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Considerations for Privacy and Confidentiality in Adolescent Health Care Service Delivery - CPS Podcast

Developed by Katelyn du Plessis and Dr. Amanda Evans for PedsCases.com.
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Introduction:

Hi folks - thanks for listening to this PedsCases Podcast. My name is Katelyn du Plessis and I'm a third year medical student at the University of Calgary. This podcast was created in collaboration with Dr. Amanda Evans, a community pediatrician in Calgary, to provide an overview of the 2023 CPS Position statement *Considerations for privacy and confidentiality in adolescent health care service delivery*.

Before we get started, let's review the objectives of this podcast:

1. To define confidentiality and its importance in adolescent health care
2. To identify key limits and legal considerations for confidentiality
3. To describe practical strategies to support confidential care in clinical settings
4. To identify barriers and potential solutions in confidential care across various settings, including Electronic Medical Record (EMR) use

Let's begin with a case. Imagine you are seeing Jane, a 15-year-old female who came to her primary care clinic for a 'check-up' with her mother. In the appointment, Mom does most of the talking. After a few minutes of conversation, you ask Mom to step out so you can speak with Jane alone. Mom agrees but looks a bit unsure. While taking a confidential history, Jane shares with you that she has a new partner. She is excited but her grades have been slipping since she has been spending more time with them, and she also wonders if she needs STI testing. Jane tells you she doesn't want to let her Mom down and asks you not to tell her.

This podcast will help you have a better understanding of confidentiality in adolescent care so that when you're in that room, you know how to respond with confidence.

What is confidentiality? Why does it matter?

Let's start with a definition. Confidentiality means a health care provider and a patient agree that information shared in the encounter will not be shared with others without the patient's explicit consent. Health care providers are legally required to keep health information

confidential, but this becomes more complex with adolescents, who are no longer fully dependent on their caregivers but may not yet be entirely independent in managing their own care. In a clinical context, confidential adolescent care includes individual interviewing without caregivers present and ensuring information shared in that interview, in addition to investigations and management plans, are appropriately safeguarded.

Adolescents may avoid seeking care or withhold information because they're worried their caregivers will find out. For Jane, that could have meant never disclosing that she was sexually active, missing out on STI testing, or not following up on her lab results and getting treatment if needed. We know that adolescents are much more likely to seek care and to be honest about subjects such as substance use, mental health, sexual activity, or experiences of violence when they know the information they share won't be shared with their caregivers without permission. Confidentiality in adolescent care isn't just ethical - it's practical: by giving teens a space and opportunity to share without their guardians, we improve engagement, the chance of obtaining an accurate diagnosis, and overall health outcomes.

There are also developmental considerations impacting the importance of confidentiality in adolescent care. Adolescence is a time when young people are forming their identity and autonomy, and having time alone with health care providers supports their emerging independence. It helps them learn to navigate the healthcare system and take more ownership of their health, which is crucial for their eventual successful transition to adult care.

Limits to Confidentiality:

Now, we know confidentiality is important, but it isn't absolute. Health care providers have both legal and ethical duties that sometimes require disclosure even without the adolescent's permission. Obligations vary from province to province, so part of your professional responsibility is to learn the national as well as the provincial regulations wherever you practice. The resource list included at the end of this podcast highlights some helpful places to find information. In general, confidentiality can be broken if you become concerned about imminent or serious risk - for example, a well-formed suicide plan or concerns about physical, sexual, or emotional abuse, or neglect. As a health care provider, you are not required to prove or investigate abuse, but you are obligated to report all reasonable concerns. Another situation to consider is mandatory reporting for certain communicable diseases to public health authorities. Adolescent health information may also need to be disclosed under court orders.

The most important practical point is that you should not wait until confidentiality must be broken to explain the limits of confidentiality to your patients. Healthcare providers should clearly communicate the protection, limits and purpose of confidentiality with adolescents AND their caregivers before care begins to avoid lost trust if confidentiality must be breached. For example, you might say "I ask parents to step out for a part of the appointment with all teen patients. What you share with me is private and confidential, and will not be shared with your parents or anyone else without your permission, unless I am worried about imminent risks for your safety, someone else's safety or am ordered to by a court. If that happens, I will talk to you about what information needs to be shared so you know what's happening." By

framing the start of every confidential conversation in this way, if you ever do need to breach confidentiality, hopefully it will feel like following through on something you already explained, rather than a sudden betrayal of trust.

Practical Strategies for Confidentiality in the Clinical Encounter:

So how do you actually incorporate confidential care in daily practice? Starting in early adolescence, make it standard practice to spend part of each visit without the caregiver in the room. By presenting confidential care as routine, rather than something you do only when there is a problem, you allow for development of a trusting patient-provider relationship where it is normalized that sensitive health topics can be explored in an open and non-judgmental manner. For patients who are known and followed over time, it can be helpful to introduce confidential care at an earlier appointment. This gives the family and teen time to understand and anticipate the opportunity for one-on-one discussion, including the principles and limits of confidentiality. At the subsequent visit, you can provide a reminder about confidentiality, invite questions, and routinely ask for guardians to leave the room.

General advice for episodic care is to avoid asking a patient if they would like time for a confidential interview in front of caregivers as this puts the adolescent in a difficult position where they may not feel comfortable indicating their preference. Instead, health care providers can address caregivers directly. You could say something such as “I’m going to spend a few minutes talking with your teen alone, as is standard for all our adolescent patients, if you can step out, we’ll bring you back in to talk together at the end of the appointment.” This should always be followed by your confidentiality statement prior to the caregiver leaving the room. Keep in mind, some adolescents may prefer for their caregiver or support person to remain in the room. Once you have reviewed and normalized confidential interviewing you may wish to ask, “How do you feel about spending some time talking one-on-one?” to evaluate your patient’s comfort and guide your approach.

One framework for collecting information during confidential interviews is SSHADESS - Strengths, School, Home, Activities and Employment, Drugs and substance use, Emotions and Eating, Sexuality, & Safety and Suicidality. While frameworks are helpful to guide a discussion, it is important to be flexible and address issues that arise, rather than asking all the questions on the list. Confidential interviews are an opportunity for an adolescent patient to ask questions or talk about anything they want regarding their health. Agenda setting for the appointment may need to be renegotiated to meet the needs of your teen patient and is often fluid depending on patient needs and priorities.

Most families, when given the chance to think about the need for confidential health care for their teen, understand the importance of it. However, caregivers may still want to be present to understand and help if something negative is impacting their child’s life. They may also worry that messaging in independent interviews may undermine their parental authority. It may be helpful to normalize that seeking greater independence and privacy is a developmental step to build self-sufficiency while relying on supportive relationships with trusted, reliable adults - an important skill as they mature. In practice, confidentiality does not mean that you encourage secret keeping nor do you push for disclosure on all topics, You

can explore with patients what they are worried will happen if their caregivers are involved and what the benefits of involving a trusted adult may be. When it is safe and in the adolescent's best interests, healthcare providers can promote open communication between patients and caregivers. You can help patients by rehearsing what they may want to say, offering to be present when they tell their parents, or even starting conversations with the caregivers once you have consent from the patient.

Barriers and Solutions for Confidential Care in Various Clinical Settings:

Let's return to our case with Jane and imagine some barriers and solutions to confidential care across different clinical settings.

In our original primary care clinic setting, Jane may worry that long-term relationships between her health care providers and family may mean her provider knows her parents so well that nothing will be kept confidential. Establishing a routine of privacy and clearly communicating the limits of confidentiality could help put her at ease and build rapport over time.

Let's say Jane was seeking care via telemedicine. Her provider may need to adjust their routine of setting the stage for confidential conversations by asking "who is in the room with you", encouraging the use of headphones to prevent others from overhearing conversations, and encouraging her to find a comfortable location to speak. Remember, not everyone has a private space at home, so patients and providers may need to be creative to find a suitable setting to create as much privacy as possible.

Many adolescents, particularly those with higher levels of risk may be seen in emergency departments. With the pressure of urgent or emergent care, lack of private spaces, and triage processes that are typically conducted in the presence of a caregiver, Jane may not have an opportunity to speak privately with a health care provider. Incorporating routine screening can optimize confidential care in the ER. Health care providers can also utilize efficient screening tools like HEADS-ED and CRAFT, outlined in the CPS statement and the resource list at the end of this podcast, which provide a quick and efficient way to identify key mental health and social concerns.

In an inpatient setting, admissions over several days can facilitate in-depth confidential screening. However, patients may be in a shared room, there are often large teams of professionals, and family-centered rounds are part of standard care, so patients may not feel comfortable discussing sensitive issues. If Jane was admitted, her provider could work to schedule confidential discussions outside of rounds and explore different settings or a smaller personalized team to facilitate privacy.

As you rotate through different settings, a helpful reflection exercise is to ask yourself "how easy is it for a young patient to speak privately with me or another health care provider? What small changes could we make that would make confidential care more routine?"

Across all clinical settings, electronic medical records present another emerging and increasingly common challenge to confidentiality. In many systems, guardians are granted proxy access to a minor's health portal, potentially including problem lists, medication prescriptions, lab results, and documentation. EMRs were not created with adolescent-specific privacy controls in mind, meaning that even if a provider intends to keep information private, the EMR system may automatically release that information through the portal. This puts health care providers in tension between creating a comprehensive and accurate health record and preserving privacy. So, what can you do as a learner or early career provider? First, become familiar with how the system in your province and care setting works. What do patients and caregivers see on their end? Are results automatically released? If you aren't sure, reach out to your IT department, clinic manager, or health information specialist for clarification. Second, be conscientious regarding documentation. Some EMRs have confidential note types for highly sensitive information, note options that do not upload to a portal, or options for masking of information; if they exist, use them and use the correct selection each time. Consider including a clear, bolded statement above the confidential information to communicate the sensitive nature if it is to be included in a consult letter to a referring physician or shared among a treatment team where you are no longer in control of who may see or possibly share confidential information. Lastly, you can advocate. EMR systems are evolving and there is room for improvement. Long-term this may involve advocating for adolescents to be able to access a separate portal, but may involve smaller pieces in the interim, like the ability to block sensitive test results from appearing on patient portals.

Conclusion:

As we wrap up, here are some key take home points from the podcast:

- Confidentiality means keeping your patient's information private, and only sharing information if you have their explicit permission. Building this trust with adolescents means they are more likely to be open and truthful, meaning you can make accurate diagnoses, have better patient engagement, and improve health outcomes overall. It also facilitates increasing responsibility and confidence in their own care.
- Confidentiality must be breached in specific situations - including serious concerns for safety, suspected child abuse or neglect, certain reportable communicable diseases, and when required by court order.
- Confidential care, in the form of independent interviewing, should be part of routine visits. Always explain the importance of privacy in care as well as limits to confidentiality to both the patient and their caregiver. Avoid asking in front of caregivers if adolescents would like time alone.
- Confidential care is essential in all clinical settings; clinical protocols can and should be refined to offer privacy and the opportunity for adolescents to seek confidential care regardless of setting.
- EMRs pose a unique challenge as many guardians can access portals and therefore access private medical information on behalf of the adolescent they are responsible for. Healthcare providers should educate themselves on how the EMR for their clinical setting functions and advocate for further privacy considerations in EMR development.

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If you would like more information on legislation and policies governing the limits to confidentiality, check out this podcast script which includes some helpful links. Thank you for listening to this PedsCases podcast and we hope to have you back soon!

References:

Agostino H, Toulany A. Considerations for privacy and confidentiality in adolescent health care service delivery. Paediatrics & Child Health. 2023 May 16;28(3):172-177. doi: 10.1093/pch/pxac117.

Resources:

Learn about legislation and policy governing limits to confidentiality:

- https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-child-protection-laws-2023-cross-jurisdictional-review-executive-summary.html
- https://www.plantoprotect.com/services/resources/links/provincial-reporting-guidelines/
- From your province or territories governing body, such as the College of Physicans and Surgeons of Alberta, for example https://cpsa.ca/wp-content/uploads/2025/04/AP_Legislated-Reporting-Release-of-Medical-Info.pdf

View mental health screening tools:

- https://cps.ca/en/mental-health-screening-tools
- HEADS-ED https://www.heads-ed.com/en/home
- CRAFT https://crafft.org/

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