

# Adolescent & Young Adult Health Care in Washington

## A Guide to Understanding Consent & Confidentiality Laws

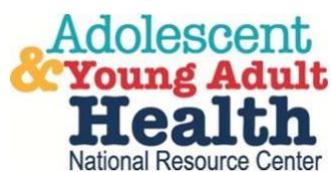
Abigail English, JD, Center for Adolescent Health & the Law

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Center for  
Adolescent Health  
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## Contributors

This publication was created for the Adolescent & Young Adult Health National Resource Center by Abigail English, JD, of the Center for Adolescent Health & the Law, in collaboration with the Association of Maternal & Child Health Programs (AMCHP); the National Adolescent & Young Adult Health Information Center (NAHIC) at the University of California, San Francisco (UCSF); the State Adolescent Health Resource Center (SAHRC) at the University of Minnesota; and the University of Vermont National Improvement Partnership Network (NIPN).



## 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).



## Center for Adolescent Health & the Law

PO Box 3795 | Chapel Hill, NC 27515-3795

ph. 919.968.8850 | e-mail: [info@cahl.org](mailto:info@cahl.org)

<http://www.cahl.org>

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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[http://nahic.ucsf.edu/resource\\_center/confidentiality-guides/](http://nahic.ucsf.edu/resource_center/confidentiality-guides/).

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# Adolescent & Young Adult Health Care in Washington

## A Guide to Understanding Consent & Confidentiality Laws

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Abigail English, JD  
Center for Adolescent Health & the Law

This guide provides a summary of legal consent requirements and confidentiality protections for adolescents and young adults in Washington 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 Washington 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,<sup>1,2,3</sup> where they seek care,<sup>4,5</sup> and how openly they talk with health care professionals.<sup>6</sup> Some young adults also hesitate to use certain services unless privacy can be maintained.<sup>7</sup> 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.<sup>8</sup> According to another study, nearly one half of adolescents would stop using family planning clinic services if parental notification were mandatory.<sup>9</sup> 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.<sup>10</sup>

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.<sup>11</sup> 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.<sup>12,13</sup> The second relates to the complex questions associated with use of and access to electronic health records (EHRs) and web portals.<sup>14,15,16</sup> 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) Washington is one of the states that has regulations that require protections for the confidentiality of adolescents' and young adults' health care information in the context of health insurance communications.<sup>17</sup>

**WASHINGTON HEALTH CARE CONSENT LAWS**

The age of majority in Washington is 18; 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 Washington's "minor consent laws." (See Table 1 and Appendix A)

**Minor Consent Laws in Washington**

Washington has laws authorizing some minors to consent for health care based on their status. A specific Washington statute allows emancipated minors, who have obtained a court order of emancipation, to consent for their own health care.<sup>18</sup> Minors may also be considered emancipated for the purpose of consenting to health care based on factors such as "age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents."<sup>19</sup> Minors married to an adult are considered adults and may therefore consent for their own care.<sup>20</sup> 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.

**Linkage of consent & confidentiality**

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

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

Washington has several laws either allowing minors to receive certain services without prior parental consent or explicitly authorizing them to consent for specific health care services, including some preventive services. In particular, these laws cover emergency care;<sup>21</sup> STD, HIV, and AIDS care;<sup>22</sup> and outpatient and inpatient mental health and chemical dependency treatment.<sup>23</sup> Washington law provides for “expedited partner therapy” or EPT that allows STD prescription to a patient’s partner.<sup>24</sup> Detailed requirements apply to both minor-initiated and parent-initiated mental health and substance use disorder treatment services for minors.<sup>25</sup> (See Table 1 and Appendix A)

Minors in Washington may consent for contraception based on both state and federal law. A Washington statute affirms that “every individual has a right to choose or refuse birth control.”<sup>26</sup> Minors may consent for family planning services federally funded by Title X or Medicaid and in other settings based on the constitutional right of privacy. A Washington Supreme Court decision recognized that minors’ right of privacy is protected under the U.S. and Washington Constitutions;<sup>27</sup> this decision has been relied on to support minors’ rights to consent for contraception, pregnancy care, and abortion. Minors may also access emergency contraception without parental consent.<sup>28</sup> (See Table 1 and Appendix A)

### *Minors in Special Situations*

Some adolescent minors are in special situations or have health care needs that are not clearly addressed by the Washington minor consent laws. These include, for example, adolescents who are victims of sexual assault or human trafficking, or LGBTQ youth. Although some Washington laws address the need for services to these youth,<sup>29</sup> the state’s minor consent laws do not explicitly provide for these adolescents to consent for specific services such as care for sexual assault or transgender services. However, they are able to consent—on the same basis as any other minor—for other services covered by the minor consent laws and other laws, such as contraception, care for STDs and HIV, and mental health and substance use disorder 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 Washington, minors in foster care are allowed to give consent for their own health care on the same basis as other minors.<sup>30</sup>

## **WASHINGTON CONFIDENTIALITY LAWS**

Washington laws include protections for the health care information of individuals of all ages, including adolescent minors and young adults.<sup>31</sup> Washington laws—such as the Washington Health Care Information Act—generally provide confidentiality protection for medical records and patients’ health information and usually require consent for release of the records or disclosure of the information subject to certain exceptions.<sup>32</sup> Specific requirements govern confidentiality of information related to mental health services, reportable and sexually transmitted diseases, and HIV.<sup>33</sup> Many of the requirements of Washington law incorporate or parallel the federal HIPAA Privacy Rule for disclosure of protected health information, but include some stronger protections. Washington 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 1 & 2 and Appendix A)

### **Confidentiality Laws for Minors in Washington**

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. Washington law does provide that when a minor is authorized under federal or state law to consent to health care without parental consent only the minor may exercise the rights of a patient under the Washington Health Care Information Act.<sup>34</sup> Other laws contain specific provisions related to the disclosure to parents of information related to STDS and HIV and to mental health and substance use disorder treatment.<sup>35</sup> (See Table 1 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) Washington has regulations in place that are designed to protect the privacy of minors as well as adults in the context of billing and insurance.<sup>36,37</sup>

One of the main exceptions to confidentiality is the requirement to report child abuse. In Washington, a broad range of health care professionals are required to report reasonable suspicions that a child has been abused.<sup>38</sup> The Washington definition of reportable abuse includes sexual abuse, sexual exploitation, or injury by any person or negligent treatment by any person responsible for the child.<sup>39</sup>

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.<sup>40</sup> 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.<sup>41</sup>

These Washington 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 & 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.

#### **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

### **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 of particular importance for adolescent and young adult health care include the HIPAA Privacy Rule; and statutes and regulations for FERPA, the Title X Family Planning Program, Medicaid, the Ryan White HIV/AIDS Program, federally qualified health centers (FQHCs), and federally assisted substance use disorder programs. (See Tables 2 & 3 and Appendix B)

### **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.<sup>42</sup> 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).<sup>43</sup> 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.<sup>44</sup>

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.<sup>45</sup> 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.”<sup>46</sup>

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.<sup>47</sup> 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.<sup>48</sup> 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.<sup>49</sup> Other protections address situations in which disclosure may be restricted to protect individuals who may be at risk for domestic violence or child abuse.<sup>50</sup>

### **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.<sup>51</sup> 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.<sup>52</sup>

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.<sup>53</sup> 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.<sup>54</sup>

### ***Title X Family Planning***

The confidentiality regulations for the federal Title X Family Planning Program<sup>55</sup> 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.<sup>56</sup> 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.<sup>57</sup> 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,<sup>58</sup> intimate partner violence to law enforcement,<sup>59</sup> and STDs to public health authorities.<sup>60</sup> 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.<sup>61</sup> 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.<sup>62</sup> The new rule has been challenged in numerous lawsuits.<sup>63</sup>

### ***Medicaid***

Federal Medicaid law contains safeguards against disclosure of confidential information.<sup>64</sup> 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.”<sup>65</sup> These protections have been interpreted to provide significant protection for confidential access to family planning services for minors.<sup>66</sup> 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.<sup>67</sup>

### ***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;<sup>68,69</sup> they apply to “substance use disorder programs” that meet certain very broad criteria of being “federally assisted.”<sup>70</sup> 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.<sup>71</sup> 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.<sup>72</sup> 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.<sup>73</sup>

### ***Ryan White HIV/AIDS Program***

The Ryan White HIV/AIDS Program (Ryan White) supports some medical services for patients with HIV.<sup>74</sup> 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.<sup>75</sup>

### ***Federally Qualified Health Centers***

Federally qualified health centers (FQHCs) funded under Section 330 of the Public Health Service Act,<sup>76</sup> 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;<sup>77</sup> and some FQHCs receive Title X funds to help provide family planning services. FQHCs are required to maintain the confidentiality of patient records<sup>78</sup> and, if they receive Title X Family Planning funds, to comply with Title X confidentiality regulations. The confidentiality regulation for FQHCs<sup>79</sup> contains language almost identical to the Title X confidentiality regulations.<sup>80</sup>

## **CONFIDENTIALITY AND PREVENTIVE SERVICES**

The specific services recommended by the U.S. Preventive Services Task Force (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.<sup>81</sup>

### **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

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 Washington 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: WASHINGTON HEALTH CARE CONSENT LAWS FOR MINORS\***

Washington Minor Consent Laws Based on Status			
Status	Minor Consent	Scope/Limitations	Citations
Age of majority†	< 18 – No ≥ 18 – Yes	Age of majority is 18, including for medical decisions and consent to surgery	Wash. Rev. Code § 26.28.010, Wash. Rev. Code § 26.28.015(5)
Emancipated minor	Yes	An emancipated minor may consent for health care services	Wash. Rev. Code § 13.64.060
Mature minor	Yes	A minor may be considered emancipated for purpose of consenting to health care based on “age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents”	Smith v. Seibly, 72 Wn. 2d 16 (1967)
Married minor	Yes, with limitations	A minor married to an adult is considered an adult and would therefore be able to consent for health care	Wash. Rev. Code § 26.28.020
Washington Minor Consent Laws Based on Services			
Service	Minor Consent	Scope/Limitations	Citations
Emergency services	Yes, with limitations	Emergency services may be provided without prior consent to a patient of any age	Wash. Rev. Code §§ 7.70.050(4); 18.71.220
Contraceptives/family planning	Yes	Every individual has right to choose or refuse birth control (Note: See Table 2 re Title X Family Planning)	Wash. Rev. Code § 9.02.100
STDs/HIV/AIDS care	Yes	A minor age 14 or older may consent for diagnosis and treatment of STDs, including HIV and AIDS	Wash. Rev. Code § 70.24.110 Wash. Rev. Code § 70.24.017 Wash. Rev. Code § 70.24.330
Pregnancy care	Yes	Minor’s right to pregnancy care, including abortion, cannot be subjected to parental veto	State v. Koome, 530 P.2d 260 (1975)
Outpatient mental health & substance use disorder treatment	Yes	Minor age 13 or older may consent to outpatient mental health or substance use disorder treatment	Wash. Rev. Code § 71.34.530
Inpatient mental health & substance use disorder treatment	Yes	Minor age 13 or older may consent to inpatient mental health or substance abuse disorder treatment, subject to judgment of professional in charge of treatment that minor is in need of services provided by the facility, it is not feasible to serve the minor in less restrictive setting, and subject to annual renewal of voluntary consent	Wash. Rev. Code §§ 71.34.500 – 71.34.520

\* 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: WASHINGTON & FEDERAL CONFIDENTIALITY LAWS FOR MINORS\***

<b>Washington Confidentiality Laws for Minors</b>		
	<b>Scope of Protection/Limitations</b>	<b>Citations</b>
Health care information & disclosure	Person authorized to consent for health care for another may exercise the rights of that person with respect to health care information access & disclosure; if patient is a minor & authorized to consent for health care without parental consent under federal and state law, only the minor may exercise the rights of a patient under the Washington Health Care Information Act about care to which minor lawfully consented	Wash. Rev. Code § 70.02.130 Wash. Admin. Code § 284-04-510
STD & HIV information	Information related to STDs, including HIV, is confidential but may be disclosed to subject of test or legal representative including a parent but not to legal representative if patient is age 14 or older and competent	Wash. Rev. Code § 70.02.220
Mental health & substance use disorder treatment information and records	Fact of admission, information & records related to mental health & substance use disorder services obtained through treatment under chapter 71.34 RCW is confidential, subject to specified exceptions; such information may be disclosed to minor, minor’s parent, & minor’s attorney	Wash. Rev. Code § 70.02.240
Psychologist information	For clients age 13 to 18, psychologist must clarify limits to confidentiality between the minor & legal guardian at beginning of any service & act in minor client’s best interests in deciding whether to disclose confidential information to legal guardians without minor’s consent	Wash. Admin. Code § 246-924-363(4)
Child abuse reporting†	Health professionals & others are required to report abuse—including sexual abuse, sexual exploitation, or injury—to a child by any person, or neglect by a person responsible for the child	Wash. Rev. Code §§ 26.44.020 & 26.44.030
<b>Federal Confidentiality Laws for Minors</b>		
	<b>Scope of Protection/Limitations</b>	<b>Citations</b>
HIPAA Privacy Rule – minor as individual	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.

† Additional information about the child abuse reporting laws is included in Appendix A.

**TABLE 3: WASHINGTON & FEDERAL CONFIDENTIALITY LAWS FOR YOUNG ADULTS\***

<b>Washington Confidentiality Laws for Young Adults</b>		
	<b>Scope of Protection/Limitations</b>	<b>Citation</b>
Medical records & health care information	Washington Health Care Information Act provides confidentiality protection for medical records & patients' health information; authorization of patient generally required for disclosure of health information, subject to exceptions	Wash. Rev. Code Ann. §§ 70.02.005 - 70.02.905 Wash. Rev. Code Ann § 70.02.020
STDs & HIV	Detailed requirements protect patients' STD & HIV information	Wash. Rev. Code Ann. §§ 70.02.300 - 70.02.320
Mental health & substance use disorder information	Detailed requirements protect patients' mental health & substance use disorder information	Wash. Rev. Code Ann. §§ 70.02.220 - 70.02.260
Use & disclosure of health information by insurers	Insurance regulations contain strong protections for health information privacy consistent with & stronger than HIPAA Privacy Rule	Wash. Admin. Code §§ 284-04-500 – 284-04-525
<b>Federal Confidentiality Laws for Young Adults</b>		
	<b>Scope of Protection/Limitations</b>	<b>Citation</b>
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.

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## **APPENDIX A: WASHINGTON CONSENT & CONFIDENTIALITY LAWS FOR MINORS**

This appendix contains brief summaries of Washington 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 these laws may be found on the website of the Washington State Legislature: for the Washington Revised Code at <http://apps.leg.wa.gov/rcw/> and for the Washington Administrative Code at <http://apps.leg.wa.gov/wac/>.

### ***Minor Consent Based on Status***

#### **Age of Majority**

*Wash. Rev. Code § 26.28.010*

The age of majority is 18.

*Wash. Rev. Code § 26.28.015(5)*

The age of majority for making decisions regarding a person's own body, including consent to surgery, is 18.

#### **Emancipated Minor**

*Wash. Rev. Code § 13.64.060*

An emancipated minor may consent for health care services. For the criteria and procedures for emancipation of minors, see *Wash. Rev. Code §§ 13.64.010 through 13.64.080*.

#### **Mature Minor**

*Smith v. Seibly, 72 Wn. 2d 16 (1967)*

Minors may be considered emancipated for the purpose of consenting to health care based on factors such as "age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents."

#### **Married Minor**

Washington does not have a specific legal provision authorizing married minors generally to consent for health care. *Wash. Rev. Code § 26.28.020* provides that a minor who is married to an adult is considered to be an adult. In these circumstances a married minor would be able to consent for health care.

### ***Minor Consent Based on Services***

#### **Emergency Care**

*Wash. Rev. Code § 7.70.050(4)*

Consent is implied in an emergency if the patient is not able to give informed consent and a person legally authorized to consent on the patient's behalf is not readily available.

*Wash. Rev. Code § 18.71.220*

A physician or hospital shall not be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent for the providing of such care, provided that such physician or hospital has acted in good faith and without knowledge of facts negating consent.

**Family Planning & Contraceptive Care**

*Wash. Rev. Code § 9.02.100*

Every individual has the fundamental right to choose or refuse birth control. Washington does not have a separate statute expressly authorizing minors to consent for family planning services or contraceptive care.

*State v. Koome, 530 P.2d 260 (1975)*

The Washington Supreme Court recognized that minors have a fundamental constitutional right of privacy, based on the U.S. and Washington Constitutions, which protects their reproductive choices and that may only be limited based on a compelling state interest.

Note: Minors may receive confidential family planning services funded by the federal Title X Family Planning Program and Medicaid. (See Tables 1 & 2 and Appendix B)

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.<sup>82</sup>

**Pregnancy Related Care**

Washington does not have a specific statute expressly authorizing minors to consent for pregnancy related care.

*State v. Koome, 530 P.2d 260 (1975)*

The Washington Supreme Court recognized that minors have a fundamental constitutional right of privacy based on the U.S. and Washington Constitutions that protects their reproductive choices that may only be limited based on a compelling state interest.

**STD/VD Care**

*Wash. Rev. Code § 70.24.110*

A minor age 14 or older who may have come in contact with any sexually transmitted disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of sexually transmitted diseases. The consent of the parents or guardian is not necessary. Parents shall not be liable for payment for services rendered under this section. *Wash. Rev. Code § 70.24.017* defines sexually transmitted diseases.

### **HIV/AIDS Care**

*Wash. Rev. Code § 70.24.017*

HIV infection and AIDS are sexually transmitted diseases.

*Wash. Rev. Code § 70.24.330*

No person may undergo HIV testing without the person's consent.

### **Mental Health & Substance Use Disorder Treatment**

*Wash. Rev. Code § 71.34.500*

A minor age 13 or older may consent for inpatient mental health treatment or substance use disorder treatment, subject to the judgment of the professional person in charge of the treatment facility that the minor is in need of services provided by the facility and it is not feasible to serve the minor in a less restrictive setting, and subject to the annual renewal of voluntary consent.

*Wash. Rev. Code § 71.34.530*

A minor age 13 or older may request and receive outpatient mental health and substance use disorder treatment without parental consent. For a minor under age 13 the consent of a parent or individual authorized to consent under Wash. Rev. Code § 7.70.065 (which includes guardians and other specified family members) is required.

### **Financial Responsibility**

*Wash. Rev. Code § 70.24.110*

A parent is not liable for payment for sexually transmitted disease services for which a minor has given consent.

*Wash. Rev. Code § 71.34.405*

A minor receiving treatment under the provisions of Chapter 71.34 (relating to mental health and substance use disorder services for minors) and “responsible others” are liable for the costs of treatment and care “to the extent of available resources and ability to pay.”

### **Confidentiality & Disclosure**

*Wash. Rev. Code § 70.02.130*

A person authorized to consent for health care for another may exercise the rights of that person with respect to health care information access and disclosure. If the patient is a minor and is authorized to consent for health care without parental consent under federal and state law, only the minor may exercise the rights of a patient under the Washington Health Care Information Act (Wash. Rev. Code §§ 70.02.005 through 70.02.904).to information pertaining to health care to which the minor lawfully consented. In cases where parental consent is required, a health care provider may rely, without incurring any civil or criminal liability for such reliance, on the representation of a parent that he or she is authorized to consent for health care for the minor patient.

*Wash. Admin. Code § 284-04-510*

A minor who may obtain health care without the consent of a parent or legal guardian under state or federal law may exclusively exercise the rights to limit disclosure of health information. These rights include the right to request that disclosure not be made to specific individuals and that information about certain services (reproductive health, sexually transmitted disease, chemical dependency, and mental health) not be disclosed including through appointment notices, appointment confirmation calls, bills, and explanations of benefits.

*Wash. Rev. Code § 70.02.220*

A person may disclose information related to sexually transmitted diseases, including HIV, about a patient without the patient's authorization, to the extent a recipient needs to know the information, if the disclosure is to the subject of the test or the subject's legal representative for health care decisions (including a parent), but not to the legal representative if the patient is a minor age 14 or older and otherwise competent. (Note: the statute specifies other permitted disclosures.)

*Wash. Rev. Code § 70-02.240*

The fact of admission and all information and records related to mental health services and substance use disorder services obtained through treatment under chapter 71.34 RCW is confidential, subject to specified exceptions. Such confidential information may be disclosed to the minor, the minor's parent, and the minor's attorney.

*Wash. Admin. Code § 246-924-363(4)*

For clients age 13 to 18, a psychologist is required to clarify the limits to confidentiality between the minor and legal guardian at the beginning of any service. A psychologist will act in the minor client's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

## **Child Abuse Reporting**

### **Definitions**

*Wash. Rev. Code § 26.44.020(1)*

"Abuse or neglect" includes "sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety . . . ; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child."

*Wash. Rev. Code § 26.44.020(23)*

"Sexual exploitation" includes: allowing, permitting, or encouraging a child to engage in prostitution by any person; or allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

### **Mandated Reporting**

*Wash. Rev. Code § 26.44.030(1)*

Specified practitioners, health care professionals, and other individuals interacting with children in their professional capacity who have "reasonable cause to believe that a child has suffered abuse or neglect" are required to report the proper law enforcement agency or to the State Department of Social and Health Services.

*Wash. Rev. Code § 26.44.030(2)*

A report is not required for abuse or neglect that occurred during childhood if it is discovered after the child has become an adult, unless there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused.

*Wash. Rev. Code § 26.44.030(3)*

Any person not otherwise required to report who has reasonable cause to believe that a child has suffered abuse or neglect may report to the proper law enforcement agency or to the State Department of Social and Health Services.

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## 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.”\*

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\* 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.

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### *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.”

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## 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 Washington can obtain a particular service confidentially. These questions are based on the Washington 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?
  - Emancipated
  - Married to an adult
  - Having characteristics such as “age, intelligence, maturity, training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents” that the Washington Supreme Court recognizes are relevant to whether a minor may consent for health care
- What service is the young person seeking?
  - Emergency services
  - Contraception
  - STD services
  - HIV/AIDS services
  - Pregnancy care
  - Mental health services
  - Substance use disorder 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
  - Washington state funding
  - Other

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

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>.

English A, Lewis J, Morales M, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: A Washington Profile. Washington, DC: National Family Planning & Reproductive Health Association, 2017. [https://www.confidentialandcovered.com/file/A\\_Washington\\_Profile.pdf](https://www.confidentialandcovered.com/file/A_Washington_Profile.pdf).

George Washington University, Hirsh Health Law and Policy Program. Health Information and the Law: Privacy & Confidentiality in Washington. [http://www.healthinfolaw.org/state-topics/48,63/f\\_states](http://www.healthinfolaw.org/state-topics/48,63/f_states)

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

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: Washington. <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>.

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## 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, Lewis J, Morales M, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: A Washington Profile. Washington, DC: National Family Planning & Reproductive Health Association (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.

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## 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)

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)

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)

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## REFERENCES

- <sup>1</sup> 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.
- <sup>2</sup> 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.
- <sup>3</sup> Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA*. 1999; 282: 2227–2234.
- <sup>4</sup> Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. *Arch Pediatr Adolesc Med*. 2001; 155: 1072–1073.
- <sup>5</sup> Sugerma 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
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> Ford C, Best D, Miller W. Confidentiality and adolescents' willingness to consent to STD testing. *Arch Pediatr Adolesc Med*. 2001; 155: 1072–1073.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> 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>.
- <sup>12</sup> 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.
- <sup>13</sup> 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/>.
- <sup>14</sup> AAP Committee on Adolescence. Policy statement for health information technology to ensure adolescent privacy. *Pediatrics* 2012;130(5): 987-990.
- <sup>15</sup> Anoshiravani A et al. Special requirements for electronic medical records in adolescent medicine. *J Adolesc Health* 2012;51:409-414.
- <sup>16</sup> 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.
- <sup>17</sup> English A, Lewis J, Morales M, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: An Illinois Profile. Washington, DC: National Family Planning & Reproductive Health Association, 2017.  
[https://www.confidentialandcovered.com/file/A\\_Washington\\_Profile.pdf](https://www.confidentialandcovered.com/file/A_Washington_Profile.pdf).
- <sup>18</sup> Wash. Rev. Code § 13.64.060.
- <sup>19</sup> *Smith v. Seibly*, 72 Wn. 2d 16 (1967).
- <sup>20</sup> Wash. Rev. Code § 26.28.020.
- <sup>21</sup> Wash. Rev. Code §§ 7.70.050(4), 18.71.220.
- <sup>22</sup> Wash. Rev. Code §§ 70.24.017, 70.24.110, 70.24.330.
- <sup>23</sup> Wash. Rev. Code §§ 71.34.500 – 71.34.530.
- <sup>24</sup> CDC, Legal Status of EPT in Washington. <https://www.cdc.gov/std/ept/legal/washington.htm>.
- <sup>25</sup> Wash. Rev. Code Ch. 71.34.
- <sup>26</sup> Wash. Rev. Code § 9.02.100.

<sup>27</sup> State v. Koome, 530 P.2d 260 (1975).

<sup>28</sup> Kaiser Family Foundation. Emergency Contraception. August 2016. <http://files.kff.org/attachment/emergency-contraception-fact-sheet>.

<sup>29</sup> E.g., Rev. Code Wash. §§ 74.14B.070 (sexual assault), 43.330.700 (homeless youth, human trafficking).

<sup>30</sup> Washington Dep't of Social & Health Services, Children's Administration. Rights of Children & Youth in Foster Care. <https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/27-127.pdf>.

<sup>31</sup> Health Information and the Law. Privacy & Confidentiality in Washington. [http://www.healthinfolaw.org/state-topics/48,63/f\\_states](http://www.healthinfolaw.org/state-topics/48,63/f_states).

<sup>32</sup> Wash. Rev. Code Ann. §§ 70.02.005 - 70.02.905.

<sup>33</sup> E.g., Wash. Rev. Code Ann. §§ 70.02.220-70.02.260, 70.02.300-70.02.320.

<sup>34</sup> Wash. Rev. Code § 70.02.130.

<sup>35</sup> Wash. Rev. Code §§ 70.02.220, 70.02.240; Wash. Admin. Code § 246-924-363(4).

<sup>36</sup> English A, Lewis J, Morales M, Coleman C. Protecting Patients' Privacy in Health Insurance Billing & Claims: An Illinois Profile. Washington, DC: National Family Planning & Reproductive Health Association, 2017.

[https://www.confidentialandcovered.com/file/A\\_Washington\\_Profile.pdf](https://www.confidentialandcovered.com/file/A_Washington_Profile.pdf).

<sup>37</sup> Wash. Admin. Code §§ 284-04-120, 284-04-500 – 284-04-525.

<sup>38</sup> Wash. Rev. Code § 26.44.040.

<sup>39</sup> Wash. Rev. Code § 26.44.020.

<sup>40</sup> 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>.

<sup>41</sup> 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>.

<sup>42</sup> 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>.

<sup>43</sup> 45 C.F.R. § 164.502(g)(3)(i)(A).

<sup>44</sup> 45 C.F.R. § 164.502(g)(3)(i)(C).

<sup>45</sup> 45 C.F.R. § 164.502(g)(5).

<sup>46</sup> 45 C.F.R. § 164.502(g)(3)(ii).

<sup>47</sup> 45 C.F.R. § 164.502(g)(3)(ii)(A) and (B).

<sup>48</sup> 45 C.F.R. § 164.502(g)(3)(ii)(C).

<sup>49</sup> 45 C.F.R. §§ 164.502(h), 164.522(a)(1), and 164.522(b)(1).

<sup>50</sup> 45 C.F.R. § 164.512(c).

<sup>51</sup> 20 U.S.C. § 1232g; 34 C.F.R. Part 99.

<sup>52</sup> 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>.

<sup>53</sup> 45 C.F.R. § 160.103 (definition of "protected health information").

<sup>54</sup> 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>.

<sup>55</sup> 42 C.F.R. § 59.11.

<sup>56</sup> 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>.

<sup>57</sup> 42 C.F.R. § 59.11.

- <sup>58</sup> Child Welfare Information Gateway, State Statutes Search, [https://www.childwelfare.gov/systemwide/laws\\_policies/state](https://www.childwelfare.gov/systemwide/laws_policies/state).
- <sup>59</sup> 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](http://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf).
- <sup>60</sup> 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>.
- <sup>61</sup> “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>.
- <sup>62</sup> 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).
- <sup>63</sup> E.g., National Family Planning & Reproductive Health Association, Title X Cases, <https://www.nationalfamilyplanning.org/pages/issues/title-x-cases#2019>.
- <sup>64</sup> 42 U.S.C. § 1396a(a)(7).
- <sup>65</sup> 42 U.S.C. § 1396d(a)(4)(C).
- <sup>66</sup> 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 (8<sup>th</sup> Cir. 1997), rehearing denied (8<sup>th</sup> Cir. 1997), cert. denied 522 U.S. 859 (1997).
- <sup>67</sup> Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, December 2018. <https://www.guttmacher.org/print/state-policy/explore/medicaid-family-planning-eligibility-expansions>.
- <sup>68</sup> 42 U.S.C. § 290dd-2; 42 C.F.R. Part 2.
- <sup>69</sup> Legal Action Center. Substance Use: Confidentiality Resources. <https://lac.org/resources/substance-use-resources/confidentiality-resources/>.
- <sup>70</sup> 42 C.F.R. §§ 2.11, 2.12.
- <sup>71</sup> 42 C.F.R. § 2.14.
- <sup>72</sup> 42 C.F.R. § 2.13.
- <sup>73</sup> 42 C.F.R. § 2.20.
- <sup>74</sup> 42 U.S.C. §§ 300ff et seq.
- <sup>75</sup> 42 U.S.C. §§ 300ff-61, 300ff-62.
- <sup>76</sup> 42 U.S.C. §§ 254b et seq.
- <sup>77</sup> 42 U.S.C. § 254b(a)(1)(A) and (b)(1)(A)(i)(III).
- <sup>78</sup> 42 U.S.C. § 254b(k)(3)(C).
- <sup>79</sup> 42 C.F.R. § 51c.110.
- <sup>80</sup> 42 C.F.R. § 59.11.
- <sup>81</sup> 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](http://nahic.ucsf.edu/wp-content/uploads/2016/03/March-2016_AYAHNRC_evidence.V3.pdf).
- <sup>82</sup> Kaiser Family Foundation. Emergency Contraception. August 2016. <http://files.kff.org/attachment/emergency-contraception-fact-sheet>.



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