

Adolescent Privacy Policies

THIS NOTICE DESCRIBES HOW A MINOR'S MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND PRIVACY POLICIES SPECIFIC TO MINORS. ADOLESCENTS AND THEIR GUARDIANS MUST REVIEW THIS NOTICE CAREFULLY.

This document is directed to the parent/guardian of the adolescent seeking treatment, though the adolescent is also asked to review and sign where indicated. In order to authorize mental health treatment for your adolescent, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify me immediately. I will ask you to provide me with a copy of the most recent custody decree that establishes the custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child. If you are separated or divorced from the adolescent's other parent, please be aware that it is my policy to notify the other parent that I am meeting with your child.

One risk of adolescent therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the adolescent's treatment. If such disagreements occur, I will strive to listen carefully so that I can understand your perspectives and fully explain my perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your adolescent's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, I will honor that decision, unless there are extraordinary circumstances. However, in most cases, I will ask that you allow me the option of having a few closing sessions with your child to appropriately end the treatment relationship.

Individual Parent/Guardian Communications with Me

In the course of treatment, I may meet with the adolescent's parents/guardians either separately or together. Please be aware, however, that, at all times, my patient is the adolescent – not the parents/guardians nor any siblings or other family members of the adolescent.

If I meet with you or other family members in the course of your adolescent's treatment, I will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your adolescent's treatment record.

Given that the therapeutic alliance is based on trust, I will not keep secrets from your child. As such, if you contact me via phone, email, or otherwise, I will usually let your adolescent know that you contacted me and what was communicated. Similarly, I will usually inform your adolescent if I intend to contact, or meet with, you, and what I intend to discuss.

Mandatory Disclosures of Treatment Information

In some situations, I am required by law or by the guidelines of my profession to disclose information, whether or not I have your or your adolescent's permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:

- Adolescent clients tell me they plan to cause serious harm or death to themselves, and I believe they have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian or others of what the adolescent has told me and how serious I believe this threat to be and to try to prevent the occurrence of such harm.
- Adolescent clients tell me they plan to cause serious harm or death to someone else, and I believe they have the intent and ability to carry out this threat in the very near future. In this situation, I must inform a parent or guardian or others, and I may be required to inform the person who is the target of the threatened harm [and the police].

- Adolescent clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- Adolescent clients tell me, or I otherwise learn that, an adolescent is being neglected or abused – physically, sexually or emotionally – or that it appears that they have been neglected or abused in the past. In this situation, I may be required by law to report the alleged abuse to the appropriate state child-protective agency.
- I am ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the psychologist and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a “zone of privacy” where they can feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is my policy to provide you with general information about your adolescent's treatment, but NOT to share specific information your adolescent has disclosed to me without their agreement. This includes activities and behavior that you would not approve of – or might be upset by – but that do not put your adolescent at risk of serious and immediate harm. However, if your adolescent's risk-taking behavior becomes more serious, then I will use my professional judgment to decide whether your adolescent is in serious and immediate danger of harm. If I feel that your adolescent is in such danger, I will communicate this information to you.

Example: If your adolescent tells me that he/she has tried alcohol at a few parties, I would keep this information confidential. If your adolescent tells me that he/she is drinking and driving, or is a passenger in a car with a driver who is drunk, I would not keep this information confidential from you. If your adolescent tells me, or if I believe based on things I learn about your adolescent, that your adolescent is addicted to drugs or alcohol, I would not keep that information confidential.

Example: If your adolescent tells me that he/she is having voluntary, protected sex with a peer, I would keep this information confidential. If your adolescent tells me that, on several occasions, the adolescent has engaged in unprotected sex with strangers or in unsafe situations, I will not keep this information confidential.

You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations,” such as: “If an adolescent told you that he or she were doing _____, would you tell the parents?”

Even when we have agreed to keep your adolescent's treatment information confidential from you, I may believe that it is important for you to know about a particular situation that is going on in your adolescent's life. In these situations, I will encourage your adolescent to tell you, and I will help your adolescent find the best way to do so. When meeting with you, I may sometimes describe your adolescent's problems in general terms, without using specifics, in order to help you know how to be more helpful to your adolescent.

Disclosure of Minor's Treatment Records to Parents

Although California law may give parents the right to see any written records I keep about their adolescent's treatment, by signing this agreement, you are agreeing that your adolescent should have a “zone of privacy” in their meetings with me, and you agree not to request access to your adolescent's written treatment records.

Parent/Guardian Agreement Not to Use Minor’s Therapy Information/Records in Custody Litigation

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although my responsibility to your adolescent may require my helping to address conflicts between the adolescent’s parents, my role will be strictly limited to providing treatment to your adolescent. You agree that in any adolescent custody/visitation proceedings, neither parent or guardian will seek to subpoena my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements. Note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound not to give my opinion about either parent’s custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, I will provide information as needed, if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the final decision(s). Furthermore, as stated in my Policies Regarding Therapy, Legal Issues, and Court Related Services, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the rate of \$500 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Adolescent/Adolescent Patient

By signing below, you show that you have read and understood the policies described above. If you have any questions as we progress with therapy, you can ask me at any time.

Minor’s Signature* _____

Date _____

Parent/Guardian of Minor Patient

Please initial after each line and sign below, indicating your agreement to respect your adolescent’s privacy:

I will refrain from requesting detailed information about individual therapy sessions with my adolescent. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Although I may have the legal right to request written records/session notes since my adolescent is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent’s treatment.

I understand that I will be informed about situations that could endanger my adolescent. I know this decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment, unless otherwise noted above.

I understand that Dr. Fleck will not keep secrets from my child as this could undermine the trust upon which therapy is based. I understand that my adolescent will thus be informed if I contact Dr. Fleck via phone, email, or otherwise, and that they may be made aware of the content of any information I share with Dr. Fleck.

Parent/Guardian Signature _____

Date _____

PARENTS: A LETTER FROM YOUR TEEN'S HEALTH CARE PROVIDER



A Letter From Your Teen's Health Care Provider

Dear Parent or Guardian,

As teens become adults and take more control of their lives, our office will ask them to be more actively involved in their health and health care.

Some areas of teen health that we may talk about during an exam are:

- Eating and how to be active
- Fighting and violence
- Sex and sexuality
- Safety and driving
- Smoking, drinking, and drugs
- Sadness and stress

You should know...

We support teens talking about their health with their parents or guardians. But teens may be embarrassed to have an exam or talk about some things in front of their parents. This is a normal part of growing up. We give all teens a chance to be seen privately. During this time, you will be asked to wait outside of the exam room.

In order to best take care of your teen we offer some confidential services. "Confidential" means that we will only share what happens in these visits if the teen says it is okay, or if someone is in danger.

In California, teens can receive some types of health services on their own. We cannot share the content of these visits without your teen's okay. Ask us about what these health services include.

We are happy to talk to you about any questions or concerns you may have about this letter and your teen's health. Together, we can help keep your teen healthy.

Below, you will find some helpful websites about teen health and tips for parents of teens.

Sincerely,

Your teen's Health Care Provider

RESOURCES

Children Now and Kaiser Family Foundation
<http://www.talkingwithkids.org>

Advocates for Youth
<http://www.advocatesforyouth.org/>

SIECUS— Families are Talking
<http://www.familiesaretalking.org>

California Family Health Council—Talk with Your Kids
<http://www.talkwithyourkids.org/>

US Department of Health & Human Services—
Parents Speak Up
<http://www.4parents.gov/>

Nickelodeon—Parents Connect
<http://www.parentsconnect.com>

PARENTS: YOUR TEEN IS CHANGING!



YOUR TEEN IS CHANGING!

The teen years are a time of growth and change as your teen moves from being a child to an adult.

As your teen changes, your role as a parent changes. You will relate to your 12 year old differently than your 18 year old. It is important to know what to expect, so that you can give your teen more responsibility and the best possible advice.

YOUR TEEN MIGHT:

- Become more independent
- Want more responsibility
- Push boundaries and test limits
- Want their relationship with you to change
- Need more privacy
- Have mood swings
- Think a lot more about their own personal concerns
- Place more importance on friends
- Feel that no one understands them
- Tryout new behaviors and activities – both healthy and risky
- Understand complicated concepts instead of just the here and now

YOUR TEEN STILL NEEDS YOU TO:

- Give them your time
- Give them a sense of connection or belonging
- Support them
- Provide for their basic needs
- Guide them
- Express your love
- Set limits
- Pay attention to their successes and behaviors
- Be involved and aware of what is going on in their lives

REMEMBER:

All of these changes are perfectly normal! Your teen still needs you, but may not always know how to communicate that. You are still the best person to guide your teen, and it is important to keep talking with them.

Talk to your teen’s doctor or nurse about these changes and any challenges you may have with your teen.

WEBSITES FOR PARENTS:

RESOURCES

Children Now and Kaiser Family Foundation
<http://www.talkingwithkids.org>

Advocates for Youth
<http://www.advocatesforyouth.org/>

SIECUS– Families are Talking
<http://www.familiesaretalking.org>

California Family Health Council–Talk with Your Kids
<http://www.talkwithyourkids.org/>

US Department of Health & Human Services–
Parents Speak Up
<http://www.4parents.gov/>

Nickelodeon–Parents Connect
<http://www.parentsconnect.com>

YOUTH: Quiz



How Well do you Know Your Health Rights and Responsibilities?

TRUE OR FALSE:

A teen can see a doctor about birth control and pregnancy without their parent/guardian's consent.

TRUE: California has laws that let a person of any age make their own choices about birth control, pregnancy, abortion, adoption, and parenting.

Teens 12 and older can see a doctor about mental health issues, drug and alcohol use, or sexually transmitted diseases without their parent's consent.

TRUE: California laws let people 12 or older get care for mental health, drug and alcohol issues, or sexually transmitted diseases without parent consent.

Not all issues a teen might want to see a doctor for are considered confidential.

TRUE: Cases of abuse, assault, or possible suicide cannot remain confidential. Your doctor may have to contact others for help. Health services like treatment of injuries, colds, flu, and physicals are NOT confidential services. The doctor will need your parent/guardian's consent for these services.

A teen can ask a doctor about what will stay private in a visit, and what information will be shared with parents/guardians.

TRUE: There are many laws about what information your parent/guardian will be given. It is important to talk to your doctor about what will stay private. In some situations, you get to decide what is shared.

It is usually helpful for a teen to talk to an adult they trust about their health or changes in their life that they are worried about.

TRUE: It can be helpful to talk to an adult you trust such as a parent/guardian, teacher, family friend, counselor, or coach about your health. If there are health issues you have questions or concerns about, a trustworthy adult can give you important advice and opinions.

A teen being responsible for his or her health is an important part of growing up!

TRUE: Taking on more responsibility and wanting more privacy are a normal part of growing up for teens.

