

Spy Pond Pediatrics

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Confidentiality Policy

Adolescence is a special time of transition in the lives of both children and their parents. Although they are not yet fully adults, teenagers are beginning to establish their own separate identity. They need and deserve to take gradually increasing control over and responsibility for their own lives. Individual teens do this at different rates and different ages.

Although teenagers are usually pretty healthy, many do have health concerns that warrant professional advice and sometimes treatment. Sometimes they may not feel comfortable sharing these concerns with parents, teachers, or even peers. Teenagers tend to under-use health care resources. In surveys, many say worries about confidentiality are a big reason why they may avoid seeking medical care or guidance.

I believe I have an obligation to provide the best possible care to my adolescent patients. It is essential that they feel free to share any information with the expectation that it will be kept private. The following principles will guide my care of adolescent patients:

1. Starting at age 12, it is *generally up to the teenager* whether they want to have a parent in the medical exam room with them or not while they see us. Occasionally, as the provider, I will also decide it's best to see them alone.
2. When I do see teenagers alone (or speak to them by telephone), information discussed is considered private and confidential. This means it will not be shared with others (including parents) without permission of the teenager.
3. This doesn't mean I don't also speak to parents. A parent may wish to speak to me, or I to them, with or without the teenager present. At these times I listen to what a parent has to tell me, which may be relevant or useful. If I can, I will reassure them about worries they have, answer general questions, or give advice. I do not disclose confidential information, however.
4. Often my discussions in private with adolescents are about things I feel should be shared with their parents. I will tell the teenager when I feel that way, and ask for their permission to do so. Most often, they agree. If they do not, I may try to convince them by explaining my reasons. Ultimately, I will respect their decision, except in extreme circumstances (see #5).
5. In rare situations, I may decide I have no choice but to break confidentiality. This will only be when I think someone is in extreme, imminent danger of severe harm and the only way for me to protect him or her is to break confidentiality. The person in danger might be the adolescent, or it might be somebody else. In either case, if I am going to break confidentiality for this reason, I will make every effort to tell the teenager I am going to do so before I do, and look for alternative solutions.

The above guidelines apply to information of any kind about any subject. They are in accordance with Massachusetts law, general principles of medical ethics, and the policies of the *American Academy of Pediatrics*.