Caring for Minors

Adolescent care can be challenging. Parents/guardians who are accustomed to being involved in all aspects of their child’s health care often have mixed feelings about their child’s emerging independence. Also, it can be a challenge for providers and clinic staff to know when to involve a parent/guardian or not, as teens often engage in what many consider “adult behaviors,” but they are still categorized as children.

Many teens choose to include their parent/guardian in decisions about their health. For some teens, however, having the option of specific confidential services increases the likelihood that they will seek care when they need it. For instance, a sexually active teen may be more likely to use contraception if a provider informs the teen that they can do so without parent/guardian consent.

Thankfully, confidentiality and consent laws are designed to help providers and staff navigate some of the more sensitive aspects of helping teens through their transition to adulthood.
Parent/Guardian Consent Exceptions

A parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions.

- **Emergency care**
  A health care provider may treat a minor without the consent of the minor's parent or guardian if there is a true life-or-limb threatening emergency and reasonable attempts have been made and documented to contact the minor's parent or legal guardian.

- **Care for emancipated minors**
  Minors can be emancipated by: court order, marriage, and military active duty.
  - The fact that a minor is living apart from the parent/guardian (e.g., runaway, living with friends), is not grounds for emancipation unless the minor meets one or more special circumstances.

- **Specific healthcare services related to:**
  - Sexual health
  - Mental health
  - Substance use treatment
Michigan Law

Patients ages 12 and up have a right to the following \textbf{WITHOUT} parent/guardian knowledge or consent:

- Pregnancy testing and prenatal care
- Birth control information and contraceptives
- Testing and treatment for sexually transmitted infections (STI's)
- Substance abuse treatment

Patients ages 14 and up can access \textbf{mental health counseling} \textbf{without} parent/guardian knowledge or consent -- up to 12 visits, or 4 months.

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\caption{Young people smiling}
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\textbf{Healthcare providers must breach the minor’s confidentiality and tell the parent if:}

- There is suspicion of abuse by an adult
- The minor is a risk to themselves or someone else
- The minor is \underline{under age} 12 and has been sexually active
- The provider may choose (but is not obligated) to tell the parents about any care provided to the minor patient.

\textbf{Minors cannot consent to (need a parent/guardian’s permission for):}

- Vaccines (including HPV)
- Mental health medications
- Inpatient mental health treatment
- An abortion (unless a court-approved waiver is obtained)
Case Scenario 1 – Part 1

Giovanni is a 17 year old male who is attending his well visit. He confides to you that he is sometimes depressed and is interested in seeing a therapist, but he does not want to tell his parents. You inform Giovanni about what he needs a parent’s consent for and what he does not. What treatment can Giovanni receive WITHOUT a parent’s consent?

a. Outpatient counseling with up to 12 visits.
b. Outpatient counseling, as much as needed.
d. Anti-depressant medication.
e. None of the above – a parent must give permission for any mental health treatment.

Scroll down for answer
**Answer:** (a.) The only mental health treatment a minor age 14 and up can receive without parental consent is outpatient counseling, up to 12 visits or 4 months.

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**Case Scenario 1 – Part 2**

You ask Giovanni if he ever considers suicide, and he tells you that he thinks about it “most days.” He says he really doesn’t want to tell his parents. How do you handle the situation?

- a. Because Giovanni is at risk for harming himself, this is a clear situation where confidentiality needs to be broken.
- b. Inform Giovanni that you are concerned about his safety and need to inform an adult.
- c. Work with Giovanni to determine who to tell and how best to tell.
- d. Give him the chance to disclose the information himself with you there for support.
- e. All of the above

*Scroll down for answer*
Answer: The correct answer is “all of the above.” While it is true that confidentiality should be broken because Giovanni is at risk for harming himself, all of the other courses of action listed here should happen as well.

Best Practice

Inform adolescent patients about their rights and limitations regarding confidentiality laws and procedures.

- Many teens don’t know that they have the right to access certain services without a parent/guardian’s consent.
- Adolescents are more likely to disclose sensitive information if they have an assurance of confidentiality from their provider.

Inform adolescent patients that if their insurance is billed for a service, that an Explanation of Benefits (EOB) may be mailed to their parent/guardian.

- From UMHS Policy on Minors: Consent to Confidential Health Services:
  Where a minor is obtaining services without parental consent, the physician should discuss with the minor the likely disclosure to the parent/guardian via the insurance company’s explanation of benefits (EOBs).
  - For example, the physician would inform the minor that “If you use your insurance to pay for the service, it is possible that the information will be on the explanation of benefits that is mailed to your parent(s).”
  - If the minor pays in full at the time of service and requests that the services not be billed to the parent/guardian’s insurance, UMHS must honor this request to keep the information confidential.
  - Provide referral information for free or sliding scale clinics to adolescent patients who don’t want to use their parent/guardian’s insurance.
Case Scenario 2 – Part 1

Kayla is a 16 year old young woman who comes to the clinic with her mother for a sports physical. Kayla’s mother asks to stay in the room for the entire visit. Should you allow her mother to stay in the room?

- Yes
- No

*Scroll down for answer*
Answer: No. You should ask her parent to step out and wait in the lobby, because best practice is to make a concerted effort for providers to have time with adolescent patients without a parent in the room.

Case Scenario 2 – Part 2

During Kayla’s time alone with the physician, she reports that she recently had unprotected sex and thinks she might be pregnant. Can she consent to a pregnancy test without her mother’s permission?

- Yes
- No

Can she consent to STI counseling/testing without her mother’s permission?

- Yes
- No

Scroll down for answer
Answer: Yes. Kayla can consent to both pregnancy and STI testing -- she does NOT need her mother’s permission for either pregnancy testing or STI counseling/testing. However, this may be the ideal time to encourage Kayla to include her mother in the visit. Some teens will choose to have a parent present, and this may encourage healthy parent/teen communication and strengthen Kayla’s resources. If Kayla is NOT comfortable bringing her mother into the room, the provider should advise her that the pregnancy and STI tests may show up on her EOB (insurance Explanation Of Benefits statement).

Confidentiality and Parents/Guardians - Framework of Understanding

1. Parents/guardians are not the enemy.
2. Parents/guardians are experiencing their own adjustment to their child’s adolescence.
3. Providers have an opportunity to educate parents/guardians about the need for confidentiality in the provider-patient encounter.
4. Providers should spend part of every visit (or at least yearly) with the teen alone.
Provider/Parent/Guardian Interaction Tips

1. Validate the parental role.
2. Elicit any specific questions/concerns from the parent/guardian.
3. When the patient and the parent/guardian are both in the room, direct questions directly to patient while appreciating parent/guardian input.

Discuss the expectation that some time will be spent with the teen alone.

Here is one example of how to explain to parents/guardians why this is needed:

“As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. We always ask parents/guardians to wait outside for part of the interview to encourage the teen to discuss his or her own view of their problem. Talking to teens without the parents/guardians also gives teens a chance to ask questions or give information they may feel self-conscious about. Teens often have questions or concerns that they may feel embarrassed to talk about in front of their parent/guardians.”

Providers may also want to explain how they are partnering with parents to take the best care possible of teens:

“Sometimes teenagers will hide their high-risk behavior so parents/guardians are not the first to find out. Our goal is to help prevent and identify any problems before they become serious.”

The provider should then invite the parent/guardian to please have a seat in the waiting room, and assure them that you will call them back prior to the close of the visit.

More tips on how to tell the parent or guardian to "please step out":

- Explain to the parent/guardian what will be discussed with the adolescent while they are out of the room, and explain the limits of confidentiality.
  - “Michigan state law permits some services to be offered to teens privately. This includes pregnancy testing and services, contraception, testing for and treatment of sexually transmitted infections, substance abuse treatment, and mental health counseling. We ask parents/guardians to leave for part of the interview for confidentiality and to build trust. We always encourage the teen to discuss important issues with their parent or guardian.”
  - “You can trust that if a teen is doing anything to hurt themselves or others, or if someone is hurting them, we will be forced to break confidentiality and tell an appropriate adult.”
Resources to Facilitate Confidential Care

Providing written information to adolescents and their parents or guardians describing confidentiality laws can increase understanding and decrease the chance of miscommunication between families and providers. AHI’s handouts and wall posters were reviewed by adolescent patients, community members, providers, and members of the compliance committee, and were approved for clinic use by the UMHS Departments of Family Medicine and Pediatrics.

The handouts may be given to parents and adolescent patients at check-in for new patients, well child checks or sports physicals, and/or at least once a year. The poster may be displayed in exam and waiting rooms.

For additional information about laws and resources, please contact:
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AHI Handouts and State Resources