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CONFIDENTIALITY AND CARING FOR ADOLESCENT PATIENTS IN THE AGE OF THE 21ST CENTURY CURES ACT

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Confidentiality and Caring for Adolescent Patients in the Age of the 21st Century Cures Act
[video transcript]

00:08
Dr. Paul is an adolescent medicine provider at the Children's Hospital of Philadelphia. She completed her pediatric residency at Northwell Staten Island University Hospital, and her adolescent medicine fellowship at the University of Rochester. Her quality improvement initiative and fellowship involved ensuring adolescent patient confidentiality, and was maintained in the age of the 21st Century Cures Act. She presented this research at multiple national conferences, including the Society for adolescent health and medicine, pediatric academic societies, and the American Academy of Pediatrics conferences for clinical interests include LGBTQI, health care and gender affirming health care, as well as reproductive health care. So with that, I'll turn it over to Dr. Paul.

00:57
Hi, thank you so much. And again, if you have any questions throughout, please put them in the chat box. And I will, I found a way to put them on my double screen. So I will try and answer them in time and then also leave room at the end for questions. So again, we're going to be talking about confidentiality and caring for adolescent patients in the age of the 21st Century Cures Act, we'll kind of go through what the 21st Century Cures Act is, talk about what adolescents have the right to protect, and how we can help maintain that confidentiality. Okay. And, again, no financial relationships. So the learning objectives. First learning objective is to identify risks to patients, confidential confidentiality with the implementation of the 21st Century Cures Act. The second is to identify which information and care adolescents have the legal right to keep confidential. And we'll discuss specific legal rights in New York States. They vary from state to state, but we're going to focus on New York today. And then three identify ways in which we as providers can safeguard adolescents confidentiality. Okay. So one of the biggest barriers to open communication and conversations between adolescent patients and clinicians is the fear that confidentiality will be breached. Oh, goodness, I'm so sorry. There we go. This fear could lead to adolescents withholding information from providers, including sexual history, substance use, etc. If an adolescent fears that this information will be shared with their caregiver or with other providers, they may withhold this information, adolescents whose privacy is breached, face significant risks, for example, safety, home security, etc. So it's very, very important that we know the laws around adolescent confidentiality and that we maintain this confidentiality with our adolescent patients. For adolescent patients, the risk of breaching confidentiality are serious. Many providers are attuned to these risks, but it's challenging to

implement safeguards to help other providers protect adolescent confidentiality, despite the guarantees provided by the law. In a setting where teens already mistrust the medical system, a breach of confidentiality could ruin rapport and trust between patients and providers. So why is it so important that we maintain adolescents confidentiality, the first is rights. So young people have the right to accurate, unbiased information about their health and access to the full range of sexual and reproductive health care without discrimination or coercion. Respect. Young people deserve respect for their bodily autonomy, their ability to affirm their own goals and identities, and their agency to make informed decisions about their own lives and wellbeing. Responsibility. Medical providers and healthcare systems have the responsibility to provide confidential, accessible, respectful care to youth that is equitable and free from bias. Young people have the right to honest sexual health information accessible, confidential and affordable sexual health services, and the resources and opportunities necessary to create sexual health equity for all youth. So what exactly is the 21st Century Cures Act? It was effective on June 30 2020. The purpose of the 21st Century Cures Act was to improve health access quality and safety to patients, while also providing transparency of patient medical record information in real time, and prohibiting information blocking practices. Information blocking is any practice likely to interfere with prevent, or materially discourage access, exchange or use of electronic health record information. This law was based on the principle that patients have the right to see their medical information. Much of the law does not consider adolescent confidentiality. However, all parts of the legal medical record are typically attainable by the patient or their proxy via a health information management system. Meaning that if a patient or their proxy their guardian, whomever they give access to is able to see the patient's medical record, they have the ability to see all patient notes, results etc. As mentioned and of components now must also be available via the patient portal, which is highly variable depending on the electronic health record system that is being used. There is no perfect way to protect confidential information in the electronic health record significant variability based on the electronic health record product being used. And there's different rules around patient portals, patient accounts, and proxy access to pediatric patients, meaning there's no 100% perfect system to guarantee adolescent confidentiality. Though many safeguards exist. Making sure that we counsel our adolescent patients on this is very important, and we'll go over some examples as we go along. So adolescents confidence that their health information will be confidential is essential to an open trusting patient provider relationship. Some elements of adolescent confidentially, confidentiality are protected by state and or federal laws. So the 21st Century Cures Act is designed to give patients and their healthcare providers secure access to health information. With the new 21st Century Cures Act, patients now have easier access to their medical records electronically, including medical notes. And while improved access is important, current electronic health record systems don't have sufficient safeguards in place to protect adolescent

confidentiality, which is often protected by state laws. As a result of the Cures Act, parent parents with proxy access to their child's medical chart can now more easily obtained confidential information that the patient has the right to protect. In a lot of instances, electronic health record notes are now automatically shared with patients and proxies unless providers take specific steps to discuss the adolescents confidentiality preferences and implement them by uncaring notes. For confidentiality, and adolescent health care, as we discussed a little bit earlier, it's clinically essential, developmentally expected and supported by expert consensus. And it's supported by expert organizations including ACOG Stam, AMA and the AAP. And more have reached a consensus that adolescent health care should be confidential. That being said, providers should encourage young people to discuss and include their parents when addressing their health when it is safe to do so but not let this be a barrier. Now we're going to talk more a little bit about the legality that we have and the legal rights that adolescents have to maintain in regards to their confidentiality. When a miner consents to healthcare, the information relating to that care may not be disclosed without the miners position. Federal law gives the miner the right to authorize the disclosure of health information if a miner consented to the health service in accordance with state law. When a parent agrees that his or her minor child can have a confidential relationship with a health professional, the minor is entitled to control the health information pertaining to any service provided within the scope of that confidential relationship. And New York health care provider or government entity that participates in the statewide health information network needs the written authorization of a minor patient before disclosing information to a parent about a health service for which the minor gave legal, independent consent. A minor who understands the risks and benefits of proposed and alternative treatments can consent to the following types of care. reproductive health care including family planning, abortion, pregnancy, slash prenatal care and care during labor and delivery, testing and treatment for sexually transmitted infections including HIV, certain mental health services, certain Alcohol and Drug Abuse Services, and sexual assault treatment. It's our job to provide assurance of confidentiality and establish limits of confidentiality. Patients, especially young patients are more likely to disclose sensitive information. If consent and confidentiality are clearly explained. It's important to clarify the laws and limits of confidentiality, explaining where confidentiality may need to be reached, such as when there's reported abuse or suicidal thoughts, ensure the confidentiality will be maintained as allowable throughout the billing process. Also, a thing to note is that some adolescents up to age 26 may still be on their parents health care plans. So arrangements may need to be made regarding where the explanation of benefits will be sent. So we're going to talk a little bit more about conditional confidentiality and what that means. New York's mandatory child abuse reporting law is an exemption into a professional duty of confidentiality to minor patients. This requires that all mandated reporters make a report to the state central register of child abuse and maltreatment when they have a

reasonable suspicion that a minor is abused or neglected by a parent, guardian or custodian. Some other rules regarding adolescent confidentiality sexually transmitted infection reporting.

11:01

Health care providers are obligated to report to county and or state departments of health all cases of syphilis, Chlamydia, and gonorrhea. Positive HIV test results are also subject to reporting. So confidential sexual health services to minors, what guidance Do state and federal laws provide us and how do we put it into practice? State laws and I encourage people that are outside of New York State, so please look up their specific state laws. This is more of a general information. So STIs all states allow minors to consent to diagnosis and treatment. Some states have states have age restrictions, for example, over the age of 14, contraception, most states explicitly permit minors to consent to contraceptive services. Some states limit these based on their legal status or living situation. Mental Health, over 50% of states allow minors to consent for mental health services. And then substance abuse nearly all states allow minors to consent to for substance abuse counseling and treatment. Now we'll talk a little bit about HIPAA. When minors consent for their own health care services HIPAA regulations differ to state or other applicable law regarding whether parents have access to confidential health information about their minor child children. Additional provisions allow minors to request that disclosure of their protected health information not be made without their authorization and request that communications be sent by different means, for example, email or to a different location. Now we'll talk more specifically about New York state's laws and regulation and their laws regarding adolescent confidentiality. So under New York law, the following categories of minors may legally consent to all or much of their own health care, pregnant teens, minors who are parents, married minors, minors serving in the armed forces, emancipated minors and incarcerated minors. Now we'll talk a little bit about New York State birth control. So birth control is used to prevent pregnancy and address a variety of health conditions. Birth control comes in many different forms, including pills, entreated, intrauterine devices, implants, shots, etc. A minors right to confidential contraception without parental notification or consent is protected in New York. When a minors healthcare is publicly funded, his or her access to contraceptive services is further protected. So that's talking a little bit about Medicaid and Title X. For example, if a clinic or hospital receives funding under either of these programs, and must offer a broad range of contraceptives to minors based on their own consent, birth control, so a miner again can consent to confidential contraceptive services without parental consent, and this is strongly stated in New York's state law. Because emergency contraception is a method of contraception it is available to all minors without the consent of a parent. And just a little bit more information about Title X Title X was established in 1970 and was created to provide affordable birth control and reproductive health care to people with low incomes who couldn't otherwise afford the

services on their own. Federal Title X funding was intended to ensure that every person regardless of where they live, how much money they make their backgrounds or whether or not they have health insurance have access to basic preventative reproductive health care. Okay, so New York State abortion. A pregnant teen in New York State may consent into or refuse an abortion as long as they understand the risks and benefits of the procedure and its alternatives. And since Roe versus Wade has been overturned the laws are highly variable depending on your state. In terms of access to adolescents in New York State, a pregnant teen may provide their own informed consent for an abortion confidentially. But again, this is varying from state to state. Okay, so New York State sexually transmitted infections. A miner who provides informed consent can be tested or treated for an STI without a parent or guardians consent. Healthcare providers are obligated to report to county and or state departments of health all cases of syphilis, Chlamydia, and gonorrhea. Positive HIV test results are also subject to reporting. A miner who provides informed consent may be tested and treated for HIV slash AIDS without a parent or guardians consent, and they also consent to preventative care to avoid infection such as PrEP.

16:05

So how do we safeguard adolescent confidentiality while maintaining a good relationship with the parents or guardians of our patients? The Society for adolescent health and medicine, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists put this quote out, stating that assurance of confidentiality is not obviate the need for parents or guardians to be actively engaged in the care of their adolescent children, especially those who are minors, nor does that obviate the need for healthcare providers to assist adolescents in engaging their parents for appropriate support. Of course, there are certain topics which can or should remain confidential for adolescents, but it's important for us to engage in a conversation with our patients about the importance of maintaining an open rapport with their parents and helping them discuss these very important nuanced conversations with their parents. We don't want to villainize parents and guardians, fostering an open environment while maintaining adolescent confidentiality is the goal. Parents are not the enemy. And as we know, parents are experiencing their own adjustment to their child's adolescence. Providers have an opportunity to educate parents about the need for confidentiality in the provider patient encounter. It's also important to consider parents perspective, parents are experiencing their own adjustment to their child's adolescence. It's an opportunity for us as providers to help educate parents about the need for confidentiality, as well as empathize with the growing pains that likely will come along with this. Some ideas we can discuss confidential confidentiality in advance, it's helpful to prepare patients and families as much as possible ahead of the visit as well as during the visit. Informing openness sorry about that. Informing the informing parents about the confidentiality

policy upfront. This can be done via a letter sent home to the family detail when a parent will or will not be included in the clinical visit. Discuss billing issues such as routine STI testing, etc. Displaying materials discussing the importance of doctor patient confidentiality throughout the medical space. During the first visit with your lesson patient explained to the patient and caregiver, that part of the visit will be spent with the patient privately. Let them know that they are an important part of the visit. However, the patient has the right to confidentiality and to have discussions with the patient, the provider by themselves. address any specific questions or concerns that the parents or the patient may have. Ask the guardians to step out of the room while chatting with your patient, ask what they are comfortable with their guardians knowing and ask how they would like to share that information, asking if you asking the patient if they would like you to mediate that conversation regarding sexual health, etc. Okay, so this may seem straightforward, but it's, I appreciate visualizing the process. And so it's easier for us to see it together, inviting the parent to have a seat in the waiting room, assuring them that you will call them prior to closing the visit and inviting the parent back before the close of the visit. And to wrap up. I think also reinforcing with the patient and the family that this is something that is done with all adolescent patients to maintain their confidentiality and to give them that space to have these confidential conversations.

19:38
So we'll talk a little bit about a case. And if you have any suggestions or ideas you can put in the chat box.

19:46
So we have Cam. Cam is a 16 year old adolescent patient. I think my partner has an STI and I need testing where to begin

20:03
So it's important for us to create a safe space for our patients when taking an inclusive sexual history. asking permission, making no assumptions about what they have to say, Stay non-judgmental, using inclusive terminology, allowing the patients to use their own terminology and myriad mirroring what they've been saying. I think expectations for the clinical encounter, as we discussed earlier, speaking to the parent or guardian if present and minor adolescent together, let them know what to expect, including that the adolescent will have some time alone with you normalizing the discussion, state that all patients are asked the same questions, and by asking personal questions, you can provide the best care possible, minimize notetaking, and particularly during sensitive questions. And it's always important to discuss with the patient the constant concept of confidentiality and conditional confidentiality, stating that most things will

be able to remain confidential. However, if there's something a fear of them getting hurt or hurting themselves, or hurting someone else, then that would need to be discussed further with their guardian. Back to Cam. So how would we begin the appointment with Cam? How would you start the conversation regarding taking a sexual history? How would you discuss confidentiality with Cam and their parents?

21:32

Here we have just some ideas. I'm going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they're important for your overall health. Just you know, I asked these questions to all of my patients regardless of age, or gender. These questions are as important as the questions about other areas of your physical and mental health. This information is kept in confidence. And then do you have any questions? Before we get started? Similar to the questions I asked about your family history, I would like to ask some more questions that I asked of all my patients. These ones are about your sexual activity, sexual health and identity, is this okay with you? I just want to reinforce with you that the information that you tell me will remain confidential between you and I, any testing or treatment for any sexually transmitted infections will also remain confidential. I want to reinforce to you that if this is something that you want to have a conversation with your parents about, I'm happy to help facilitate that conversation. These are all just some suggestions of ways to have that conversation with your patients. Okay, I'm states, I just started having sex with my partner. I think my partner has gotten a Ria and I want to get tested. My parents don't know I'm having sex, and I don't want them to know about testing. How would you counsel Pam on confidentiality? Again, reinforcing, that STI testing and treatment is all remain confidential. And reinforcing that if your test comes positive, comes back positive, we can treat you confidentiality. And then maybe digging deeper into why cam wants to keep this confidential, why he doesn't want to share this with this family. What the reasoning is behind keeping confidential family and if they 100 said I'm not able, I don't feel I would be safe. My parents don't know I'm sexually active. Remember that we have to be obligation to keep this confidential. If cam states, I just I don't know how my parents would take it, but I kind of want them to know discussing with Cam ways in which to have that conversation with their family asked me if they want you to facilitate that conversation. All these may be time consuming. However, it's really important that the patient feels comfortable sharing this information with you, and that you feel comfortable counseling your patient on what remains confidential. And so just reminder, a minor who understands the risks and benefits of proposing alternative treatments can consent to the following types of care. So we say all this all of these things that the adolescent patient has the right to remain confidential. However, earlier I discussed about the 21st Century Cures Act, and how patients are able to see all of their notes see all of their results. And if a patient proxy, aka

their parent or their guardian, has the ability to see their electronic health record. How are we keeping all of these things confidential? And how are we documenting all of this in a confidential way so that they are not able to see all of this information? There's a lot of variability based on institutional rules and the electronic health record used which is fresh Breathing and hard. Institutions have different rules for patient proxy access for patients aged 12 to 17. Some institutions don't allow there to be my chart access some institutions Once a patient turns 12. And I believe that this is what is happening at the University of Rochester, once a patient turns 12, their parent loses proxy access. And so it needs to be a conversation had with the patient and the proxy regarding the type of proxy access that the patient that the parent has, if the patient wants their parents to have proxy access, varying rules on note sharing within institutions are all notes shared with all patients, including adolescent patients, how are we keeping certain parts of the visit confidential. But the implementation of the 21st Century Cures Act things that become even more complicated. And I will say the default in most places now is to share all notes. And that requires providers to address this with patients and families. And particularly and be particularly cognizant of how we're writing our notes insurance ensuring that they are patient facing. So we talked about information blocking earlier, the column on the left shows the categories of information blocking exceptions, highlighted are some exception exceptions that are quite common in day to day practice. So if you remember the 21st Century Cures Act was put in place to prevent information blocking and these are the main exceptions where we can potentially block information from patients and their proxies. So privacy needed to protect an individual's privacy and compliance with state and federal privacy laws. Okay.

26:59

Security needed to reasonably protect the security of EHR and compliance with state and federal security rules if applied consistently and in a nondiscriminatory manner. So for and then preventing harm practices that are reasonable and necessary to prevent harm to a patient or other person. So life or physical safety of the patient or another person, person, and this is complicated, so it may apply to concerns for non-accidental trauma cases suspected child abuse, CPS or legal involvement. And in feasibility, not feasible due to legitimate practical challenges. So uncontrollable interrupts disruption, natural disasters or inability to segment the data, such as inability to segment out the data that can remain confidential from what should not remain confidential. So in the EPIC system at University of Rochester, there are two ways not to share a note. One is by manually unclicking the share with patient button. Again, we are set to default share notes, which then takes you to a pop up that requires you to select the reason why your note is not being shared. All valid except exceptions to info blocking laws as determined by the legal compliance officers at our institution. And this will unshare the entire note. So, for example, the diagnosis is anxiety. We get here to the note, and we click the button that says unshare. And

this is where we have to the reason to block so physical harm to the patient by themselves. physical harm to the patient by others, danger to life, physical safety of another person, emotion, emotional and or psychological harm to a patient due to proxy access, patient preference reveal the identity of confidential third party or inability to segment confidential information between the patient and proxy. And these are addressing all of those exceptions that we talked about on the last slide. Is there a portion of your note that is confidential, but the majority would not meet any of the exceptions to the info walking rules, then we also have the option of a no share notes, which will not be shared workflows being used for this is say a well child visit where the majority of the content of the note would be shared. However, the sexual history is documented in a notion note. So the visiting calendar will have two notes associated with it. One that will be shared via the parent patient portal and one that will not. And then here you can see the notion note and it's a separate type of notes. Okay, so in summary, adolescent confidentiality is clinically essential, developmentally expected and supported by expert consensus. New York State has very clear laws that allow for minors to consent for sexual health services without parental So Guardian consent. This is not meant to exclude parents or guardians, but instead facilitate access to services without letting fear of confidentiality breaches be a barrier to care. Information related to these services cannot be disclosed to parents guardians without the consent of the minor in nearly all circumstances. And exceptions do exist. Check your state laws if outside of New York, and there is no 100% 100% perfect system to guarantee adolescent confidentiality. So many safeguards exist, you should counsel the adolescent patient on this. And so we'll go through some questions. And then if we have time, I have some extra cases that we can go over.

30:47

And, Amy, I think you may have seen in covered this, but there was just one question in the chat about when minors to consent to mental health treatment, does that include medication treatment?

30:57

Yeah. That's a little bit more difficult. It does. However, with medications that are done on a long term basis, it is much harder to do that confidentiality confidentially, especially if a patient is a minor who is on their parent's insurance to pick up the prescriptions. So a lot of times in those cases, when a patient is interested in starting a medication for mental health, I tend to have like a conversation with the whole family about risks benefits of trialing medications, because it really is nearly impossible to do that without families finding out. Whereas if we were treating a patient for an STD, we send a one time dose to the pharmacy or a lot of times if some places funded by Title X, as we discussed, they will have treatment there or have a way to do it, that it's

free and the parents will not have to know but with mental health treatment, it's a lot harder. I see the next part. Because a child consent to medication themselves, even if the parent isn't necessarily agreeable. For instance, if medication are we talking about mental health medication, or are we talking more mental health meds that I'm actually not positive about but I can definitely look that up and get back to you guys but I'm not positive

32:51
any other questions

32:58
Dr. Crepe you wrote to have parents leave the exam room to enable provider to have a confidential conversation and perform a physical examination requiring the patient to disrobe and put on the exam gown. Rather than asking the parents to leave the room. I found it useful to hand the patient the gown and tell her him them that I and the parents would leave the room to give her him then privacy. Oh, I'm sorry. And I would leave the room with the parents tell them to have a seat in the waiting room letting them know that I would be returning to the room to perform the exam with the adolescents gown and made it clear that everyone in the room that the adults would be leaving to get the patient privacy to get to the gown.

33:37
No, and I think that's I think that's really important and just reinforcing with everyone what exactly is going to be happening, allowing the parents to go to the waiting room, but also bringing them back at the end to kind of wrap up the visit I found has been helpful just reinforcing with them that they will be coming back that that this is something that you do with all of your adolescent patients. I've also had it where patients don't want their parents to leave. I let them know that I will be asking questions regarding their sexual health. And if they still want their parents to leave, it doesn't stop me from asking the questions. I just asked them with their parents around. Can a youth consent to inpatient treatment for mental health substance abuse or an EDO confidentially?

34:34
That's a great question. I think I know outpatient they can.

34:46
I am not positive about inpatient and not positive about impatient. I definitely will look that up and I will get back to you so
35:04

I want to say, possibly, but I think that it would be much harder to do that confidentially, especially if the patient has a minor living with their parents. Yeah, I think that keeping things off of the EOB is difficult inpatient and outpatient. And it's a struggle that we've run into in adolescent medicine for a very long time. And I reinforced that with my patients, often I just say, I will can do the treatment and I can do the testing. However, if it is going through your insurance, then the EOB is going to go home and they will potentially see what is being billed for. There are ways to do it, where it doesn't go through insurance, sending it sending treatment to a pharmacy, that does not have their insurance information, oftentimes for certain medications, like printed out a good RX coupon for the patient, giving it to them and sent it to a pharmacy where their insurance information is not until them to go pick it up there. Or a lot of times sending them to like Planned Parenthood where everything also can remain confidential is like another option if there is no option to keep that confidential. But it there is challenges that I bet every institution is working through in terms of getting keeping things confidential on the EOB, which is really, really hard.

36:41
Amy, there was another question sent separately about sort of what are the just the preliminary steps involved in trying to keep something off of the EOB? Yes, where do you start was the question, right?

36:58
It's really all institution dependent. Which is not really helpful in terms of answering this question, most, a lot of institutions will have rules around how to keep things off of the EOB. I know right now, where I am, it's, we can't so we have a family planning clinic that we send them to where it's Title X funded, and so there is no EOB. I would I hate to say that this is my answer. But I would say talking with your institution about what their rules and protocols are about it. Because a lot of times, it's not possible unless there's funding from somewhere else, or unless you're not sending things through insurance. I know that's not the best answer. And I apologize that is not more straightforward.

38:07
I don't see any more questions coming in on the chat so far. Okay.

38:13
We can go over these other cases. And then if other questions arise, just let me know. Great. Okay, so Dana is 17 she goes to her doctor to be treated for genital herpes. Does the doctor

need to get Dana's parents' permission before treating her and if you want to answer in the chat?

38:46
No, Yep, exactly. No. A miner has the legal right to consent to health care for sexually transmitted infections. So long as Dana has the capacity to consent, meaning that she understands the risks and benefits of a proposed and alternative treatments. parental consent is not required.

39:07
Even for age related illnesses. Raul a 16 year old who lives with his mother is HIV positive, but he's not told his mother role has now developed an AIDS related illness and wants medical care but will avoid treatment if he is required to tell us another kind of physician treat Raoul without parental consent.

39:43
Alright, so yes, a physician matriarch well without consulting his parents, however, the physician may want to help right will talk to his mother to find a supportive adult in whom he can confide about the situation. New York state allows for a miner to consent independently to HIV related care. err. Now if possible, it'd be ideal to involve a parent guardian in this however it may not be safe to. This is something that perhaps not only the provider but a social worker or a peer mentor can continue to explore with role. She was given the gym and Tony both miners are considering a sexual relationship. Jim has been sexually active before and believes he may have been exposed to HIV. Tony has never been sexually active before and wants to prevent exposure to HIV. Can Tony consent to using Pre-Exposure Prophylaxis PrEP to avoid infection?

40:39
Can we prescribe PrEP for Tony? Yes? Yeah, a

40:43
few yeses here.

40:44
Yes. So yeah, so provider can prescribe PrEP based on Tony's own informed consent. Case four HIV testing on an on an empty Maya who is 15 thinks that she might be HIV positive, is worried that her boyfriend Sean, who is 17, and has a temper might found out that she has cheated on him if he learns for HIV status. So what are Maya's other options? This one that we didn't really

talk more about. So I can go I'll go through this. Maya can get taught tested for HIV and then an anonymous HIV testing site, so be given a coded receipt that she had can use to get her results without revealing her identity. If my attests positive, however, she cannot maintain complete femininity because sorry, that word is always hard for me once she begins treatment for treating doctor will perform a diagnostic test to confirm that Maya is indeed HIV positive, which will trigger the reporting and contact notification laws, Maya can choose not to share Shawn's name with her doctor, or if her regular doctor already knows if Shawn Maya can choose to see a new doctor for treatment after receiving the anonymous test result. If Maya does tell her doctor about Shawn or if she uses her regular doctor contact notification, she could still be different if there is a severe risk that Shawn will physically injure Maya, or otherwise threaten her safety, although notification will be reconsidered at a later date. So this kind of talks about how we as providers are obligated to report all positive HIV results to the county state. If a patient names a partner, then pH RS will do their contact tracing notification, but needs to be a discussion about my safety sugar partners suspect that she is HIV positive. So again, this is very nuanced, where it's important that we report my as positive status. However, maintaining the safety is of the utmost importance as well. Okay, Dr. Johnson has been treating Samuel 17 for five years. But Samuels informed consent Dr. Johnson recently ordered an HIV test that turned out positive. Dr. Johnson tell Samuel that he that she is required by law to ask about and report any sexual or needle sharing partners that he may have. But that Samuel is not required to share the names of such people. Samuel chooses not to tell Dr. Johnson have any contacts. What are Dr. Johnson's obligations to report? Anyone have any ideas about what Dr. Johnson is obligated to report?

43:39

Write the positive result. As a result, so Dr. Johnson must report Samuel and any of his contacts who are known to Dr. Johnson. For example, if Dr. Johnson no Samuel recently got married, she must include Samuel spouse as a contact in her report. However, Dr. Johnson's does not need to perform any additional or independent investment Victoria work, such as interviewing other people in order to have made a good faith report to the Department of Health. Even without such extra efforts, Dr. Johnson has fulfilled to recording duty and will not be penalized for failing to identify or locate additional context. So again, HIV is a reportable illness. However, it's not up to the ordering provider to do any investigatory work on their own. It's important to be cognizant of one's own moral distress that may come into play. It may feel challenging in certain situations to respect patient privacy and autonomy, while also being concerned about the risk of transmission to others. There's no right or wrong answer. And sometimes it's helpful to have planned case conferences or bioethics discussions to allow for a safe space to talk about these things. Okay, Daniel, who's 16 years old is planning to make an appointment with a clinic to check for STIs he is sexually active with his boyfriend who is 19. Daniel be concerned that the

clinic might report his case to child protective services because he is technically a victim of the crime of sexual misconduct. So here the law is on the side of Daniels care remaining confidential. Courts have determined that parents are not guilty of abuse merely for knowing that their adolescent son or daughter is having consensual sexual relationships. In addition, Daniels boyfriend is not a proper subject of a child abuse report. Only parents custodians or guardians are. So oftentimes it comes up regarding child abuse when a miner reports sexual activity with an older partner. Many of us are mandated reporters. And there are some nuances to mandated reporting when it comes to this. So I'd rather recommend further review of this section of the NY CLU document and discussion with supervisors last office or legal counsel of your organization. If you're uncertain, and some places have a CPS consultation resource, you can call and they can let you know if they will accept the report. And again, must Daniel reveal his boyfriend's name if his health care provider asks No, Daniel can keep this information private.

46:25
What if a miner who was a few years younger than Daniel seeks care related to sexual activity. And these are all just for discussion. So depending on that particular miners maturity, the miners partners age and other circumstances of the sexual relationship, some providers may determine that a younger miner has been forced or coerced into a sexual relationship with an adult. In that case, a provider with a reasonable suspicion, the parent or legally responsible adult has allowed the sexual abuse to occur. And that's abused or neglected, the child is obligated to report the parent.

47:07
Okay, any other questions? That's kind of the end of our cases.

47:17
Thanks so much, Amy. If anyone else has questions, please feel free to put them in the chat.

47:26
And just so I will find out the information or regarding the questions I did not know the answers to and I will send those to the organizers so that they can send that out those input those questions, because they were great questions.

47:39
We do have a hand raised. I don't think I have the ability to unmute you, Amy. But if you want to throw your question in the chat or Gail, are you able to unmute that person? I

47:55
think she said that was an error. Oh, okay.

47:58
Gotcha. We're facing this challenge as well, in the setting of just HIV care. We do. I think there's some discordance in terms of what patients prefer and what's required. And so the sort of exceptions continue to become more narrow the exceptions that are allowed in terms of note sharing. So it does at least, you know, patient preference is still being considered, but some of those other options have gone away, unfortunately.

48:35
I think it's also important for when you're seeing an adolescent patient, checking their proxy status, I have found a lot of times when a patient doesn't know that they have my chart, and the email and phone number that's associated with their my chart goes to their parents. So it takes like two minutes where you check who their proxy is. And then you ask them like, or do you want your parents or whomever to have this proxy access and letting them know that there's different levels. So there's proxy access, where the parent can't see notes, but they are able to still like make appointments, etc. And a lot of times I found that my adolescent patients want that they don't want to have to make their own appointments, but they also don't want their parents to see everything involved with their visits. And so changing that changing that in the chart is possible. And then also giving the patient the right to have the ability to look through their my chart and send my chart messages, etc., is also pretty empowering for our adolescent patients. So I would recommend if you have the time, it takes about two minutes checking who has proxy status, talking with your patients about it and then changing some of those things is really important.

49:53
Isn't it pretty standard through all patient portals that you would have this option? To sort of remove proxy status or adjust proxy access. Yeah. Excellent. There is a question about excellent presentation. Amy, will you be coming to Sam and San Diego in mid-March to present?

50:17
I will be there. Yes.

50:22

All right. Let's see any other questions that I did have another one. All right. So we are in the sexual health sort of dedicated sexual health setting, it's not uncommon that we see some of these scenarios that you recently presented about seeking care for PrEP or just seeking STI treatment. And sometimes these are adolescents with age difference in the relationship, and sometimes it's adolescent in relation or a minor in a relationship with an adult. So it sounds like it's very individualized and sort of on a case by case basis in terms of how reporting is does that sound? Correct?

51:11
Yes, yeah. It is very case by case. And I think, figuring out if there's any coercion, or the like, there were like a 12 year old and a 19. year old is very different from a 17 and a 19 year old are 16 and 19 year old. So I think it's figuring out the age differences, figuring out the relationship, figuring out if there was coercion, but yes, it is really all case by case basis. And I think if there is a suspicion that like, there's a 12 year old and a 19 year old and the family knows, and when in doubt, I think reporting is probably for the best. Because we are mandated reporters. So if it is making you feel uneasy, I would say err on the side of caution.

52:07
Do you do you find that when you have these discussions with adolescents upfront about reporting in general that sharing is different? Or do you feel like that has a significant influence or not?

52:22
What would I generally say to my patients, as I say, I'm going to be asking you questions about your sexual health, your mental health, and your substance use all of this will remain confidential, unless I feel that you are not safe, whether that be to yourself, you to someone else, or someone towards you. And then when it comes up, like if they disclose sexual activity to me, I generally ask like, the age of their partners, and I always I always ask if there was like any coercion or forced sex. And sometimes they don't want to disclose that to me, and I can't force them to, but I do I am pretty upfront with what I'm going to ask can I also say that this is not coming with judgment, I just want to know the best way to keep you healthy. And that nothing that they're going to say, is punitive. It's just for me to make sure that they are safe. Got it? Yeah.

53:23
There's a question from Alice in the chat. How would you approach the situation of a minor, who's open with their guardian about wanting contraception and their guardian won't let them get the prescription? Yeah,

53:34
I always try and have the conversation with the guardian. I have had frank conversations being like your child. And sometimes I speak with parents alone. And I say, Your child has endorsed to you that they want something to prevent them from getting pregnant, them not being on contraception is not going to stop them from having sex. So like, I think people, some parents think like, I don't want them to do anything, because it's going to make them engage in these behaviors. And I try and reinforce that, like, it's not the contraception that is going to make them have sex, if they are going to have sex, they're going to have sex. And so if we want to prevent them from getting pregnant, the only way to do that is to give them those methods, contraception, and sometimes that works. Sometimes it doesn't. Sometimes with contraception I've had patient like when I kick the parents out. The patient tells me they want contraception because they're sexually active, but they're also complaining of really bad cramps or really heavy menstrual bleeding. And so when I bring the family back, I try and reinforce that, like these methods are also really good for dysmenorrhea they're also really good for really heavy bleeding and so trying going around it that way. And then if the parents are still like absolutely not. I will either because a lot of times you can send To prescriptions I will try, like I said earlier sending it to a pharmacy where they don't have information or I recommend they go to. At shop, we have a family planning clinic, which is completely confidential does not go through insurance. So I'll send them there, or I recommend they go to Planned Parenthood, because that can be really completely confidential if you are not positive that your institution can do that.

55:21
Yeah, I'm I was gonna say I think it probably varies by institution a bit, but I'm noticing as you go through your discussion that there's significant intersection between consent and confidentiality, that seems to be stemming from triggering some of these questions. Yeah.

55:42
Yes, it's really hard, but they have the right to get contraception even if their parents are not agreeable. So finding ways in which they can do that. Yeah.

55:54
Right. Well, thank you so much, Dr. Paul.

[End Transcript]