

Adolescent & Young Adult Health Care in Maryland

A Guide to Understanding Consent & Confidentiality Laws

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Center for
Adolescent Health
& the Law



Contributors

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Adolescent & Young Adult Health National Resource Center

The National Adolescent and Young Adult Health National Resource Center (AYAH-NRC) – supported by the Maternal and Child Health Bureau – was established in September 2014 to help states improve receipt and quality of preventive services among adolescents and young adults. The AYAH-NRC is housed at the National Adolescent and Young Adult Information Center at the University of California, San Francisco, in close partnership with: the Association of Maternal & Child Health Programs; the University of Minnesota State Adolescent Health Resource Center; and the University of Vermont National Improvement Partnership Network. The Center aims to promote adolescent and young adult health by strengthening the abilities of State Title V MCH Programs, as well as public health and clinical health professionals, to better serve these populations (ages 10-25).



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The Center for Adolescent Health & the Law supports laws and policies that promote the health of adolescents and young adults and their access to comprehensive health care. Working nationally, the Center clarifies the complex legal and policy issues that affect access to health care for the most vulnerable youth in the United States. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers, and advocates who are working to protect the health of adolescents and young adults.

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Adolescent & Young Adult Health Care in Maryland

A Guide to Understanding Consent & Confidentiality Laws

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This guide provides a summary of legal consent requirements and confidentiality protections for adolescents and young adults in Maryland to inform health care providers and promote access to essential health care including preventive health services.

INTRODUCTION

Confidentiality protections encourage adolescents and young adults to seek the health care they need and safeguard their privacy when they receive services. The relationship between confidentiality of health information and consent for health care is important. The specific ways the law protects confidentiality depend on whether a patient is a minor or an adult and whether the patient can legally consent to their own care. Some adolescents are minors—under age 18—and some are young adults—age 18 or older.

Young adults almost always may consent to their own care; minors may consent sometimes, but not always. Young adults are entitled to the same confidentiality protections under state and federal laws as other adults.

“Minor consent laws” allow minors to consent for their own care in specific situations and for specific services. Laws authorizing minors to consent and laws protecting confidentiality are closely linked but they do not always match each other. Adolescent minors who consent for their own care are entitled to many confidentiality protections; but these may be qualified or limited in ways that allow for disclosure of some information to parents or others.

Numerous federal and state laws contain confidentiality protections for health information. The interplay of law and ethics also is important in understanding confidentiality in the health care of adolescents and young adults. Careful analysis of the relevant state and federal laws, informed by sound ethical principles, can clarify these issues in Maryland as in other states.

IMPORTANCE OF PROTECTING CONFIDENTIALITY

There are numerous reasons to protect confidentiality for the health care communications and health information of adolescents and young adults. The most compelling is to encourage young people to seek necessary care on a timely basis and to provide a candid and complete health history when they do so. Additional reasons include supporting their developing sense of privacy and autonomy as well as protecting them from the humiliation and discrimination that can result from disclosure of confidential information. Offering confidential care can also help young people develop their capacity to engage independently with the health care system. Decades of research findings have documented the importance of privacy concerns for young people in the adolescent age group; additional research has found similar concerns among young adults. Overarching goals of confidentiality protection include promoting both the health of individual young people and the public health. One key element of reaching these goals is ensuring that young people receive the health care services they need.

Privacy concerns influence use of health care in many ways. Many adolescents are concerned about disclosure to their parents of information related to sexual behaviors, substance use, and mental health. This is true even though many adolescents voluntarily share a lot of health

information with their parents and other trusted adults. Voluntary communication can be very helpful in supporting adolescents' and young adults' health; mandated communication and disclosure can be counterproductive unless they are necessary to protect the health of a young person. Specifically, concerns about confidentiality and disclosure can affect whether adolescents seek care,^{1,2,3} where they seek care,^{4,5} and how openly they talk with health care professionals.⁶ Some young adults also hesitate to use certain services unless privacy can be maintained.⁷ Concerns that confidentiality will not be protected can lead adolescents and young adults to forego or delay care or to be less than candid when they do see a health care provider. (See Appendix F)

Rationale for confidentiality

- Protect health of adolescents & young adults
- Protect public health
- Promote positive health behaviors & outcomes
- Avoid negative health outcomes
- Encourage adolescents & young adults to seek needed care
- Increase open communication with health care providers

Research findings about privacy concerns

Privacy concerns affect behavior and influence:

- Whether young people seek care
- When young people seek care
- Where young people seek care
- How openly young people talk with health care providers

The effect of privacy concerns has been especially well documented with respect to adolescents' use of sexual health services, including care related to contraception, pregnancy, and sexually transmitted diseases (STDs). For example, one study found that almost all adolescents would consent to STD testing if their parents would not know, but

only about one third would agree if their parents would or might know.⁸ According to another study, nearly one half of adolescents would stop using family planning clinic services if parental notification were mandatory.⁹ Yet, a national survey found that only a very small minority of adolescents would stop having sex if parental notification were mandatory for contraceptives, and a significant percentage would have riskier sex.¹⁰

Health care professional organizations recognize the importance of confidentiality protections in health care. These organizations have adopted codes of ethics and issued policies that address privacy and confidentiality protections for patients generally, including young adults and adolescents.¹¹ They also have adopted policies related to adolescent health care that address confidentiality for particular health care settings, special populations, and specific services—preventive health care, testing & treatment for STDs & HIV, contraception, pregnancy-related care, and other reproductive health services. These policies often speak to the importance of informing patients, including adolescents and their parents, about confidentiality and its limits.

Health care professional organizations

Codes of ethics and policies support:

- Rationale for confidentiality
- Scope of confidentiality and its limits
- Confidentiality in particular health care settings
- Confidentiality for specific populations of adolescents
- Confidential access to specific health services

Confidentiality is not absolute. To understand the scope and limits of legal and ethical confidentiality protections, it is important to clarify: what *may not* be disclosed because it is confidential and none of the exceptions to confidentiality apply; what *may* be disclosed based on the discretion of the health care professional; and what *must* be disclosed because there is another requirement, such as a reporting requirement, that overrides confidentiality.

Confidentiality is not absolute

Confidential information must be disclosed:

- To comply with reporting mandates
 - Child abuse
 - Communicable disease
 - Assaults such as knife or gunshot wounds
 - Domestic violence
- When a patient is dangerous to self or others

Emerging Confidentiality Challenges

Two sets of issues represent increasing challenges for protecting confidentiality in adolescent and young adult health care. The first set comprises the issues associated with billing and health insurance claims, particularly the use of explanations of benefits (EOBs) to communicate with health insurance policyholders.^{12,13} The second relates to the complex questions associated with use of and access to electronic health records (EHRs) and web portals.^{14,15,16} In these arenas, laws and policies as well as best practices are evolving rapidly. Thorough discussion of these issues is beyond the scope of this guide, but considering them is essential in any effort to protect confidentiality for adolescents and young adults. (See Appendix E)

MARYLAND HEALTH CARE CONSENT LAWS

The age of majority in Maryland is 18;¹⁷ anyone younger than age 18 is legally a minor. Young adults age 18 or older are allowed to consent for their own health care; their right to consent may be limited if they are cognitively impaired and unable to give informed consent. For adolescents who are minors, the consent of a parent or another authorized adult is generally required. There are many exceptions to this requirement contained in Maryland’s “minor consent laws.” (See Table 1 and Appendix A)

Minor Consent Laws in Maryland

Maryland has laws authorizing some minors to consent for health care based on their status. These laws allow married minors; pregnant minors; minor parents; and minors who are living apart from their parents, with or without permission, and are self-supporting regardless of the source of their income to consent for their own care.¹⁸ Minors in detention are also allowed to consent for initial screening and medical examination following admission to a detention center.¹⁹ Minors who are not explicitly authorized to consent for all of their own care based on their status may nevertheless be able to do so for specific services.

Maryland has several laws either allowing minors to receive certain services without prior parental consent or authorizing them to consent for specific health care services, including some preventive services. In particular these laws cover emergency care; family planning and contraception; pregnancy related care; treatment or advice about STDs; HIV testing; treatment for drug abuse or alcoholism; consultation, diagnosis, and treatment for mental or emotional disorders; outpatient and inpatient mental health treatment; and physical examination and treatment related to a sexual assault.²⁰ Minors may also access emergency contraception without parental consent.²¹ Maryland law also provides for “expedited partner therapy” or EPT that allows STD prescription to a patient’s partner.²²

Minors in Special Situations

Some adolescent minors are in special situations or have health care needs that are not clearly addressed by the Maryland minor consent laws. These include, for example, adolescents who are victims of human trafficking or LGBTQ youth. Even though the state’s minor consent laws do not explicitly provide for these adolescents to consent for specific services such as care for transgender services, they are able to consent—on the same basis as any other minor—for other services that are covered by the minor consent laws or other laws, such as care for STDs and HIV, contraception, substance abuse services, and mental health treatment. Often these services are relevant to their special situations.

When adolescent minors are in foster care, specific rules determine who can give consent for their health care—their parents, the court, their social worker, or the minors themselves. In Maryland, detailed regulations of the Social Services Administration provide for medical care of foster children.²³ The parent of a child in foster care is asked to sign a document authorizing the local social services department to consent to an initial health screening, a comprehensive health assessment that meets EPSDT standards, and routine and immediate medical care; if a parent does not consent, the department may seek a court order for medical guardianship.²⁴ Minors in foster care should be able to give consent for their own services on the same basis as other minors.

MARYLAND CONFIDENTIALITY LAWS

Several Maryland laws protect the privacy of individuals’ health information. For example, the Maryland Health Code contains a series of statutes providing for the “Confidentiality of Medical Records.”²⁵ Some of the sections are similar to requirements of the HIPAA Privacy Rule;²⁶ one of the sections specifically incorporates the definition of “protected health information” in the HIPAA Privacy Rule.²⁷ Maryland law also contains specific protections for information related to substance use disorders²⁸ and for mental health records and information.²⁹ Maryland has enacted a statute designed to address the issue of confidentiality of insurance communications.³⁰ (See Appendix E) Maryland laws also contain provisions that are specific to the confidentiality of minors’ health information, particularly with respect to parents’ access to that information. (See Tables 2 & 3 and Appendix A)

Linkage of consent & confidentiality

“Consent” & “confidentiality” are not perfectly matched but are closely linked in:

- Clinical practice
- Ethical standards
- Professional policies
- State & federal laws

Confidentiality Laws for Minors in Maryland

Confidentiality protections and consent requirements for minors are closely linked but not perfectly matched. Generally, when minors may consent for their own health care they can expect confidentiality protection, but there are exceptions. The Maryland laws that allow minors to consent for their own health care also allow, but do not require, a physician to give information to parents about the treatment needed by or provided to a minor for which the minor may consent. (See Table 2 and Appendix A) Also, confidentiality may be compromised via billing and health insurance claims as well as through access to electronic health records via web portals. (See Appendix E)

One of the main exceptions to confidentiality is the requirement to report child abuse.^{31,32} In Maryland, health care practitioners and other professionals are required to report reasonable suspicions that a child has been abused;³³ any other individual who has reason to believe a child has been abused is also required to report.³⁴ The Maryland definition of reportable abuse includes physical and emotional abuse by a parent or person responsible for the child and sexual abuse by any person.³⁵

A question that often arises for health care professionals is whether voluntary sexual activity of minor adolescents must be reported as child abuse. This complex question has been carefully addressed elsewhere and is beyond the scope of this guide, but careful attention to the requirements of state reporting laws is always essential.³⁶ A related concern of health care professionals is the age at which minors can participate in sexual activity without risk of criminal prosecution—sometimes referred to as “age of consent.” This issue is legally separate from the requirement to report child abuse and a detailed discussion also is beyond the scope of this guide.³⁷

These Maryland laws must be interpreted and applied in the context of the full range of federal laws that protect confidentiality and sometimes supersede state laws. (See Tables 2 and 3 and Appendix B) Important federal confidentiality laws include the HIPAA Privacy Rule, as well as legal requirements for numerous federally funded health programs. Because the HIPAA Privacy Rule defers to state laws and other applicable laws on the question of when parents have access to their adolescent minor children’s health information, understanding the relationship between state and federal laws is essential.

FEDERAL CONFIDENTIALITY LAWS

Numerous federal laws contain confidentiality protections. These laws protect patients’ privacy in the health care system and the confidentiality of their health information. Federal confidentiality laws that are of particular importance for adolescent and young adult health care include the HIPAA Privacy Rule and FERPA, as well as statutes and regulations for the Title X Family Planning Program and Medicaid, and the rules for drug and alcohol programs. Confidentiality protections can also be found in requirements for other programs such as the Ryan White HIV/AIDS Program and federally qualified health centers (FQHCs). (See Tables 2 and 3 and Appendix B)

Legal sources of confidentiality protection

- Constitutional right of privacy
- HIPAA Privacy Rule
- Federal education privacy laws
- Federal & state funded health program requirements
- State minor consent laws
- State medical confidentiality & medical records laws
- Evidentiary privileges
- Professional licensing laws

HIPAA Privacy Rule

The HIPAA Privacy Rule—the federal medical confidentiality regulations issued in 2002 under the Health Insurance Portability and Accountability Act—protects the health care information of adolescents and young adults.³⁸ The HIPAA privacy protections for young adults are the same as for other adults: they are entitled to access their protected health information and to control the disclosure of that information in some circumstances. Additional specific requirements apply to the information of adolescents who are minors.

When minors are authorized to consent for their own health care and do so, the HIPAA Privacy Rule treats them as “individuals” who are able to exercise rights over their own protected health information (PHI).³⁹ Also, when parents have acceded to a confidentiality agreement between a minor and a health professional, the minor is considered an “individual” under the Rule.⁴⁰

Generally, the HIPAA Privacy Rule treats parents as the “authorized representative” and gives them access to the health information of their unemancipated minor children, including adolescents. Parents’ access is limited in situations that involve abuse or endangerment or when it would not be in the minor’s best interest.⁴¹ However, when minors are considered “individuals,” their parents are not necessarily their authorized representative. On the issue of when parents may have access to protected health information for minors who are considered “individuals” and who have consented to their own care, the Rule defers to other laws. Parents’ access to their adolescent minor child’s information in these circumstances depends on “state or other law.”⁴²

Thus, a health care provider must look to state laws or other laws to determine whether they specifically address the confidentiality or disclosure of a minor’s health information. State or other laws that explicitly require, permit, or prohibit disclosure of information to a parent are controlling.⁴³ If state or other laws are silent on the question of parents’ access, a health care professional exercising professional judgment has discretion to determine whether or not to grant access.⁴⁴ The relevant sources of state or other law that a health care provider must consider include all of the state and federal laws that contain confidentiality protections.

Additional provisions of the HIPAA Privacy Rule that are important for both adolescents and young adults are those that allow individuals to request restrictions on the disclosure of their PHI and to request that communications regarding their PHI occur in a confidential manner.⁴⁵ Other protections address situations in which disclosure may be restricted to protect individuals who may be at risk for domestic violence or child abuse.⁴⁶

FERPA

When health care services are provided in a school setting, the legal framework for consent to treatment for adolescents remains generally the same as in other settings; however, different confidentiality rules may apply. In a school setting, the HIPAA Privacy Rule requirements must be understood in relation to the requirements of the Family Educational Rights and Privacy Act (FERPA), a federal statute that, with its implementing regulations, controls the disclosure of the educational records of students at most primary, secondary, and post-secondary schools.⁴⁷ Health care professionals who provide services in schools often are uncertain whether they must follow the HIPAA Privacy Rule or FERPA. Two federal agencies—the Department of Health & Human Services and the Department of Education—have issued joint guidance that provides some clarification.⁴⁸

While the HIPAA Privacy Rule typically controls release of health information created by health care professionals, the HIPAA Privacy rule explicitly *excludes* from its purview health records that are part of an “education record” as that is defined under FERPA.⁴⁹ FERPA defines “education record” in a way that sometimes can include health records created by a health care provider—such as a school nurse—employed by or acting on behalf of a school or university.

Thus, health records created by medical professionals employed by a school or university may be part of an “education record” and subject to FERPA rather than HIPAA. The most important implication of this is that parents have access to the education records of their minor children. Young adults, beginning at age 18, control

access to their own education records under FERPA, including any health information. Health records created by medical professionals working in a school setting such as a school-based health center but employed by a health entity would usually be covered by HIPAA, not FERPA.⁵⁰

Title X Family Planning

The confidentiality regulations for the federal Title X Family Planning Program⁵¹ are exceptionally strong and have protected adolescents as well as adults for nearly five decades. Federal Title X confidentiality protections take precedence over state requirements for parental consent or notification, allowing minors to receive family planning services at Title X sites without parental involvement.⁵² The regulations require that all information about individuals receiving services must be confidential and must not be disclosed without the individual's documented consent, except as necessary to provide services to the patient or as required by law—and, even then, only with appropriate safeguards for confidentiality.⁵³ When information is shared by Title X providers with other health care providers, care must be taken to understand the extent to which those other providers are bound by similar confidentiality requirements. Examples of disclosures that are often required by law include mandatory reporting of child abuse to child welfare or law enforcement,⁵⁴ intimate partner violence to law enforcement,⁵⁵ and STDs to public health authorities.⁵⁶ In each of these situations, other specific confidentiality rules may apply.

On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, “Compliance with Statutory Program Integrity Requirements,” that would significantly alter the federal regulations for the Title X Program.⁵⁷ This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere.⁵⁸ The new rule has been challenged in numerous lawsuits.⁵⁹

Medicaid

Federal Medicaid law contains safeguards against disclosure of confidential information.⁶⁰ It also requires that Medicaid cover family planning “services and supplies” for all Medicaid enrollees of childbearing age, including “minors who can be considered to be sexually active.”⁶¹ These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.⁶² State laws and policies also contain varied provisions that help to protect the privacy of Medicaid beneficiaries and their confidential health information. These provisions include both general confidentiality requirements and specific confidentiality protections for information related to family planning services, such as through states’ Medicaid family planning expansions that include coverage for minors as well as young adults.⁶³

Drug and Alcohol Programs

Federal regulations—contained in 42 CFR Part 2 and often referred to as “Part 2” establish special confidentiality protections for substance use records;^{64,65} they apply to “substance use disorder programs” that meet certain very broad criteria of being “federally assisted.”⁶⁶ The regulations protect both adolescent minors and young adults. When minors are allowed to consent for treatment under state law, they have independent rights under the federal regulations.⁶⁷ For those providers and programs that must comply with the federal rules, the regulations impose strict confidentiality requirements that do not allow disclosure without the consent of the patient except in specific circumstances that pose a substantial threat to the life or physical wellbeing of the

patient or another person.⁶⁸ To the extent that these federal regulations are more protective of confidentiality, they take precedence over state law; if they are less protective, state law controls.⁶⁹

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (Ryan White) supports some medical services for patients with HIV.⁷⁰ Ryan White generally is a payer of last resort and fills the gaps for individuals with HIV who have no other source of coverage or face coverage limits. Ryan White service providers and patients have significant concerns about confidentiality, but like other federal funding programs such as Title X, the Ryan White law includes strong and explicit confidentiality protections.⁷¹

Federally Qualified Health Centers

Federally qualified health centers (FQHCs) funded under Section 330 of the Public Health Service Act,⁷² also frequently referred to as “community health centers,” often provide services for adolescents and young adults. For example, some FQHCs operate school-based health centers. FQHCs also are required to provide preventive health services, including voluntary family planning services and many of the preventive services recommended for adolescents and young adults;⁷³ and some FQHCs receive Title X funds to help provide family planning services. FQHCs are required to maintain the confidentiality of patient records⁷⁴ and, if they receive Title X Family Planning funds, to comply with Title X confidentiality regulations. The confidentiality regulation for FQHCs⁷⁵ contains language almost identical to the Title X confidentiality regulations.⁷⁶

CONFIDENTIALITY AND PREVENTIVE SERVICES

Recommended preventive services for adolescents & young adults

The U.S. Preventive Services Task Force (USPSTF) and Bright Futures have recommended clinical preventive services for adolescents and young adults in each of these categories:

- substance use
- sexual and reproductive health
- mental health
- nutrition and exercise
- immunizations
- safety and violence

In each category, the specific services recommended by the USPSTF vary for adolescents and for young adults; in Bright Futures the recommendations are for ages 11-21. The AYAH National Resource Center has issued a fact sheet on “[Evidence-Based Clinical Preventive Services for Adolescents and Young Adults](#)” that sets out the specific services recommended for the different age groups in each category.⁷⁷

Many of the preventive services recommended for adolescents and young adults fall into categories about which young people have privacy concerns. These include at least some services in all recommended areas of prevention. Sometimes the privacy concerns are associated with a visit for a specific purpose, such as family planning; on other occasions concerns about confidentiality arise when sensitive issues, such as STDs, HIV, or substance use, are addressed during a well visit.

Not all preventive services raise heightened privacy concerns for adolescents and young adults; but when they do, it is important to understand when confidentiality can—and when it cannot—be assured. For young adults, who are able to consent to their own care and are entitled to the same confidentiality protections as other adults, any preventive health service they receive should be treated as confidential, meaning that information usually should not be disclosed to parents or others without their permission. For minor adolescents, if they are allowed to consent for their own care under the Maryland minor consent laws, they can usually expect confidentiality, subject to any disclosures that are specifically permitted or required by law. For both adolescents and young adults, other legal and ethical disclosure obligations, such as when a patient is dangerous to self or others, must be considered. There are no specific confidentiality requirements for preventive services; the extent of confidentiality protection depends on the service as well as the age and other characteristics of the young person.

CONCLUSION

Confidentiality in adolescent and young adult health care is an important element in protecting the health of individual young people and the public health. Decades of research have found that privacy protection encourages young people to seek essential health care and speak openly with their health care providers. Many state and federal laws as well as ethical guidelines require confidentiality protection and support the rights of adolescents and young adults to receive confidential health care including many preventive health services.

TABLE 1: MARYLAND HEALTH CARE CONSENT LAWS FOR MINORS*

Maryland Minor Consent Laws Based on Status			
Status	Minor Consent	Scope/Limitations	Citations
Age of majority†	< 18 – No ≥ 18 – Yes	Age of majority is 18	Md. Ann. Code art. 1, § 24
Married minor	Yes	Married minor may consent for medical or dental treatment	Md. Code Ann., Health-Gen. § 20-102
Pregnant minor	Yes	Pregnant minor may consent to treatment or advice about pregnancy other than sterilization	Md. Code Ann., Health-Gen. § 20-102
Minor parent	Yes	Minor parent has same capacity as adult to consent to medical or dental treatment	Md. Code Ann., Health-Gen. § 20-102
Minor living apart	Yes	Minor living apart from parent may consent to medical or dental treatment	Md. Code Ann., Health-Gen. § 20-102
Minor in detention	Yes	Minor in detention may consent to initial medical screening & physical examination after admission to a detention center	Md. Code Ann., Health-Gen. § 20-102
Maryland Minor Consent Laws Based on Services			
Service	Minor Consent	Scope/Limitations	Citations
Emergency services	Yes	Minor may consent for medical treatment if life or health of the minor would be affected adversely by delaying treatment to obtain consent of another individual	Md. Code Ann., Health-Gen. § 20-102; see also Md. Code Ann., Health-Gen. § 5-607
Contraceptives/family planning	Yes	Minor has same capacity as adult to consent for treatment for or advice about contraception other than sterilization (Note: See Table 2 re Title X Family Planning)	Md. Code Ann., Health-Gen. § 20-102
STD care	Yes	Minor has same capacity as adult to consent for treatment for or advice about venereal disease (Note: See Table 2 re Title X Family Planning)	Md. Code Ann., Health-Gen. § 20-102
HIV testing	Yes	Voluntary written informed consent of the individual to be tested is required for an HIV test, except in specified circumstances	Md. Regs. Code tit. 10, §18.08.07
Pregnancy care	Yes	Minor may consent for treatment for or advice about pregnancy	Md. Code Ann., Health-Gen. § 20-102
Abortion	Yes, with limitations	Notice to a parent or guardian required unless physician finds it may lead to physical or emotional abuse, minor is capable of informed consent, or notice would not be in minor's best interest	Md. Code Ann., Health-Gen. § 20-103
Mental health – outpatient	Yes	Minor age 16 or older may consent for consultation, diagnosis, & treatment of mental or emotional disorder by physician or clinic; minor may not refuse care for which parent/guardian consents	Md. Code Ann., Health-Gen. § 20-104
Alcohol/drug abuse	Yes	Minor may consent for medical treatment for or advice about drug abuse or alcoholism, or psychological treatment if life or health of minor would be adversely affected by delaying treatment to obtain the consent of another individual; minor may not refuse inpatient psychological treatment for drug abuse or alcoholism for which parent/guardian consents	Md. Code Ann., Health-Gen. § 20-102
Treatment or examination for sexual assault	Yes	Minor has same capacity as adult to consent for physical examination & treatment of injuries from or evidence of alleged rape or sexual offense	Md. Code Ann., Health-Gen. § 20-102

* This table contains only brief summary information about the laws; more detailed information and selected excerpts of the laws are contained in Appendix A.

† Parent consent is generally required for minors under age 18 unless one of the exceptions in the minor consent laws apply; young adults age 18 or older generally may consent for themselves.

TABLE 2: MARYLAND & FEDERAL CONFIDENTIALITY LAWS FOR MINORS*

Maryland Confidentiality Laws for Minors		
	Scope of Protection/Limitations	Citations
Disclosure to parents	Physician or member of the medical staff is permitted but not required to give a parent, guardian, custodian, or spouse of a parent information about treatment needed by minor or provided to minor for which minor may consent, except information about abortion; physician permitted to do this without the consent or over the objection of the minor (Note: See “Federal Confidentiality Laws” below for regulations for drug and alcohol programs)	Md. Code Ann., Health-Gen. §§ 20-102, 20-104
Disclosure of health information	Disclosure of a patient’s health information & medical records generally requires the authorization of the patient, including a minor patient who consents to own care, except in specified circumstances	Md. Code Ann., Health-Gen. §§ 4-301, 4-305
Disclosure and use of records of alcohol & drug abuse treatment	Disclosure & use of records of individuals served by alcohol & drug abuse treatment programs are governed by federal regulations on confidentiality of alcohol & drug abuse patient records, 42 C.F.R. Part 2	Md. Code Ann., Health-Gen. § 8-601
Child abuse reporting	Health care practitioners & other professionals are required to report reasonable suspicions that a child has been abused; any other individual who has reason to believe a child has been abused is also required to report; definition of reportable abuse includes physical & emotional abuse by a parent or person responsible for the child & sexual abuse by any person.	Md. Code Ann., Family §§ 5-701, 5-704, 5-705
Federal Confidentiality Laws for Minors		
	Scope of Protection/Limitations	Citations
HIPAA Privacy Rule – minor as individual	A minor who consents, or whose parent accedes to confidentiality, is an “individual” with control over their own protected health information (PHI)	45 C.F.R. § 164.502(g)(3)
HIPAA Privacy Rule – parent as personal representative	Parents are not necessarily the personal representative when minors have consented to their own care; parent may not be personal representative if minor subject to domestic violence, abuse, neglect, or endangerment	45 C.F.R. § 164.502(g)(3) and (5)
HIPAA Privacy Rule – parents’ access	Parents’ access to PHI when minor is the “individual” depends on other state and federal laws; parents’ access may be denied if health care professional determines it would cause substantial harm to minor or another individual	45 C.F.R. §§ 164.502(g)(3), 164.524(a)(3)(iii)
FERPA	Information about health services provided by a school may be included in a students’ “education records” and subject to FERPA, not HIPAA; parents have access to minors’ education records	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential and may only be disclosed with the minor’s permission or if required by law	42 C.F.R. § 59.11
Medicaid	Adolescent minors who are eligible for Medicaid may receive confidential family planning services funded by Medicaid	42 U.S.C. §§ 1396a(a)(7), 1396d(a)(4)(C)
Drug & alcohol— “substance use disorder”— programs	In federally assisted programs, consent for disclosure must be obtained from minor who is authorized under state law to consent for alcohol or drug abuse treatment; disclosure to parents may occur only if minor lacks capacity for rational choice due to extreme youth, physical incapacity, or substantial threat to minor or another	42 C.F.R. § 2.14

* This table includes information about selected state and federal confidentiality laws that pertain to minors’ health information. It contains only brief summary information about the laws; more detailed information is included in Appendix A and Appendix B.

TABLE 3: MARYLAND & FEDERAL CONFIDENTIALITY LAWS FOR YOUNG ADULTS*

Maryland Confidentiality Laws for Young Adults		
	Scope of Protection/Limitations	Citation
Confidentiality of medical records	Detailed protections apply to the health information & medical records of patients	Md. Code Ann., Health-Gen. §§ 4-301 – 4-309
Medical records - disclosure	Disclosure of a patient’s health information & medical records generally requires the authorization of the patient except in specified circumstances	Md. Code Ann., Health-Gen. §§ 4-301, 4-305
Medical records - access	Patients have a right to access & correct their medical records	Md. Code Ann., Health-Gen. § 4-304
Mental health records - disclosure	Additional detailed requirements govern the disclosure of numerous categories of mental health records	Md. Code Ann., Health-Gen. § 4-304
Disclosure and use of records of alcohol & drug abuse treatment	Disclosure & use of records of individuals served by alcohol & drug abuse treatment programs are governed by federal regulations on confidentiality of alcohol & drug abuse patient records, 42 C.F.R. Part 2	Md. Code Ann., Health-Gen. § 8-601
Federal Confidentiality Laws for Young Adults		
	Scope of Protection/Limitations	Citation
HIPAA Privacy Rule - generally	Individuals have access to and some control over disclosure of their own protected health information (PHI)	45 C.F.R. §§ 502, 524, 528
HIPAA Privacy Rule – special confidentiality protections	Individuals may request restrictions on the disclosure of their PHI and that communications regarding their PHI occur in a confidential manner	45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1)
FERPA	Information about health services provided by a school may be included in a students’ “education records” and subject to FERPA, not HIPAA; parents do not have access to education records of young adults age 18 and older	20 U.S.C §1232g, 34 C.F.R. Part 99; 45 C.F.R. § 160.103
Title X Family Planning	Information about family planning services received at Title X funded sites is confidential and may only be disclosed with the patient’s permission or if required by law	42 C.F.R. § 59.11
Medicaid	State Medicaid plans are required to include protections for confidentiality of applicants’ and enrollees’ information	42 U.S.C. § 1396a(a)(7)
Drug & alcohol—“substance use disorder”—programs	Consent for disclosure must be obtained from an individual who seeks treatment from a substance abuse disorder provider or program; disclosure without the patient’s consent may occur only in very limited circumstances such as bona fide medical emergencies or with a court order	42 C.F.R. Part 2

* This table includes information about selected state and federal confidentiality laws that pertain to young adults’ health information. It contains only brief summary information about the laws; more detailed information is included in Appendix B.

APPENDIX A: MARYLAND CONSENT & CONFIDENTIALITY LAWS FOR MINORS

This appendix contains brief summaries of Maryland consent and confidentiality laws that apply to health services received by minors. The summaries do not contain the full text of each section. The verbatim text of the Code of Maryland (Statutes) may be found on the website of the Maryland General Assembly at <http://mgaleg.maryland.gov/webmga/frmStatutes.aspx?pid=statpage&tab=subject5>.

Minor Consent Based on Status

Age of Majority

Md. Ann. Code art. 1, § 24

The age of majority is 18.

Emancipated Minor

Note: Maryland does not have a statute that explicitly authorizes emancipated minors to consent for their own health care. For discussion of the criteria for determining on a case-by-case basis whether a minor is emancipated, see *Holly v. Maryland Auto Insurance Fund*, 349 A.2d 670 (Md. Ct. App., 1975). For a case indicating that marriage of a minor may result in emancipation, see *Pumphrey v. Pumphrey*, 273 A.2d 637 (Md. Ct. App. 1971).

Married Minor

Md. Code Ann., Health-Gen. § 20-102

A married minor has the same capacity as an adult to consent for medical or dental treatment.

Pregnant Minor

Md. Code Ann., Health-Gen § 20-102

A pregnant minor has the same capacity as an adult to consent to treatment for or advice about pregnancy other than sterilization.

Minor Parent

Md. Code Ann., Health-Gen. § 20-102

A minor parent has the same capacity as an adult to consent for medical or dental treatment.

Minor Living Apart

Md. Code Ann., Health-Gen. § 20-102

A minor who is living separate and apart from the minor's parent, parents, or guardian, whether with or without consent of the minor's parent, parents, or guardian, and is self-supporting, regardless of the source of the minor's income has the same capacity as an adult to consent for medical or dental treatment.

Minor in Detention

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for initial medical screening and physical examination on and after admission of the minor into a detention center.

Minor Consent Based on Services

Emergency Services

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.

Md. Code Ann., Health-Gen. § 5-607

A health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is a substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent.

General Medical Care

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual.

Contraception/Family Planning

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for treatment for or advice about contraception other than sterilization.

Note: Under FDA rules for emergency contraception, Plan B and its generic equivalents are available “over the counter” without a prescription for individuals of any age; Ella is available with a prescription. ⁷⁸

Pregnancy Related Care

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for treatment for or advice about pregnancy.

Abortion

Md. Code Ann., Health-Gen. § 20-103

Notice to a parent or guardian is required for a minor to obtain an abortion. A physician may perform the abortion without notice to a parent or guardian if such notice may lead to physical or emotional abuse of the minor, the minor is mature and capable of giving informed consent to an abortion, or notification would not be in the best interests of the minor.

STD Care

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for treatment for or advice about venereal disease.

HIV Testing

Md. Regs. Code tit. 10, §18.08.07

Voluntary written informed consent of the individual to be tested is required for an HIV test, except in specified circumstances, including at anonymous test sites where an individual may be identified by a number.

Detailed regulatory requirements for HIV testing and counseling procedures are contained in *Md. Regs. Code tit. 10, §§ 18.08.00 through 18.08.10*.

Drug/Alcohol Care

Md. Code Ann., Health-Gen. § 20-102

A minor has the same capacity as an adult to consent for medical treatment for or advice about drug abuse or alcoholism. The minor may also consent for psychological treatment if, in the judgment of the attending physician or psychologist, the life or health of the minor would be adversely affected by delaying treatment to obtain the consent of another individual. This does not include the capacity to refuse treatment for drug abuse or alcoholism in an inpatient treatment program for which a parent or guardian has given consent.

Mental Health Services

Md. Code Ann., Health-Gen. § 20-104

A minor who is age 16 or older has the same capacity as an adult to consent for consultation, diagnosis, and treatment of a mental or emotional disorder by a physician or a clinic. This does not include the capacity to refuse consultation, diagnosis, or treatment for which a parent or guardian has given consent.

Sexual Assault & Rape Examination & Treatment

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for physical examination and treatment of injuries from an alleged rape or sexual offense and a physical examination to obtain evidence of an alleged rape or sexual offense. See Confidentiality & Disclosure regarding the discretionary authority of the physician or medical staff to disclose information.

Liability of Health Care Provider

Md. Code Ann., Health-Gen. § 20-102

A physician, psychologist, or an individual under the direction of a physician or psychologist who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent under this section.

Financial Responsibility

Md. Code Ann., Health-Gen. § 20-104

A parent, guardian, custodian, or spouse of the parent is not responsible for the costs of consultation, diagnosis, or treatment for a mental or emotional condition, for which a minor may consent, unless the parent, guardian, custodian, or spouse of a parent has consented to the care.

Confidentiality & Disclosure

Disclosure to Parents

Md. Code Ann., Health-Gen. § 20-102

Without the consent of or over the objection of a minor, the attending physician or member of the medical staff is permitted but not required to give a parent, guardian, custodian, or spouse of a parent information about treatment needed by a minor or provided to the minor for which the minor may consent, except information about abortion.

Md. Code Ann., Health-Gen. § 20-104

Without the consent or over the objection of the minor, the attending physician or member of the medical staff is permitted but not required to give a parent, guardian, custodian, or spouse of a parent information about treatment needed by a minor or provided to the minor for a mental or emotional disorder for which the minor may consent.

Medical Records

Md. Code Ann., Health-Gen. § 4-301

A minor has rights concerning confidentiality and disclosure of medical records, including the right of access to the record, if the medical record concerns treatment for which the minor has the right to consent and has consented under *Md. Code Ann., Health-Gen. §§ 20-101 through 20-106*. Detailed statutory requirements regarding confidentiality and disclosure of medical and mental health records are contained in *Md. Code Ann., Health-Gen. §§4-301 through 4-309*.

Child Abuse Reporting

Md. Code Ann., Family §§ 5-701, 5-704, 5-705

Health care practitioners & other professionals are required to report reasonable suspicions that a child has been abused; any other individual who has reason to believe a child has been abused is also required to report. The definition of reportable abuse includes physical and emotional abuse by a parent or person responsible for the child and sexual abuse by any person.

APPENDIX B: FEDERAL CONFIDENTIALITY LAWS

This appendix contains brief summaries and excerpts of the text of selected federal statutes and regulations that provide confidentiality protection for health information and services provided to adolescent minors and young adults.

HIPAA Privacy Rule

The HIPAA Privacy Rule contains protections for both minors and young adults. In 45 C.F.R. § 160.502(g)(3) the rule specifies when a minor is considered an individual who has rights with respect to their own protected health information PHI and whose parent is not necessarily their personal representative with access to their PHI. In 45 C.F.R. § 160.502(g)(5) the rule specifies when a parent is not necessarily the personal representative of a minor due to abuse, neglect, domestic violence, or endangerment, or if it would not be in the minor's best interest. In 45 C.F.R. §§ 160.502(h) and 160.522 the rule specifies special confidentiality protections for individuals: the right to request restrictions on disclosure of PHI; and the right to request confidential communications.

45 C.F. R. § 160.502. Uses and disclosures of protected health information: general rules.

“ . . . (g)(1) Standard: Personal representatives. As specified in this paragraph, a covered entity must, except as provided in paragraphs (g)(3) and (g)(5) of this section, treat a personal representative as the individual for purposes of this subchapter.

(2) Implementation specification: adults and emancipated minors. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation.

(3)(i) Implementation specification: unemancipated minors. If under applicable law a parent, guardian, or other person acting in loco parentis has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative under this subchapter, with respect to protected health information relevant to such personal representation, except that such person may not be a personal representative of an unemancipated minor, and the minor has the authority to act as an individual, with respect to protected health information pertaining to a health care service, if:

(A) The minor consents to such health care service; no other consent to such health care service is required by law, regardless of whether the consent of another person has also been obtained; and the minor has not requested that such person be treated as the personal representative;

(B) The minor may lawfully obtain such health care service without the consent of a parent, guardian, or other person acting in loco parentis, and the minor, a court, or another person authorized by law consents to such health care service; or

(C) A parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.

(ii) Notwithstanding the provisions of paragraph (g)(3)(i) of this section:

(A) If, and to the extent, permitted or required by an applicable provision of State or other law, including applicable case law, a covered entity may disclose, or provide access in accordance with § 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis;

(B) If, and to the extent, prohibited by an applicable provision of State or other law, including applicable case law, a covered entity may not disclose, or provide access in accordance with § 164.524 to, protected health information about an unemancipated minor to a parent, guardian, or other person acting in loco parentis; and

(C) Where the parent, guardian, or other person acting in loco parentis, is not the personal representative under paragraphs (g)(3)(i)(A), (B), or (C) of this section and where there is no applicable access provision under State or other law, including case law, a covered entity may provide or deny access under § 164.524 to a parent, guardian, or other person acting in loco parentis, if such action is consistent with State or other applicable law, provided that such decision must be made by a licensed health care professional, in the exercise of professional judgment.

...

(5) Implementation specification: Abuse, neglect, endangerment situations. Notwithstanding a State law or any requirement of this paragraph to the contrary, a covered entity may elect not to treat a person as the personal representative of an individual if:

(i) The covered entity has a reasonable belief that:

(A) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or

(B) Treating such person as the personal representative could endanger the individual; and

(ii) The covered entity, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

(h) Standard: Confidential communications. A covered health care provider or health plan must comply with the applicable requirements of § 164.522(b) in communicating protected health information.

..."

45 C.F.R. § 164.522 Rights to request privacy protection for protected health information

“(a)(1) Standard: Right of an individual to request restriction of uses and disclosures. (i) A covered entity must permit an individual to request that the covered entity restrict:

(A) Uses or disclosures of protected health information about the individual to carry out treatment, payment, or health care operations; and

(B) Disclosures permitted under § 164.510(b).

(ii) Except as provided in paragraph (a)(1)(vi) of this section, a covered entity is not required to agree to a restriction.

(iii) A covered entity that agrees to a restriction under paragraph (a)(1)(i) of this section may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual.

(iv) If restricted protected health information is disclosed to a health care provider for emergency treatment under paragraph (a)(1)(iii) of this section, the covered entity must request that such health care provider not further use or disclose the information.

(v) A restriction agreed to by a covered entity under paragraph (a) of this section, is not effective under this subpart to prevent uses or disclosures permitted or required under §§ 164.502(a)(2)(ii), 164.510(a) or 164.512.

(vi) A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if:

(A) The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and

(B) The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

(2) Implementation specifications: Terminating a restriction. A covered entity may terminate a restriction, if:

- (i) The individual agrees to or requests the termination in writing;
- (ii) The individual orally agrees to the termination and the oral agreement is documented; or
- (iii) The covered entity informs the individual that it is terminating its agreement to a restriction, except that such termination is:

- (A) Not effective for protected health information restricted under paragraph (a)(1)(vi) of this section; and
- (B) Only effective with respect to protected health information created or received after it has so informed the individual.

(3) Implementation specification: Documentation. A covered entity must document a restriction in accordance with § 160.530(j) of this subchapter.

(b)(1) Standard: Confidential communications requirements. (i) A covered health care provider must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations.

(ii) A health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

(2) Implementation specifications: Conditions on providing confidential communications.

(i) A covered entity may require the individual to make a request for a confidential communication described in paragraph (b)(1) of this section in writing.

(ii) A covered entity may condition the provision of a reasonable accommodation on:

- (A) When appropriate, information as to how payment, if any, will be handled; and
- (B) Specification of an alternative address or other method of contact.

(iii) A covered health care provider may not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis.

(iv) A health plan may require that a request contain a statement that disclosure of all or part of the information to which the request pertains could endanger the individual.”

Title X Family Planning Services

42 C.F.R. § 59.11 – Confidentiality

“All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.”*

* On March 4, 2019 the U.S. Department of Health and Human Services published a final rule, “Compliance with Statutory Program Integrity Requirements,” that would significantly alter the federal regulations for the Title X Program.* This guide does not discuss the changes that would result from implementation of the new rule. Detailed analysis of the rule and updates on its status are available elsewhere. The new rule has been challenged in numerous lawsuits.

Medicaid

42 U.S.C. § 1396a(a)(7)

State Medicaid plans are required to provide “safeguards for confidentiality for information concerning applicants and recipients.” [Note: The section contains additional specific requirements and exceptions.]

42 U.S.C. § 1396d(a)(4)(C)

For purposes of the Medicaid program, this [title \[42 USCS §§ 1396 et seq.\]](#)--

“(a) Medical assistance. The term "medical assistance" means payment of part or all of the cost of the following care and services . . . (4) . . . (C) family planning services and supplies furnished (directly or under arrangements with others) to individuals of childbearing age (including minors who can be considered to be sexually active) who are eligible under the State plan and who desire such services and supplies[.]”

Drug & Alcohol Programs

42 C.F.R. § 2.14. Minor patients

“(a) State law not requiring parental consent to treatment. If a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain substance use disorder treatment, any written consent for disclosure authorized under subpart C of this part may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement. These regulations do not prohibit a part 2 program from refusing to provide treatment until the minor patient consents to the disclosure necessary to obtain reimbursement, but refusal to provide treatment may be prohibited under a state or local law requiring the program to furnish the service irrespective of ability to pay.

(b) State law requiring parental consent to treatment.

(1) Where state law requires consent of a parent, guardian, or other individual for a minor to obtain treatment for a substance use disorder, any written consent for disclosure authorized under subpart C of this part must be given by both the minor and their parent, guardian, or other individual authorized under state law to act in the minor's behalf.

(2) Where state law requires parental consent to treatment, the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf only if:

(i) The minor has given written consent to the disclosure in accordance with subpart C of this part; or

(ii) The minor lacks the capacity to make a rational choice regarding such consent as judged by the part 2 program director under paragraph (c) of this section.

(c) Minor applicant for services lacks capacity for rational choice. Facts relevant to reducing a substantial threat to the life or physical well-being of the minor applicant or any other individual may be disclosed to the parent, guardian, or other individual authorized under state law to act in the minor's behalf if the part 2 program director judges that:

(1) A minor applicant for services lacks capacity because of extreme youth or mental or physical condition to make a rational decision on whether to consent to a disclosure under subpart C of this part to their parent, guardian, or other individual authorized under state law to act in the minor's behalf; and

(2) The minor applicant's situation poses a substantial threat to the life or physical well-being of the minor applicant or any other individual which may be reduced by communicating relevant facts to the minor's parent, guardian, or other individual authorized under state law to act in the minor's behalf.”

APPENDIX C: KEY QUESTIONS FOR CONFIDENTIALITY PROTECTION

This appendix contains questions that are important to consider in order to determine whether an individual young person in Maryland can obtain a particular service confidentially. These questions are based on the Maryland and federal laws that establish consent requirements and confidentiality protections for adolescent and young adult health services. Depending on the specific situation additional considerations, and laws not discussed in this guide, may affect whether the young person may receive confidential services.

- Is the youth an adult or a minor?
 - Young adults are generally able to consent for their own care and are entitled to the same confidentiality protections as other adults.
 - Minor adolescents may be able to consent for their own care based their status or the services they are seeking; confidentiality protection may depend on whether they can consent for their own care, the specific service they receive, where they receive the service, and the source of the payment.
- If the young person is a minor, what is their status?
 - Pregnant
 - Married
 - A parent
 - Living apart from a parent
 - In detention
- What service is the young person seeking?
 - Emergency services
 - Contraception
 - Pregnancy related care
 - STD services
 - HIV/AIDS services
 - Mental health services
 - Substance use/abuse services
 - Immunizations
- Where is the service being provided?
 - General medical office, health center, or hospital outpatient clinic
 - Title X family planning health center
 - Drug or alcohol treatment program
- What is the source of the payment?
 - Private/commercial health insurance
 - Self-pay
 - Parent payment
 - Medicaid
 - Title X Family Planning Program
 - Maryland state funding
 - Other

APPENDIX D: LEGAL RESOURCES FOR ADOLESCENT & YOUNG ADULT HEALTH & THE LAW IN MARYLAND

English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. *Persp on Sexual Reprod Health* 2004; 36(2):80-86. <https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges>.

George Washington University, Hirsh Health Law and Policy Program. Health Information and the Law: Privacy & Confidentiality in Maryland. http://www.healthinfo.org/state-topics/21,63/f_states.

Legal Action Center. Substance Use: Confidentiality Resources. <https://lac.org/resources/substance-use-resources/confidentiality-resources/>.

Maryland Coalition Against Sexual Assault. Fact Sheet: Requirements for Reporting Child Sexual Abuse. <https://mcase.org/assets/files/Requirements-for-Reporting-Child-Sexual-Abuse.pdf>.

Morreale MC, Stinnett AJ, Dowling EC, eds. Policy Compendium on Confidential Health Services for Adolescents, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005. <http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf>.

U.S. Dep't of Health & Human Services, Admin. for Children & Families. Child Welfare Information Gateway. State Statutes Search: Maryland. <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults>

U.S. Dep't of Health & Human Services, U.S. Dep't of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. <https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>.

Y2CONNECT.org is a resource guide for youth in Baltimore. The site aims to connect Baltimore youth to clinical- and community-based health and non-health programs and resources to assist them in becoming successful adults. It is designed for easy and direct access by youth-serving professionals, parents/guardians and other caring adults, and youth.

Y2CONNECT.org is an initiative under Project Connect Baltimore that is dedicated to improving the health of adolescents and young adults in Baltimore City. The team includes the Johns Hopkins Department of Pediatrics, Center for Community and Child Health Research, and Center for Adolescent Health and is guided by a community advisory board consisting of Baltimore City community-based organizations and institutions. Project Connect Baltimore is funded by the Centers for Disease Control (CDC 1H25PS003796) and the Secretary's Minority AIDS Initiative Fund.

APPENDIX E: RESOURCES ON CONFIDENTIALITY, HEALTH INSURANCE, AND ELECTRONIC HEALTH RECORDS

Confidentiality & Insurance

Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three-year research project, Confidential & Covered. These resources are available on the project's website at <https://www.confidentialandcovered.com/>. The following publications on that website specifically address legal and policy issues related to confidentiality and insurance:

English A, Summers R, Lewis J, Coleman C. Confidentiality, Third-Party Billing, & the Health Insurance Claims Process: Implications for Title X (2015)

English A, Mulligan A, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: A Maryland Profile (2017)

Lewis J, Summers R, English A, Coleman C. Proactive Policies to Protect Patients in the Health Insurance Claims Process (2015)

English A, Lewis J. Privacy Protection in Billing and Health Insurance Communications. *AMA J Ethics* 2016; Vol 18(3): 279-87

Burstein G et al. Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process: Position Paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. *J Adolesc Health* 2016;58:374-377.

Confidentiality & Electronic Health Records

AAP Committee on Adolescence. Policy Statement for Health Information Technology to Ensure Adolescent Privacy. *Pediatrics* 2012;130(5): 987-990.

Anoshiravani A et al. Special Requirements for Electronic Medical Records in Adolescent Medicine. *J Adolesc Health* 2012;51:409-41

Gray S et al. Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care: Position Paper of the Society for Adolescent Health and Medicine. *J Adolesc Health* 2014;54:487-490.

In 2014, Maryland enacted a law designed to bring communications between health insurance carriers and enrollees into conformity with specific requirements of HIPAA.* As required by the law, the Maryland Insurance Commissioner developed a form for enrollees to use when they rely on one of the special protections of the HIPAA Privacy Rule to request confidential communications from health insurance carriers.# The law also requires that an insurance carrier accept the form if it requires confidential communication requests to be submitted in writing but allows carriers to accept other forms of written communication as well.

* Md. Code Ann. Insurance § 15-141

<https://insurance.maryland.gov/Consumer/Documents/publicnew/confidential-communication-form.pdf>.

<https://insurance.maryland.gov/Consumer/Documents/publicnew/confidential-communication-form.pdf>

APPENDIX F: 25 YEARS OF AYAH CONFIDENTIALITY STUDIES—A BIBLIOGRAPHY

This appendix lists selected articles from the past 25 years that form an important part of the evidence base of research findings supporting confidentiality in adolescent and young adult health care.*

Adolescent and Young Adult Perspectives

Britto MT, Tivorsak TL, Slap GB. Adolescents' needs for health care privacy. *Pediatrics*. 2010;126(6):e1469-e1476. doi:[10.1542/peds.2010-0389](https://doi.org/10.1542/peds.2010-0389)

Cheng TL, Savageau JA, Sattler AL, DeWitt TG. Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *JAMA*. 1993;269(11):1404-1407. doi:[10.1001/jama.1993.03500110072038](https://doi.org/10.1001/jama.1993.03500110072038)

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:[10.1016/j.jadohealth.2010.01.005](https://doi.org/10.1016/j.jadohealth.2010.01.005)

Copen CE, Dittus PJ, Leichter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15-25. *NCHS Data Brief*. 2016(266):1-8. <https://www.cdc.gov/nchs/data/databriefs/db266.pdf>

English A, Ford CA. Adolescent health, confidentiality in healthcare, and communication with parents. *J Pediatr*. 2018;199:11-13. doi:[10.1016/j.jpeds.2018.04.029](https://doi.org/10.1016/j.jpeds.2018.04.029)

Fisher CB, Fried AL, Desmond M, Macapagal K, Mustanski B. Perceived barriers to HIV prevention services for transgender youth. *LGBT Health*. 2018;5(6):350-358. doi:[10.1089/lgbt.2017.0098](https://doi.org/10.1089/lgbt.2017.0098)

Fisher CB, Fried AL, Puri LI, Macapagal K, Mustanski B. "Free testing and PrEP without outing myself to parents:" Motivation to participate in oral and injectable PrEP clinical trials among adolescent men who have sex with men. *PLOS ONE*. 2018;13(7):e0200560. doi:[10.1371/journal.pone.0200560](https://doi.org/10.1371/journal.pone.0200560)

Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999;282(23):2227-2234. doi:[10.1001/jama.282.23.2227](https://doi.org/10.1001/jama.282.23.2227)

Ford CA, Best D, Miller WC. Confidentiality and adolescents' willingness to consent to sexually transmitted disease testing. *Arch Pediatr Adolesc Med*. 2001;155(9):1072-1073. doi:[10.1001/archpedi.155.9.1072](https://doi.org/10.1001/archpedi.155.9.1072)

Ford CA, Jaccard J, Millstein SG, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," *J Adolesc Health* 2004; 34: 266-269. doi: [10.1016/j.jadohealth.2003.07.013](https://doi.org/10.1016/j.jadohealth.2003.07.013)

* Special thanks are extended to Carol A. Ford, MD, of Children's Hospital of Philadelphia and to Justine Po of USCF for their assistance in developing this appendix.

Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care: A randomized controlled trial. *JAMA*. 1997;278(12):1029-1034. doi:[10.1001/jama.1997.03550120089044](https://doi.org/10.1001/jama.1997.03550120089044)

Fuentes L, Ingerick M, Jones R, Lindberg L. Adolescents' and young adults' reports of barriers to confidential health care and receipt of contraceptive services. *J Adolesc Health*. 2018;62(1):36-43. doi:[10.1016/j.jadohealth.2017.10.011](https://doi.org/10.1016/j.jadohealth.2017.10.011)

Gilbert AL, McCord AL, Ouyang F, et al. Characteristics associated with confidential consultation for adolescents in primary care. *J Pediatr*. 2018;199:79-84.e1. doi:[10.1016/j.jpeds.2018.02.044](https://doi.org/10.1016/j.jpeds.2018.02.044)

Gilbert AL, Rickert VI, Aalsma MC. Clinical conversations about health: The impact of confidentiality in preventive adolescent care. *J Adolesc Health*. 2014;55(5):672-677. doi:[10.1016/j.jadohealth.2014.05.016](https://doi.org/10.1016/j.jadohealth.2014.05.016)

Grilo SA, Catalozzi M, Santelli JS, et al. Confidentiality discussions and private time with a health-care provider for youth, United States, 2016. *J Adolesc Health*. January 2019. doi:[10.1016/j.jadohealth.2018.10.301](https://doi.org/10.1016/j.jadohealth.2018.10.301)

Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA*. 2005;293(3):340-348. doi:[10.1001/jama.293.3.340](https://doi.org/10.1001/jama.293.3.340)

Klostermann BK, Slap GB, Nebrig DM, Tivorsak TL, Britto MT. Earning trust and losing it: adolescents' views on trusting physicians. *J Fam Pract*. 2005;54(8):679-687. <https://www.ncbi.nlm.nih.gov/pubmed/16061053>

Lane MA, McCright J, Garrett K, Millstein SG, Bolan G, Ellen JM. Features of sexually transmitted disease services important to african american adolescents. *Arch Pediatr Adolesc Med*. 1999;153(8):829-833. doi:[10.1001/archpedi.153.8.829](https://doi.org/10.1001/archpedi.153.8.829)

Lim SW, Chhabra R, Rosen A, Racine AD, Alderman EM. Adolescents' views on barriers to health care: A pilot study. *J Prim Care Community Health*. 2012;3(2):99-103. doi:[10.1177/2150131911422533](https://doi.org/10.1177/2150131911422533)

Lyren A, Kodish E, Lazebnik R, O'Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:[10.1016/j.jadohealth.2005.12.002](https://doi.org/10.1016/j.jadohealth.2005.12.002)

Moore KL, Dell S, Oliva MK, Hsieh Y-H, Rothman RE, Arrington-Sanders R. Do confidentiality concerns impact pre-exposure prophylaxis willingness in emergency department adolescents and young adults? *Am J Emerg Med*. 2018 Nov 9. doi:[10.1016/j.ajem.2018.11.015](https://doi.org/10.1016/j.ajem.2018.11.015)

Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*. 2002;288(6):710-714. doi:[10.1001/jama.288.6.710](https://doi.org/10.1001/jama.288.6.710)

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: a qualitative research study on the implications of the affordable care act. *J Adolesc Health*. 2018;63(6):773-778. doi:[10.1016/j.jadohealth.2018.06.020](https://doi.org/10.1016/j.jadohealth.2018.06.020)

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:[10.1016/j.jadohealth.2018.08.015](https://doi.org/10.1016/j.jadohealth.2018.08.015)

Sugerman S, Halfon N, Fink A, Anderson M, Valle L, Brook RH. Family planning clinic patients: their usual health care providers, insurance status, and implications for managed care. *J Adolesc Health*. 2000;27(1):25-33. [https://doi.org/10.1016/S1054-139X\(99\)00126-3](https://doi.org/10.1016/S1054-139X(99)00126-3)

Thompson LA, Martinko T, Budd P, Mercado R, Schentrup AM. meaningful use of a confidential adolescent patient portal. *J Adolesc Health*. 2016;58(2):134-140. doi:[10.1016/j.jadohealth.2015.10.015](https://doi.org/10.1016/j.jadohealth.2015.10.015)

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatr Adolesc Gyn*. 2018;31(5):516-521. doi:[10.1016/j.jpag.2018.03.006](https://doi.org/10.1016/j.jpag.2018.03.006)

Health Care Provider Perspectives and Availability of Confidential Services

Akinbami LJ, Gandhi H, Cheng TL. Availability of adolescent health services and confidentiality in primary care practices. *Pediatrics*. 2003;111(2):394-401. doi:[10.1542/peds.111.2.394](https://doi.org/10.1542/peds.111.2.394)

Alderman EM. Confidentiality in Pediatric and Adolescent Gynecology: When we can, when we can't, and when we're challenged. *J Pediatr Adolesc Gyn*. 2017;30(2):176-183. doi:[10.1016/j.jpag.2016.10.003](https://doi.org/10.1016/j.jpag.2016.10.003)

Alexander SC, Fortenberry JD, Pollak KI, et al. Sexuality talk during adolescent health maintenance visits. *JAMA Pediatr*. 2014;168(2):163-169. doi:[10.1001/jamapediatrics.2013.4338](https://doi.org/10.1001/jamapediatrics.2013.4338)

Baldrige S, Symes L. Just between Us: An integrative review of confidential care for adolescents. *J Pediatr Health Care*. 2018;32(2):e45-e58. doi:[10.1016/j.pedhc.2017.09.009](https://doi.org/10.1016/j.pedhc.2017.09.009)

Beeson T, Mead KH, Wood S, Goldberg DG, Shin P, Rosenbaum S. Privacy and confidentiality practices in adolescent family planning care at federally qualified health centers. *Perspect Sex Reprod Health*. 2016;48(1):17-24. doi:[10.1363/48e7216](https://doi.org/10.1363/48e7216)

Edman JC, Adams SH, Park MJ, Irwin CE. Who gets confidential care? Disparities in a national sample of adolescents. *J Adolesc Health* 2010;46(4):393-395. doi:[10.1016/j.jadohealth.2009.09.003](https://doi.org/10.1016/j.jadohealth.2009.09.003)

Fairbrother G, Scheinmann R, Ostheimer B, et al. Factors that influence adolescent reports of counseling by physicians on risky behavior *J Adolesc Health*. 2005;37(6):467-476. doi:[10.1016/j.jadohealth.2004.11.001](https://doi.org/10.1016/j.jadohealth.2004.11.001)

Ford CA, Millstein SG. Delivery of confidentiality assurances to adolescents by primary care physicians. *Arch Pediatr Adolesc Med*. 1997;151(5):505-509. doi:[10.1001/archpedi.1997.02170420075013](https://doi.org/10.1001/archpedi.1997.02170420075013)

Ford CA, Skiles MP, English A, et al. Minor consent and delivery of adolescent vaccines. *J Adolesc Health*. 2014;54(2):183-189. doi:[10.1016/j.jadohealth.2013.07.028](https://doi.org/10.1016/j.jadohealth.2013.07.028)

McKee MD, Rubin SE, Campos G, O'Sullivan LF. Challenges of providing confidential care to adolescents in urban primary care: Clinician perspectives. *Ann Fam Med*. 2011;9(1):37-43. doi:[10.1370/afm.1186](https://doi.org/10.1370/afm.1186)

O'Sullivan LF, Diane McKee M, Rubin SE, Campos G. Primary care providers' reports of time alone and the provision of sexual health services to urban adolescent patients: Results of a prospective card study. *J Adolesc Health*. 2010;47(1):110-112. doi:[10.1016/j.jadohealth.2009.12.029](https://doi.org/10.1016/j.jadohealth.2009.12.029)

Ringheim K. Ethical and human rights perspectives on providers' obligation to ensure adolescents' rights to privacy. *Stud Fam Planning*. 2007;38(4):245-252. doi:[10.1111/j.1728-4465.2007.00137.x](https://doi.org/10.1111/j.1728-4465.2007.00137.x)

Rogers J, Silva S, Benatar S, Briceno ACL. Family planning confidential: A qualitative research study on the implications of the Affordable Care Act. *J Adolesc Health*. 2018;63(6):773-778. doi:[10.1016/j.jadohealth.2018.06.020](https://doi.org/10.1016/j.jadohealth.2018.06.020)

Stablein T, Loud KJ, DiCapua C, Anthony DL. The catch to confidentiality: The use of electronic health records in adolescent health care. *J Adolesc Health*. 2018;62(5):577-582. doi:[10.1016/j.jadohealth.2017.11.296](https://doi.org/10.1016/j.jadohealth.2017.11.296)

Talib HJ, Silver EJ, Alderman EM. Challenges to adolescent confidentiality in a children's hospital. *Hospital Pediatrics*. 2016;6(8):490-495. doi:[10.1542/hpeds.2016-0011](https://doi.org/10.1542/hpeds.2016-0011)

Tebb K. Forging partnerships with parents while delivering adolescent confidential health services: A clinical paradox. *J Adolesc Health*. 2011;49(4):335-336. doi:[10.1016/j.jadohealth.2011.08.005](https://doi.org/10.1016/j.jadohealth.2011.08.005)

Parent Perspectives

Ancker JS, Sharko M, Hong M, Mitchell H, Wilcox L. Should parents see their teen's medical record? Asking about the effect on adolescent-doctor communication changes attitudes. *J Am Med Inform Assoc*. 2018;25(12):1593-1599. doi:[10.1093/jamia/ocy120](https://doi.org/10.1093/jamia/ocy120)

Butler PW, Middleman AB. Protecting adolescent confidentiality: A response to one state's "Parents' Bill of Rights". *J Adolesc Health*. 2018;63(3):357-359. doi:[10.1016/j.jadohealth.2018.03.015](https://doi.org/10.1016/j.jadohealth.2018.03.015)

Coker TR, Sareen HG, Chung PJ, Kennedy DP, Weidmer BA, Schuster MA. Improving access to and utilization of adolescent preventive health care: The perspectives of adolescents and parents. *J Adolesc Health*. 2010;47(2):133-142. doi:[10.1016/j.jadohealth.2010.01.005](https://doi.org/10.1016/j.jadohealth.2010.01.005)

Duncan RE, Vandeleur M, Derks A, Sawyer S. Confidentiality with adolescents in the medical setting: What do parents think? *J Adolesc Health*. 2011;49(4):428-430. doi:[10.1016/j.jadohealth.2011.02.006](https://doi.org/10.1016/j.jadohealth.2011.02.006)

Eisenberg ME, Swain C, Bearinger LH, Sieving RE, Resnick MD. Parental notification laws for minors' access to contraception: What do parents say? *Arch Pediatr Adolesc Med*. 2005;159(2):120-125. doi:[10.1001/archpedi.159.2.120](https://doi.org/10.1001/archpedi.159.2.120)

Ford CA, Davenport AF, Meier A, McRee A-L. Partnerships between parents and health care professionals to improve adolescent health. *J Adolesc Health*. 2011;49(1):53-57. doi:[10.1016/j.jadohealth.2010.10.004](https://doi.org/10.1016/j.jadohealth.2010.10.004)

Irwin CE. Time alone for adolescents with their providers during clinical encounters: It is not that simple! *J Adolesc Health*. 2018;63(3):265-266. doi:[10.1016/j.jadohealth.2018.06.014](https://doi.org/10.1016/j.jadohealth.2018.06.014)

Lytren A, Kodish E, Lazebnik R, O’Riordan MA. Understanding confidentiality: Perspectives of African American adolescents and their parents. *J Adolesc Health*. 2006;39(2):261-265. doi:[10.1016/j.jadohealth.2005.12.002](https://doi.org/10.1016/j.jadohealth.2005.12.002)

Miller VA, Friedrich E, García-España JF, Mirman JH, Ford CA. Adolescents spending time alone with pediatricians during routine visits: Perspectives of parents in a primary care clinic. *J Adolesc Health*. 2018;63(3):280-285. doi:[10.1016/j.jadohealth.2018.01.014](https://doi.org/10.1016/j.jadohealth.2018.01.014)

Song X, Klein JD, Yan H, et al. Parent and adolescent attitudes towards preventive care and confidentiality. *J Adolesc Health*. 2019;64(2):235-241. doi:[10.1016/j.jadohealth.2018.08.015](https://doi.org/10.1016/j.jadohealth.2018.08.015)

Tebb KP, Pollack LM, Millstein S, Otero-Sabogal R, Wibbelsman CJ. Mothers’ attitudes toward adolescent confidential services: Development and validation of scales for use in English- and Spanish-speaking populations. *J Adolesc Health*. 2014;55(3):341-346. doi:[10.1016/j.jadohealth.2014.03.010](https://doi.org/10.1016/j.jadohealth.2014.03.010)

Trotman GE, Mackey E, Tefera E, Gomez-Lobo V. Comparison of parental and adolescent views on the confidential interview and adolescent health risk behaviors within the gynecologic setting. *J Pediatric Adolesc Gyn*. 2018;31(5):516-521. doi:[10.1016/j.jpag.2018.03.006](https://doi.org/10.1016/j.jpag.2018.03.006)

REFERENCES

- ¹ Cheng T, Savageau J, Sattler A, DeWitt T. Confidentiality in health care (A survey of knowledge, perceptions, and attitudes among high school students). *JAMA*. 1993; 269: 1404–1407.
- ² Klein J, Wilson K, McNulty M, et al. Access to medical care for adolescents (Results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls). *J Adolesc Health*. 1999; 25: 120–130.
- ³ Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999; 282: 2227–2234.
- ⁴ Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. *Arch Pediatr Adolesc Med*. 2001; 155: 1072–1073.
- ⁵ Sugerman S, Halfon N, Fink A, et al. Family planning clinic clients (Their usual health care providers, insurance status, and implications for managed care). *J Adolesc Health*. 2000; 27: 25–33
- ⁶ Ford CA, Millstein SG Halpern-Felsher BL, Irwin CE Jr. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. *JAMA* 1997 Sep 24;278(12):1029-34.
- ⁷ Ford CA, et al., Young adults' attitudes, beliefs, and feelings about testing for curable STDs outside of clinic settings," *J Adolesc Health* 2004; 34: 266-269.
- ⁸ Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. *Arch Pediatr Adolesc Med*. 2001; 155: 1072–1073.
- ⁹ Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA*. 2002; 288: 710–714.
- ¹⁰ Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA*. 2005 Jan 19;293(3):340-8.
- ¹¹ Morreale MC, Stinnett AJ, Dowling EC, eds. *Policy Compendium on Confidential Health Services for Adolescents*, 2d ed. Chapel Hill NC: Center for Adolescent Health & the Law, 2005.
<http://www.cahl.org/PDFs/PolicyCompendium/PolicyCompendium.pdf>.
- ¹² Burstein G et al. Confidentiality protections for adolescents and young adults in the health care billing and insurance claims process: Position paper of the Society for Adolescent Health & Medicine and American Academy of Pediatrics. *J Adolesc Health* 2016;58:374-377.
- ¹³ Extensive resources on confidentiality and insurance were developed by the National Family Planning & Reproductive Health Association as part of a three year research project, Confidential & Covered. These resources are available at <https://www.confidentialandcovered.com/>.
- ¹⁴ AAP Committee on Adolescence. Policy statement for health information technology to ensure adolescent privacy. *Pediatrics* 2012;130(5): 987-990.
- ¹⁵ Anoshiravani A et al. Special requirements for electronic medical records in adolescent medicine. *J Adolesc Health* 2012;51:409-414.
- ¹⁶ Gray S et al. Recommendations for electronic health record use for delivery of adolescent health care: Position paper of the Society for Adolescent Health and Medicine. *J Adolesc Health* 2014;54:487-490.
- ¹⁷ Md. Ann. Code art. 1, § 24.
- ¹⁸ Md. Code Ann., Health-Gen. § 20-102.
- ¹⁹ Md. Code Ann., Health-Gen. § 20-102.
- ²⁰ Md. Code Ann., Health-Gen. §§ 20-102; 20-104; 5-607; Md. Regs. Code tit. 10, §18.08.07.
- ²¹ Kaiser Family Foundation. Emergency Contraception. August 2016. <http://files.kff.org/attachment/emergency-contraception-fact-sheet>.
- ²² CDC, Legal Status of EPT in Minnesota. <https://www.cdc.gov/std/ept/legal/maryland.htm>.
- ²³ COMAR 07.02.11.08.
- ²⁴ Ibid.
- ²⁵ Md. Code Ann., Health-Gen. §§ 4-301 – 4-309.
- ²⁶ E.g., Md. Code Ann., Health-Gen. §§ 4-303 and 4-305.
- ²⁷ Md. Code Ann., Health-Gen. § 4-301(n).
- ²⁸ Md. Code Ann., Health-Gen. § 8-601.

²⁹ Md. Code Ann. Health-Gen. § 4-307.

³⁰ Md. Code Ann. Insurance § 15-141.

³¹ Md. Code Ann. Family Law §§ 5-701 – 5-705.4.

³² For a database of Maryland child abuse and neglect statutes, see Child Welfare Information Gateway. State Statutes Search: Minnesota. <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults>.

³³ Md. Family Law Code Ann. § 5-704.

³⁴ Md. Family Law Code Ann. § 5-705.

³⁵ Md. Family Law Code Ann. § 5-701.

³⁶ Protecting adolescents: Ensuring access to care and reporting sexual activity and abuse: Position paper of the American Academy of Family Physicians, The American Academy of Pediatrics, The American College of Obstetricians and Gynecologists, and The Society for Adolescent Medicine. *J Adolesc Health* 2004;35(5):420–423. DOI: <http://dx.doi.org/10.1016/j.jadohealth.2004.09.001>.

³⁷ See, e.g., Glosser A, Gardner K, Fishman M. Statutory Rape: A Guide to State Laws and Reporting Requirements. Office of the Assistant Secretary for Planning and Evaluation, U.S. Dep’t of Health & Human Services, 2004. <https://aspe.hhs.gov/report/statutory-rape-guide-state-laws-and-reporting-requirements>.

³⁸ English A, Ford C. The HIPAA Privacy Rule and adolescents: Legal and ethical questions multiply. *Persp on Sexual Reprod Health* 2004; 36(2):80-86. <https://www.guttmacher.org/journals/psrh/2004/hipaa-privacy-rule-and-adolescents-legal-questions-and-clinical-challenges>.

³⁹ 45 C.F.R. § 164.502(g)(3)(i)(A).

⁴⁰ 45 C.F.R. § 164.502(g)(3)(i)(C).

⁴¹ 45 C.F.R. § 164.502(g)(5).

⁴² 45 C.F.R. § 164.502(g)(3)(ii).

⁴³ 45 C.F.R. § 164.502(g)(3)(ii)(A) and (B).

⁴⁴ 45 C.F.R. § 164.502(g)(3)(ii)(C).

⁴⁵ 45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1).

⁴⁶ 45 C.F.R. § 164.512(c).

⁴⁷ 20 U.S.C. § 1232g; 34 C.F.R. Part 99.

⁴⁸ U.S. Dep’t Health & Human Services, U.S. Dep’t of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. <https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>.

⁴⁹ 45 C.F.R. § 160.103 (definition of “protected health information”).

⁵⁰ U.S. Dep’t of Health & Human Services, U.S. Dep’t of Education. Joint Guidance on the Application of the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 to Student Health Records. November 2008. <https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>.

⁵¹ 42 C.F.R. § 59.11.

⁵² English A, Center for Adolescent Health & the Law, and National Family Planning & Reproductive Health Association, Adolescent Confidentiality Protections in Title X, June 5, 2014. <http://www.nationalfamilyplanning.org/document.doc?id=1559>.

⁵³ 42 C.F.R. § 59.11.

⁵⁴ Child Welfare Information Gateway, State Statutes Search, https://www.childwelfare.gov/systemwide/laws_policies/state.

⁵⁵ Futures Without Violence, Mandatory Reporting of Domestic Violence to Law Enforcement by Health Care Providers: A Guide for Advocates Working to Respond to or Amend Reporting Laws Related to Domestic Violence, http://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf.

⁵⁶ Public Health Law Research, Temple University, State Statutes Explicitly Related to Sexually Transmitted Diseases in the United States, 2013, June 5, 2014, <http://www.cdc.gov/std/program/final-std-statutesall-states-5june-2014.pdf>.

⁵⁷ “Compliance With Statutory Program Integrity Requirements,” 84 *Federal Register* 7714, 7725, March 4, 2019, <https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf>.

- ⁵⁸ National Family Planning & Reproductive Health Association, Analysis of 2019 Final Rule on Title X Family Planning Program, Mar. 4, 2019. <https://www.nationalfamilyplanning.org/file/2019-Title-X-Final-Rule---Detailed-Analysis---3.4.2019-FINAL.pdf>[nationalfamilyplanning.org/pages/issues/title-x-cases#2019](https://www.nationalfamilyplanning.org/pages/issues/title-x-cases#2019).
- ⁵⁹ E.g., National Family Planning & Reproductive Health Association, Title X Cases, <https://www.nationalfamilyplanning.org/pages/issues/title-x-cases#2019>.
- ⁶⁰ 42 U.S.C. § 1396a(a)(7).
- ⁶¹ 42 U.S.C. § 1396d(a)(4)(C).
- ⁶² E.g., Doe v. Pickett, 480 F. Supp. 1218 (S.D.W.Va. 1979); Planned Parenthood Association v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983); County of St. Charles v. Missouri Family Health Council, 107 F.3d 682 (8th Cir. 1997), rehearing denied (8th Cir. 1997), cert. denied 522 U.S. 859 (1997).
- ⁶³ Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, December 2018. <https://www.guttmacher.org/print/state-policy/explore/medicaid-family-planning-eligibility-expansions>.
- ⁶⁴ 42 U.S.C. § 290dd-2; 42 C.F.R. Part 2.
- ⁶⁵ Legal Action Center. Substance Use: Confidentiality Resources. <https://lac.org/resources/substance-use-resources/confidentiality-resources/>.
- ⁶⁶ 42 C.F.R. §§ 2.11, 2.12.
- ⁶⁷ 42 C.F.R. § 2.14.
- ⁶⁸ 42 C.F.R. § 2.13.
- ⁶⁹ 42 C.F.R. § 2.20.
- ⁷⁰ 42 U.S.C. §§ 300ff et seq.
- ⁷¹ 42 U.S.C. §§ 300ff-61, 300ff-62.
- ⁷² 42 U.S.C. §§ 254b et seq.
- ⁷³ 42 U.S.C. § 254b(a)(1)(A) and (b)(1)(A)(i)(III).
- ⁷⁴ 42 U.S.C. § 254b(k)(3)(C).
- ⁷⁵ 42 C.F.R. § 51c.110.
- ⁷⁶ 42 C.F.R. § 59.11.
- ⁷⁷ AYAH Resource Center. Evidence-Based Clinical Preventive Services for Adolescents & Young Adults. http://nahic.ucsf.edu/wp-content/uploads/2016/03/March-2016_AYAHNRC_evidence.V3.pdf.
- ⁷⁸ Kaiser Family Foundation. Emergency Contraception. August 2016. <http://files.kff.org/attachment/emergency-contraception-fact-sheet>.



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