patient to visit
- **Overarching principles:** Offer choice based on comfort level, respect for parents’ ongoing role in patient’s life

Confidentiality

Your privacy is important to us!
**If I am concerned about
your safety or the safety
of others, I will talk
with another adult to
help you!**

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EMR and Medical Chart Forms

- **Most EMRs have options for labelling specific forms or specific sections as “Private and Confidential”**
 - As practices build their templates, consider what parts of the form are *not* “confidential” and can be viewed by all vs. what sections *ARE* confidential
 - Consider components of the EMR that are pulled into a patient portal
 - Consider information you may receive from outside entities about confidential care the teen received, and how that can be labelled or protected

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Confidential and Private Visits

- **Define the visit structure for parents:**
 - **Explain that parents will be asked to leave, but that the visit will conclude with the parents back in the room**
 - “It’s our routine here, for adolescent visits, to ask any parent or guardian who accompanies the patient to step out so that we can have some private time with the patient to just go over some additional things that maybe would be more comfortable discussing with us privately.”
 - **Ensure that the workflow has been mapped out and is clear ACROSS staff the room patients**

Considerations on Privacy

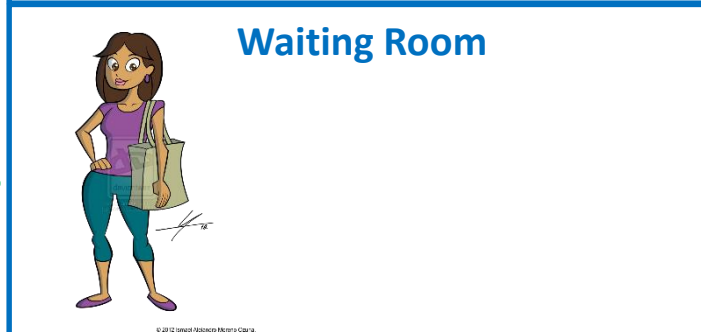
- Bright Futures recommends part of visit be between provider and teen starting at age 14.
- Other AAP guidelines recommend offering a chaperone prior to examination.
- Important to remember to ensure privacy when completing screening tools.

Example #1: Work Flow to Ensure Private One-on-One Time Together in Waiting Room & Both Complete Tools; Adolescent Alone in Exam; Parent Joins Them At End of Visit

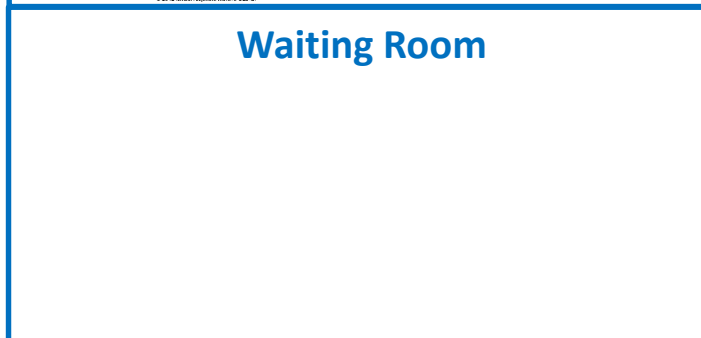
Step 1



Step 2



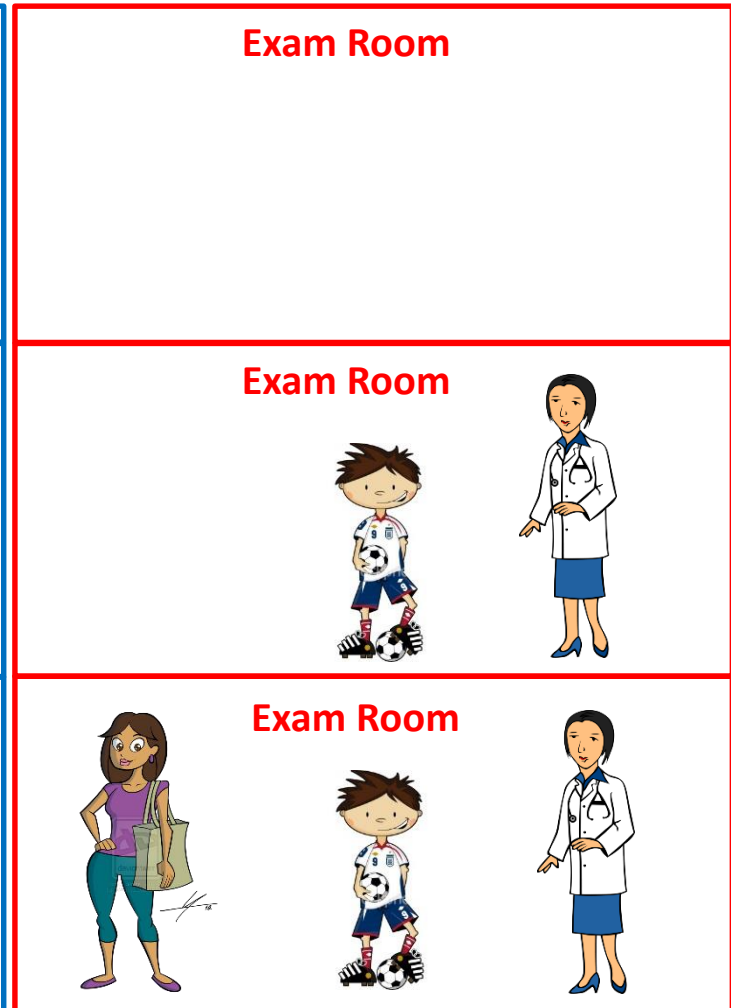
Step 3



Exam Room

Exam Room

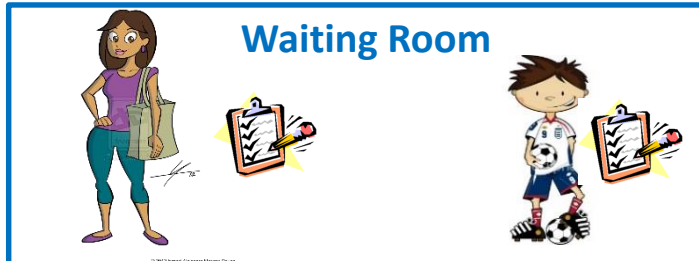
Exam Room



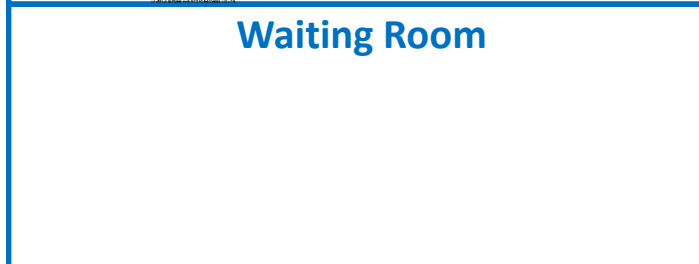
Example #2: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room; Together in Exam;
Parent Leaves & Adolescent Alone; Then Parent Rejoins at End

Step 1



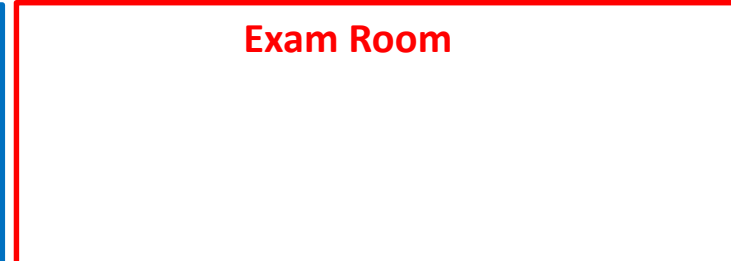
Step 2



Step 3



Step 4



Example #3: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room; Adolescent Alone in Exam & Then Given Tool;
Parent Joins Them At End of Visit

Step 1

Waiting Room

Exam Room



Step 2

Waiting Room

Exam Room



Step 3

Waiting Room

Exam Room



Step 4

Waiting Room

Exam Room



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Avoiding Breaches of Confidentiality

- **Portal considerations**

- What is visible online (problems, medications, labs) that might reveal that a specific conversation took place or a service was delivered?
- What is sent in an electronic After-Visit Summary?

- **Billing considerations**

- Explanation of benefits may reveal confidential components, even if parents aren't in the room during the service
 - Consideration of codes that reveal less information
- Discussion with teen about potential risks of disclosure

- **Chart Note considerations**

- Release of records usually will include all documents unless otherwise noted
- Does the EMR have a process for locking or flagging a document?

- **After-Visit Summaries**

- What is included, special attention to prescription meds

What Can YOU Do Within a CCO?

CCO Activities That Would Support These Concepts

Materials for Your Adolescent Members

- Adolescent-centered policy that is developed and disseminated that describes privacy and confidentiality rules
- “Welcome” letter directly to the teen at age 12, explaining their rights and explaining how to use services
 - As they get older, mailings and overviews targeted to the teenage frame of mind

Materials for Parents of Adolescent Members

- Explanation of the adolescent policies that are provided to parents of youth
- Letter directly to the parent about WHY their youth got information sent directly to them

CCO Activities That Would Support These Concepts

Support to Practices to Learn About These Policies & Implement Them:

- Clarifications and resources in provider handbooks
- Resource for practices to do a self-assessment of their systems and processes related to adolescent well-care visits (more on the next slide)
- Development of office policies that practices could refine and customize to their own settings
- Support for training on key issues
- Support for implementation on these Standards of Care
- EMR and portal support for protecting confidentiality, assessing for breaches to confidentiality
- Consider trainings on specific billing codes practices could use that take into consideration non-blinded EOBs for their commercially insured patients
 - Practices can't differentially bill
 - Within the SBIRT metrics there are specific and non-specific versions
- Partner with OHA Adolescent Health on trainings related to the rules and regulations

OPIP's Adolescent Office Report Tool

Adolescent Office Report & Assessment (AORTA) ©

- **Used to measure and assess office systems and processes that relate to adolescent care, including the following domains:**
 - Use of adolescent completed tools
 - Privacy and confidentiality
 - **Depression screening**, documentation, follow up, and population management
 - **Substance abuse** screening, documentation, follow up, and population management
 - Care coordination
 - Quality improvement
- **Specific privacy and confidentiality items**
 - Private time with the provider
 - Standardized process for explaining conditional confidentiality
 - Standardized processes for maintaining confidentiality in documentation provided to adolescents and parents

Download available in documents section of the webinar interface:

OPIP_Adolescent Office Report Tool Assessment.pdf

Link to the tool online:

<http://oregon-pip.org/resources/Adolescent%20Office%20Report%20Tool%20Assessment%20-%20OPIP%20-%202014.pdf>

Resources

- **Resources for Download**

- **Slide deck from today:** *June 30_Privacy & Confidentiality.pdf*
- **OHA Minor Consent Document:** *OHA_MinorConsent.pdf*
- **Customizable Confidentiality Documents:** *AHI_AAP_Teen and Parent Confidentiality.docx*
- **Multnomah County Confidentiality Document:** *Multnomah_confidentiality.pdf*
- **OPIP AORTA©:** *OPIP_Adolescent Office Report Tool Assessment.pdf*

- **Webinars/online resources that share innovative tools and strategies:**

- Implementing Bright Futures Aligned Adolescent Well-Visits
<http://www.pcpci.org/resources/webinars/enhancing-adolescent-well-visits>
- Addressing the Adolescent SBIRT and Depression Screening and Follow-Up Incentive Metrics:
<http://pcpci.org/resources/webinars/depression-screening-sbirt-adolescents-practical-considerations-implementing-cc>
- Practice-Based Adolescent Care Tools & Resources
<http://oregon-pip.org/resources/QI%20Tools.html#Adolescents>

Questions? Clarifications?

For questions please contact:

- Colleen Reuland (Director of OPIP)
- reulandc@ohsu.edu
- 503-494-0456



Option for CCO-Specific Follow-Up Calls

- Recognize that the ten-part webinar series has a lot of information.
- OHA is supporting OPIP to do individual one-on-one follow-up calls with CCOs to provide consultation, assessment, and expert subject matter technical assistance to address the adolescent well visit within your specific Coordinated Care Organization (CCO).
- Interested CCOs can contact **Colleen Reuland** to obtain the “**intake form**” to request TA and that will help OPIP determine which team members will be the best match for the CCO specific calls.
 - Phone: **503-494-0456**
 - Email: **reulandc@ohsu.edu**

Next Webinar

**Thursday,
July 7th
@ 1-2 PM**

**Depression Screening & Follow-Up
for Adolescents: Implementation Aligned
with the CCO Incentive Metric**

Thank you!!

