



Adolescent Reproductive and Sexual  
Health Education Project (ARSHEP)

# Providing Confidential Reproductive Health Care to Adolescents

**Advocates**  
**for Youth**  
Young. Powerful. Taking Over.



www.advocatesforyouth.org



**Advocates  
for Youth**

Young. Powerful. Taking Over.

> **Take Action**

> **Donate**

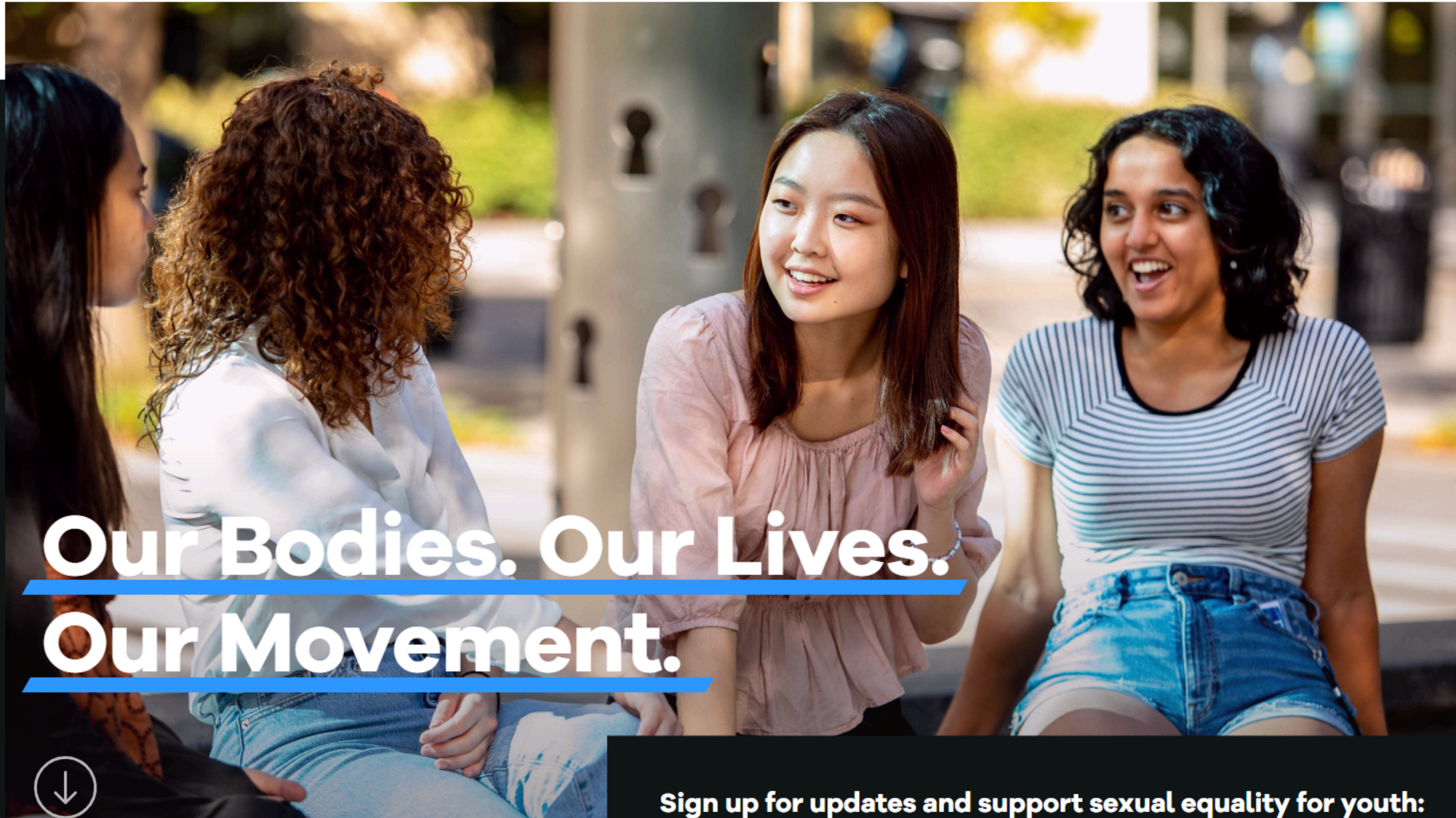
**ABOUT**

**ISSUES**

**RESOURCES & TOOLS**

**MEDIA**

**SHOP**



**Our Bodies. Our Lives.**  
**Our Movement.**



Sign up for updates and support sexual equality for youth:

**Advocates  
for Youth**

Young. Powerful. Taking Over.



This presentation was originally created by Physicians for Reproductive Health as part of the ARSHEP curriculum



**The information provided by Advocates for Youth during this training is not intended nor implied to qualify as legal or medical advice. Any questions discussed or information given by Advocates for Youth should not be construed as legal or medical advice. Training participants, and/or users of Advocates for Youth's websites, lesson plans or other resources, are responsible for knowing and adhering to relevant federal, state, local laws, as well as clinical guidelines and practice recommendations from relevant professional associations.**



## CONTENT ACKNOWLEDGEMENT

**There will be several topics mentioned that could be activating. This module includes mentions of sexual violence, dating violence, and suicide.**



**Advocates for Youth believes in the use of inclusive language when talking about people and their bodies**

**Inclusive language includes:**

- **People with penises/uteruses/vaginas**
- **Pregnant person**
- **When **they** tell you**
- **Patient/client**

**We will only be using the words male/female and men/women when referring to the language used directly from a study**



**Presenter  
Photo**

**Presenter Name**

**pronouns**

**Presenter bio, social location,  
or any other info presenter  
wants to share about  
themselves!**

# Objectives

**1**

**Explain why confidentiality is essential to adolescent clinical care**

**2**

**Understand the laws regarding minors' access to reproductive health services**

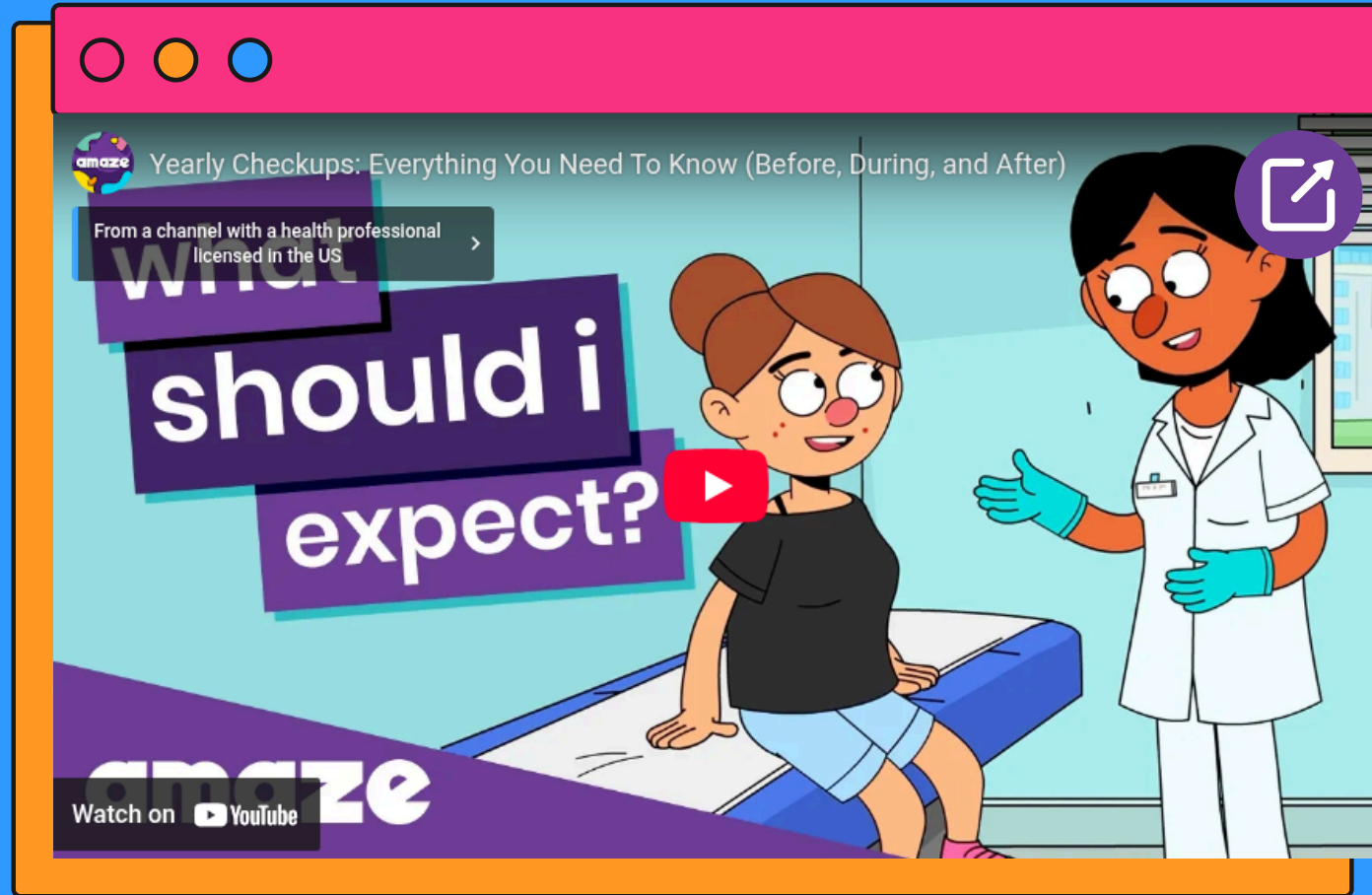
**3**

**Describe the ways that mandatory parental involvement laws can affect adolescent health**

**4**

**Understand limits to confidentiality and how to address them with adolescents**

# AMAZE: What is Doctor Confidentiality?



## RIGHTS.

Young people have the **right** to accurate, unbiased information about their health and access to the full range of sexual and reproductive healthcare without discrimination or coercion.

## RESPECT.

Young people deserve **respect** for their bodily autonomy, their ability to make informed decisions about their own lives and well-being.

## RESPONSIBILITY.

Medical providers and healthcare systems have the **responsibility** to provide confidential, accessible, respectful care to youth that is equitable and free from bias.

# CASE DISCUSSION



## MICHELLE



- Michelle is a 15-year-old who has come to your clinic with her mother complaining of an earache.
- Her mother requests to remain in the room for the exam.

**Do you allow Michelle's mother to stay in the room?**

# CONFIDENTIALITY

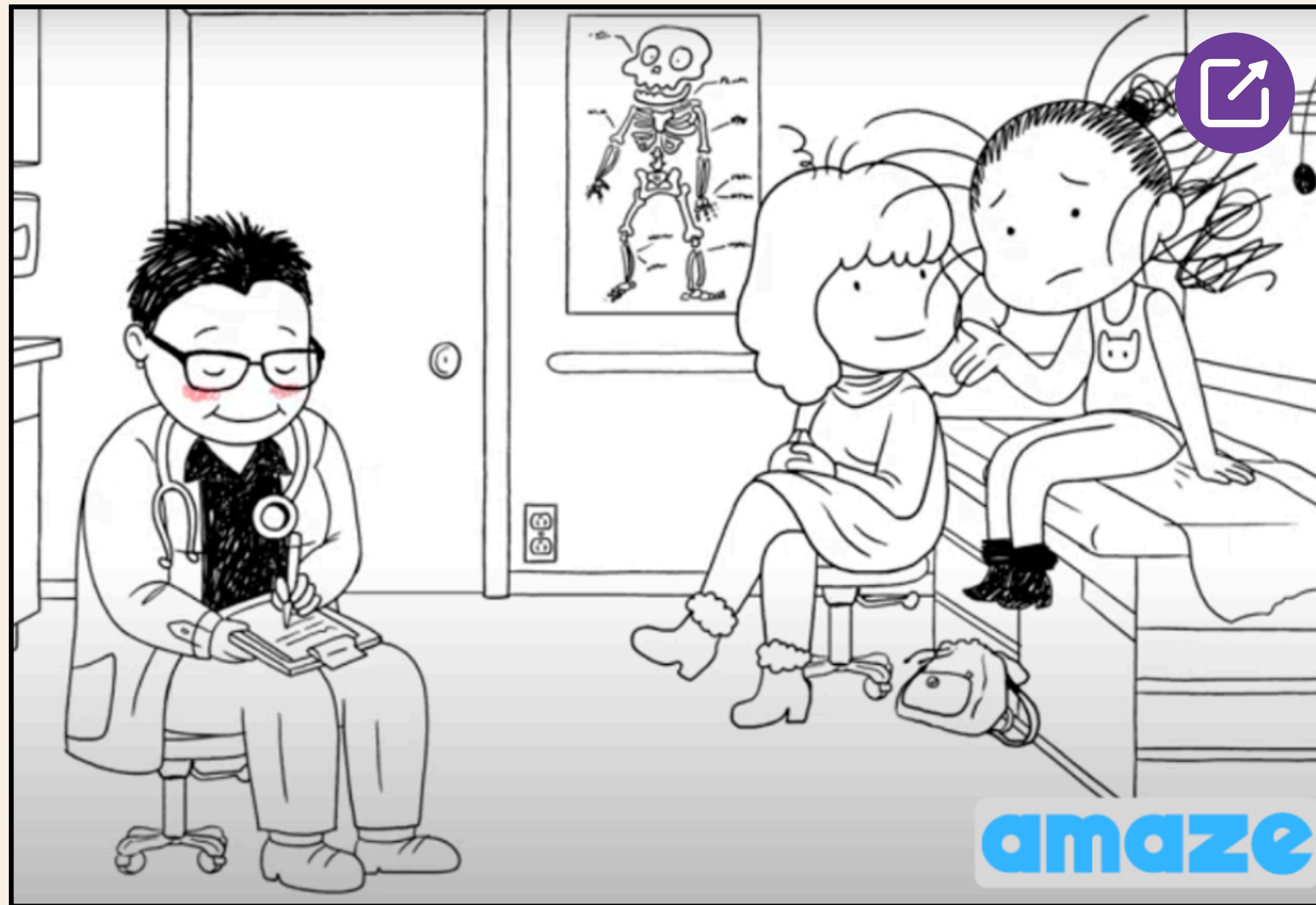
## Confidentiality in Adolescent Healthcare

Clinically Essential

Developmentally  
Expected

Supported by Expert  
Consensus

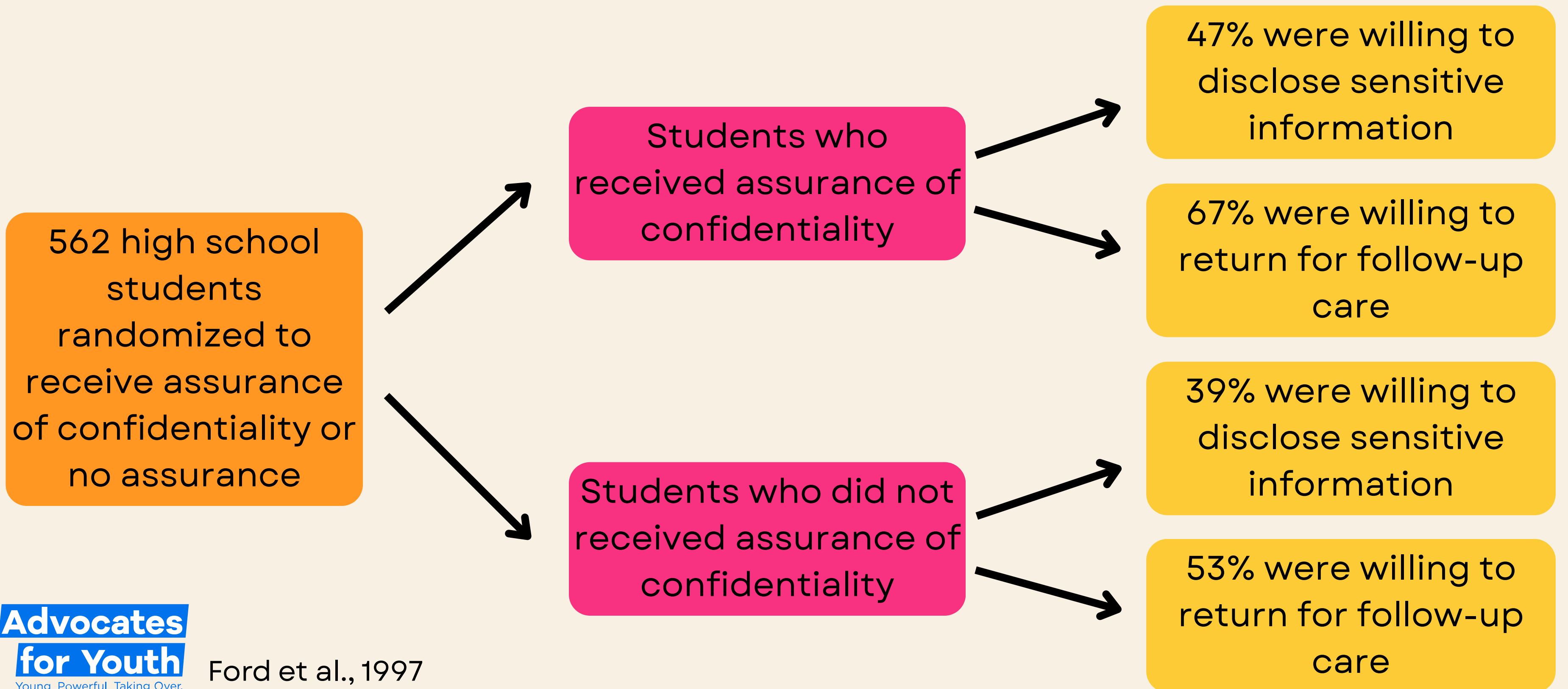
# CONFIDENTIALITY IS CLINICALLY ESSENTIAL



In a clinical setting, confidentiality affects an adolescent's:

- Decision to seek care
- Disclosure of symptoms and behavior
- Willingness to follow up for continued care

# ASSURANCES OF CONFIDENTIALITY IMPROVE CARE



# ASSURANCES OF CONFIDENTIALITY IMPROVE CARE

## 2013-2015 National Survey of Family Growth

- **12.7%** of sexually active youth cited concerns that their parents would find out as reasons to not seek sexual and reproductive health care
- More adolescents aged 15-17 who had time alone with a health care provider without a parent in the room reported receiving a sexual risk assessment than adolescents who did not spend time alone
- Female adolescents ages 15-17 who spent time alone with a provider were more likely to receive chlamydia testing than those who did not

# LACK OF CONFIDENTIALITY IS A BARRIER TO RECEIVING CARE

950 Adolescent girls seen at sexual health clinics were asked what they would do if the clinic were required to notify their parents for them to receive birth control

**59%** would stop receiving some or all sexual health services

**11%** would discontinue or delay testing and treatments for STIs and HIV

**1%** would stop having sexual intercourse

# LACK OF CONFIDENTIALITY IS A BARRIER TO RECEIVING CARE

Survey of 2,224 high school students in Massachusetts

76% of students wanted the ability to obtain confidential sexual and reproductive health services

Only 43% perceived that confidential sexual health services were available to them

1% would stop having sexual intercourse

# CONFIDENTIALITY IS DEVELOPMENTALLY APPROPRIATE



- Adolescents have an emotional need for increasing autonomy
- They have increasing intellectual capacity to give informed consent
- Confidentiality provides an opportunity for young people to take responsibility for their health

# Confidentiality is supported by expert consensus

- ✓ The Society for Adolescent Health and Medicine
- ✓ The American Academy of Pediatrics
- ✓ The American Academy of Family Physicians
- ✓ The American College of Obstetricians and Gynecologists

# ADOLESCENT CONFIDENTIALITY: WORKING WITH PARENTS



- Parents are not the enemy!
- Parents are experiencing their own adjustment to their child's increasing autonomy
- Many parents are relieved to know their young person have a trusting relationship with their healthcare provider

# ADOLESCENT CONFIDENTIALITY: WORKING WITH PARENTS



It can be helpful to send your youth patients AMAZE videos before the appointment! It can make youth feel more prepared for what the visit will look like!

# ADOLESCENT CONFIDENTIALITY: WORKING WITH PARENTS





**Our policy on confidentiality:**

**Our discussions with you are private.**

We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger.

- Discuss confidentiality in advance, when possible
- Often clinics send a letter to parents when their child reaches adolescence to introduce the topic
- Display confidentiality policies in waiting rooms and exam rooms
- Include information in education and informational materials for adolescents and parents

# Confidentiality

## **Inform patients about the confidentiality policy up front before a visit**

- Discuss billing issues, whether bills will be sent out, and if so, where they will be sent. Confirm a safe phone number or email address where you can reach out to the patient
  - Discuss alternative ways to reach patient if the options above are not available (i.e., social media accounts, etc.)
- Display materials discussing the importance of doctor/patient confidentiality
- Discuss mandatory reporting

# Confidentiality Script Example

“Everything you tell me is confidential, meaning I will not tell anyone else anything that you say, unless it involves an issue of seriously harming yourself, harming someone else, or someone is harming you. In those cases, I would have to report it, but you and I will talk about that reporting process together and next steps. Again, this is only in cases when safety is a concern, not something like smoking a cigarette. The rest of our conversation is confidential. You can ask me questions and I will provide you with an answer that will be kept between you and me.”

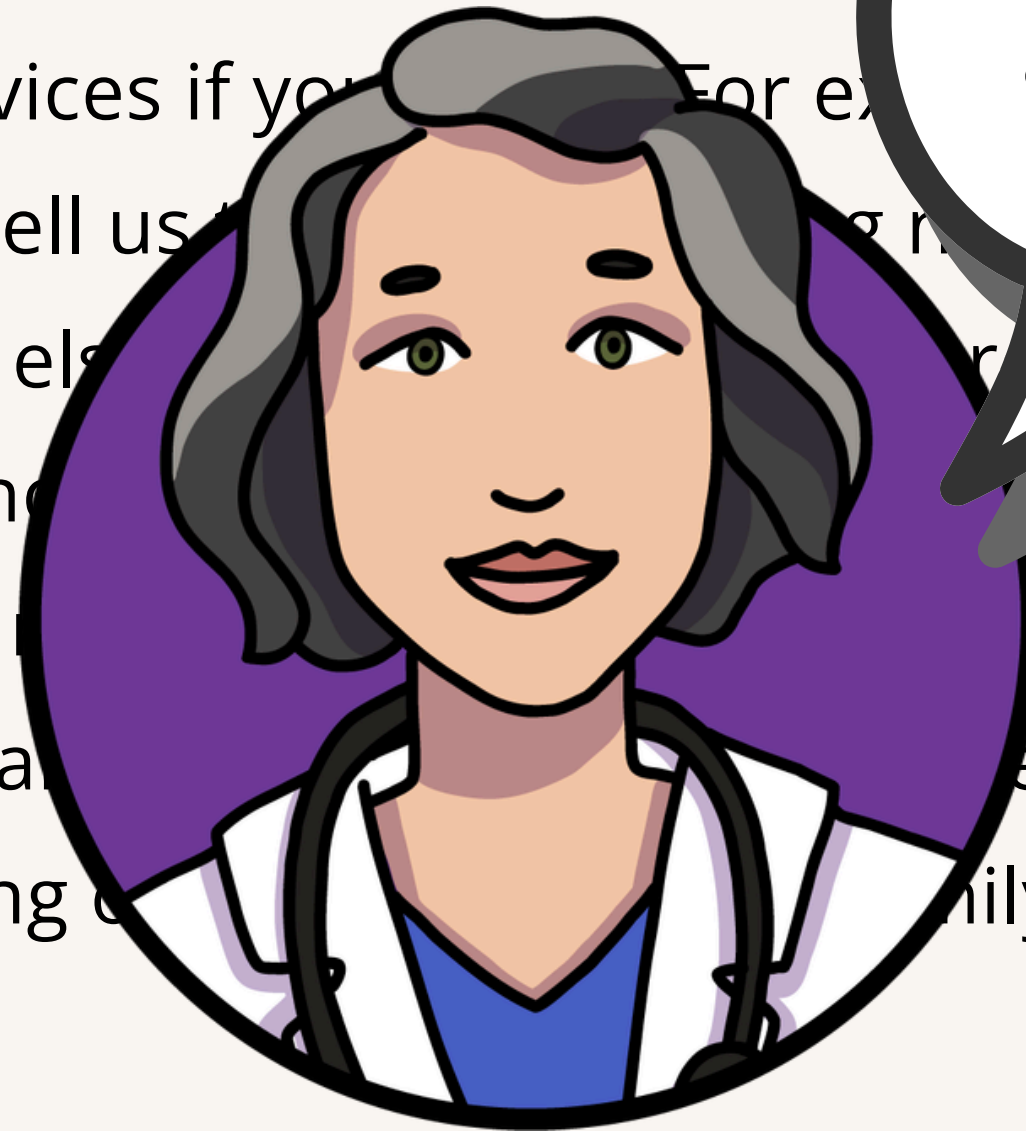
# Mandatory Reporting Script Example

“I'll be reviewing your medical history with you and what will happen before and during the procedure to make sure we keep you safe. We are here to support you. But because you are under 18 years old, it is also important you know that all of us taking care of you are mandatory reporters. This means that because you are a minor, there are certain things we are legally required to report to child protective services if you tell us. For example, we have to make a report to child protective services if you tell us that you are being neglected, or someone is hurting you, or you are hurting someone else, or if you tell us you are in a sexual relationship with someone that is in a position of authority over you like a coach or a teacher or if you are in a sexual relationship with someone who is more than four years older than you. We will let you know beforehand if we make a report. Making a report would likely lead to child protective services or the police department reaching out to you and your family.”

# Mandatory Reporting Script Example

"I'll be reviewing your medical history with you and what will happen before and during the procedure to make sure we keep you safe. We are here to support you. For minors under 18 years old, it is also important you know that all of us taking part in your care are mandatory reporters. This means that because you are a minor, there are certain situations where we are required to report to child protective services if you tell us about someone who is hurting you, or you are hurting someone else. For example, if you are in a relationship with someone that is in a position of authority over you, like a teacher or if you are in a sexual relationship with someone who is older than you. We will let you know beforehand if we make a report. Making a report may lead to child protective services or the police department reaching out to your family."

**Make sure you're aware of your state and health center's guidelines on mandatory reporting!**



# Setting expectations around confidentiality with patients and parents:

- ✓ Lay out the course of the visit, explaining which parts include parents and when parents will be asked to step out
- ✓ Validate the parents' role
- ✓ Elicit specific questions and concerns for the visit
- ✓ Direct questions to the young person, while appreciating parental input

# ASKING PARENTS TO STEP OUT OF THE EXAM ROOM

Lay out expectations at the beginning of the visit



Invite parents to have a seat in the hall or waiting room



Assure parents you will call them back before ending the visit

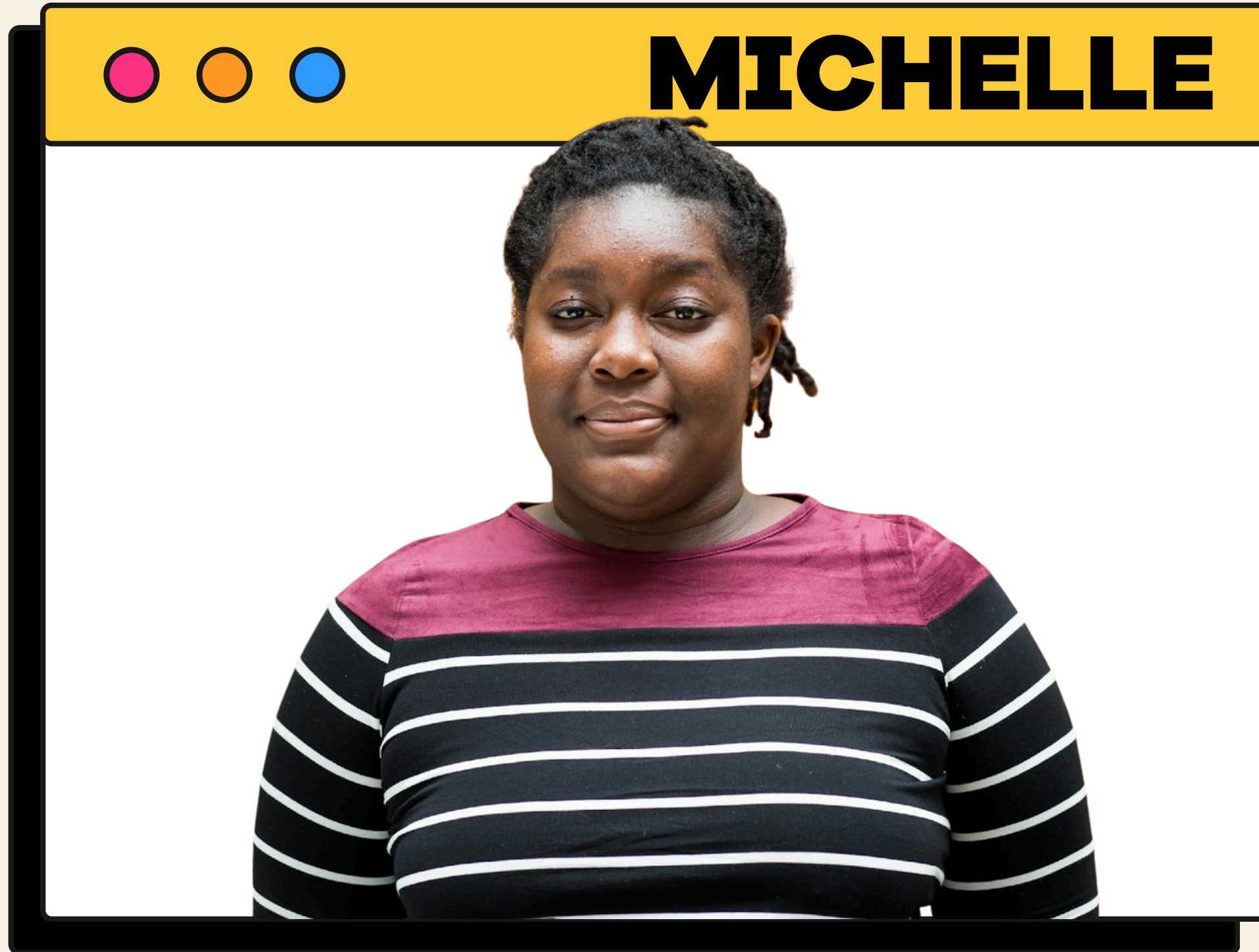


Invite parents back into the room to wrap up the visit

# Working with parents who are reluctant to step out of the room:

- ✓ Remind parents that this is clinic policy and a standard part of every patient's care once they reach the age of 11 or 12
- ✓ Acknowledge to parents that teens often have health questions they may be embarrassed to ask in front of parents
- ✓ Emphasize the importance of young people getting information from a trusted adult rather than from less reliable sources, including the internet and peers

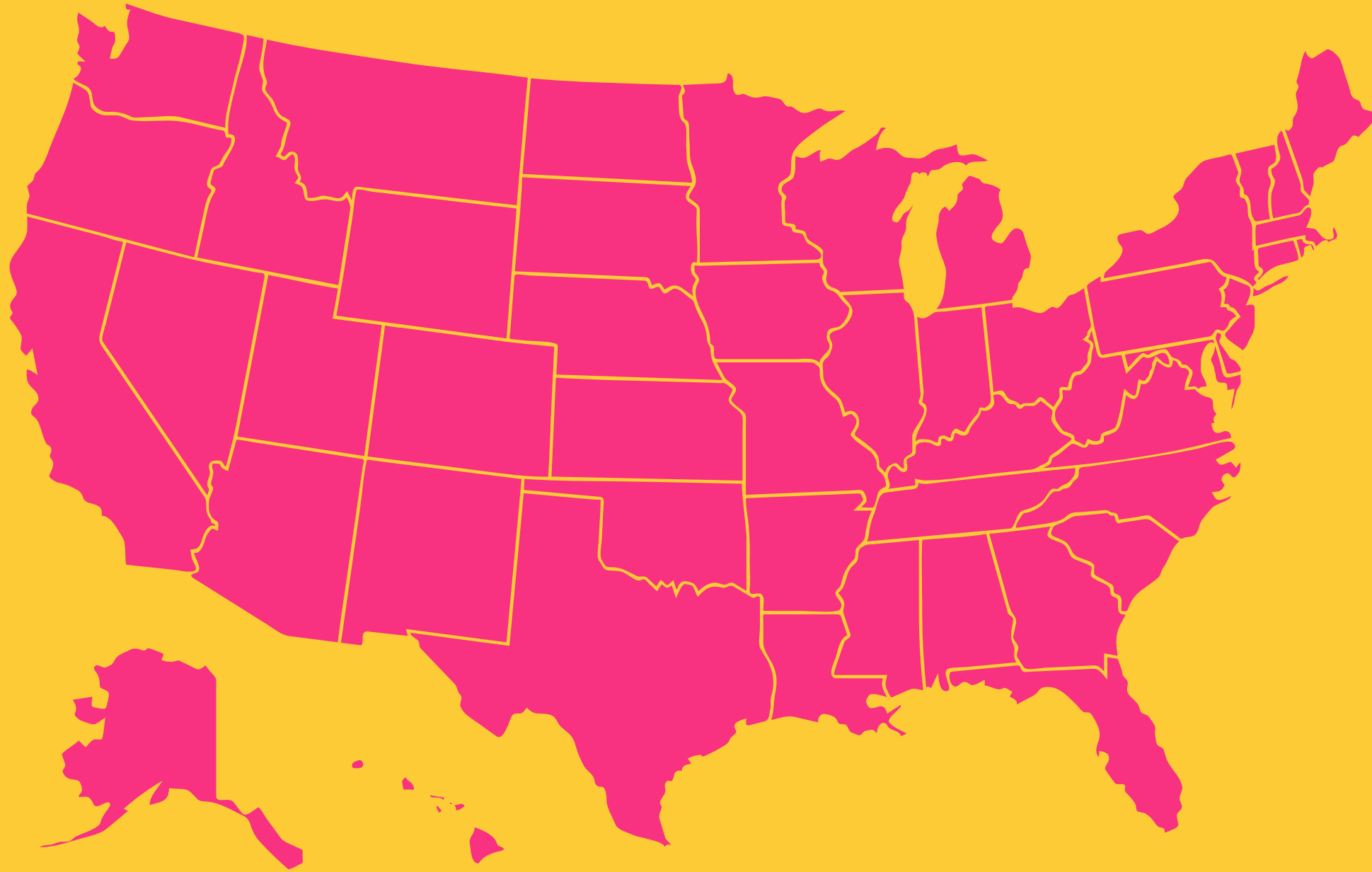
# CASE DISCUSSION



- When her mom steps out of the room, Michelle discloses that she recently had sex with her boyfriend.
- Michelle identifies as a girl and has a uterus.
- She wants to make sure she's not pregnant.

**Can Michelle consent to a pregnancy test without involving her parent?**

# Adolescents and Reproductive Health Services



- Laws regarding the ability of adolescents under age 18 to consent to medical care without the involvement of a parent or guardian vary by state and by type of medical care.
- Clinicians need to understand the rules in their state in order to provide the best possible care to adolescent patients.

# ADOLESCENTS AND CONSENT FOR HEALTHCARE SERVICES

## Who is a minor?

- People under the age of 18 are considered minors, unless they have been emancipated.
- Criteria for emancipation vary, but often include:
  - Being married
  - Serving in the military
  - Being financially independent of one's parents

# ADOLESCENTS AND CONSENT FOR HEALTHCARE SERVICES

Contraception?



Pregnancy tests?



STI testing/treatment?



Routine primary care?



Abortion?



**What can adolescents consent to on their own?**

# TITLE X & CONFIDENTIAL SEXUAL HEALTH SERVICES

The HHS Office of Population Affairs (OPA) provides Title X grants to service sites to fund **free, low cost, and confidential family planning services**

- Title X dictates that family planning services must be confidential
- Make sure to check your state-specific Title X confidentiality guidelines
- Use this resource to find Title X Clinics in your area.
  - <https://reproductivehealthservices.gov/>

# CASE DISCUSSION



**MICHELLE**



- You give Michelle a pregnancy test, and the result is negative. She is glad, as she does not want to be pregnant in the near future.
- She asks if you will help her start on birth control.

**What are Michelle's rights around starting contraception?**

# ADOLESCENT CONSENT: CONTRACEPTION

At the time of publication of this presentation...

- **25 states** and the District of Columbia explicitly **allow all minors** to consent to contraceptive services.
- **24 states** explicitly permit minors to consent to contraceptive services in **some circumstances**
- **4 states** have **no explicit policy** on minors' authority to consent to contraceptive services

# ADOLESCENT CONSENT: CONTRACEPTION

- Circumstances specified by some states under which a minor may consent for contraception:
  - Being married
  - Being a parent
  - Having graduated from high school
  - Ever having been pregnant
  - Reaching a certain age (designated in some policies as 12, 14, or 16)
  - Determined to be a "mature minor" by a healthcare provider
  - Determined by a clinician that withholding contraception would be detrimental to the patient's health

# What is the law in my state?



**The Guttmacher Institute maintains an up-to-date report on state-specific policies for minors' ability to consent to contraception**

[www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services](http://www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services)

# CASE DISCUSSION



- Michelle has only had sexual activity with her current partner, and she doesn't think he has had any other partners.
- Still, you recommend to Michelle that she get testing for STIs, including HIV, and she agrees to be tested today.

**Can Michelle be tested for STIs without parental consent?  
What about HIV?**

# ADOLESCENT CONSENT: STI SERVICES

At the time of publication of this presentation...

- **50 states** and the District of Columbia **allow minors** to consent to **STI services**
  - 12 states set a minimum age between 12-16 years to consent to STI services
- **32 states** allow all minors to consent to **HIV testing**
- **18 states** allow physicians to **inform parents** of testing or treatment
- Consent for HIV treatment and prevention (PrEP) varies across states

# CASE DISCUSSION



**MICHELLE**



Michelle's pregnancy test today was negative. However, you were prepared to provide pregnancy options counseling in the event of a positive test.

**What are Michelle's rights to consent to pregnancy options-related care, including prenatal care, adoption, and abortion?**

# ADOLESCENT CONSENT: PRENATAL CARE

At the time of publication of this presentation...

- Most states allow minors to consent to prenatal care but **12 lack explicit policies**
- **14 states** allow for providers to **share information with parents** regarding minors' receipt of prenatal care.
- Some states have minimum age requirements, require parent/guardian notification, or require the minor to be considered “mature”

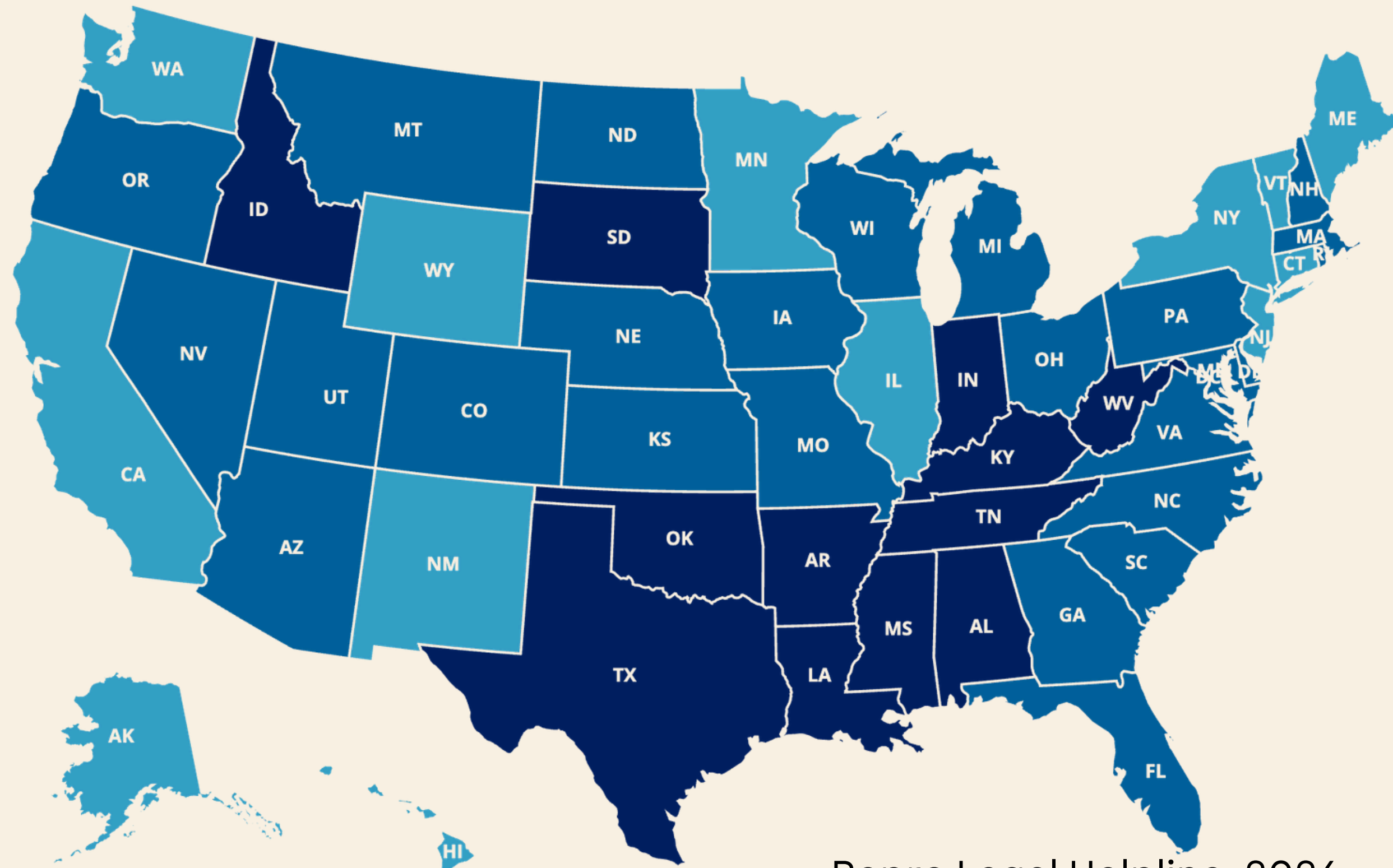
# ADOLESCENT CONSENT: ABORTION

At the time of publication of this presentation...

- **38 states require parental involvement** in a minor's decision to have an abortion
- **21 states** require only **parental consent**
- **10 states** require only **parental notification**
- **7 states** require both **parental notification and consent**
- **11 states** permit **another adult** to fulfill and/or waive consent or notification requirements

# ABORTION LAWS BY STATE FOR YOUNG PEOPLE

**At the time of  
publication of  
this  
presentation...**



Repro Legal Helpline, 2026

**For Young People:**

Banned

Parental Involvement

Available

Users of these slides are responsible for checking and adhering to state and federal laws regarding adolescent confidentiality

# What does parental involvement entail?

Parental involvement varies among states:

- Parental notification of one or both parents
- Notification plus consent of one or both parents
- Some states require the minor and a parent to provide government-issued identification to the abortion provider
- Some states require proof of parenthood
- Some states allow for a grandparent or other adult relative to consent

# ADOLESCENT CONSENT: ABORTION & JUDICIAL BYPASS

At the time of publication of this presentation...

- In states where parental involvement is required, young people are able to access abortion without their parent's knowledge if they seek permission from a judge, known as a **judicial bypass**
- This process is time-consuming and may cause delays in accessing care
- There are some exceptions to the requirement or judicial bypass procedures including the court determining the young person is “mature”, medical emergencies, and cases of abuse/incest
- Adolescents report that judicial bypass is complicated and humiliating

# What is the law in my state?



The Guttmacher Institute maintains an up-to-date report on state-specific policies for minors' ability to consent to abortion: [www.guttmacher.org/state-policy/explore/minors-access-abortion-care](http://www.guttmacher.org/state-policy/explore/minors-access-abortion-care)

If/When/How provides detailed information for adolescent abortion access: [reprolegalhelpline.org/](http://reprolegalhelpline.org/)

# ADOLESCENT CONSENT: GENDER-AFFIRMING CARE



- Currently, no state explicitly protects an adolescent's right to seek gender-affirming hormone therapy without parental involvement
- Multiple states are actively seeking to outlaw gender-affirming care for minors, even when the young person has the support of their parents and mental health providers
- **40.1%** of trans youth aged 13-17 are living in the 27 states with bans on gender-affirming care as of July 2025
- This reality adds to the significant barriers that transgender people already face in accessing quality medical care

# Effects of Parental Involvement Laws

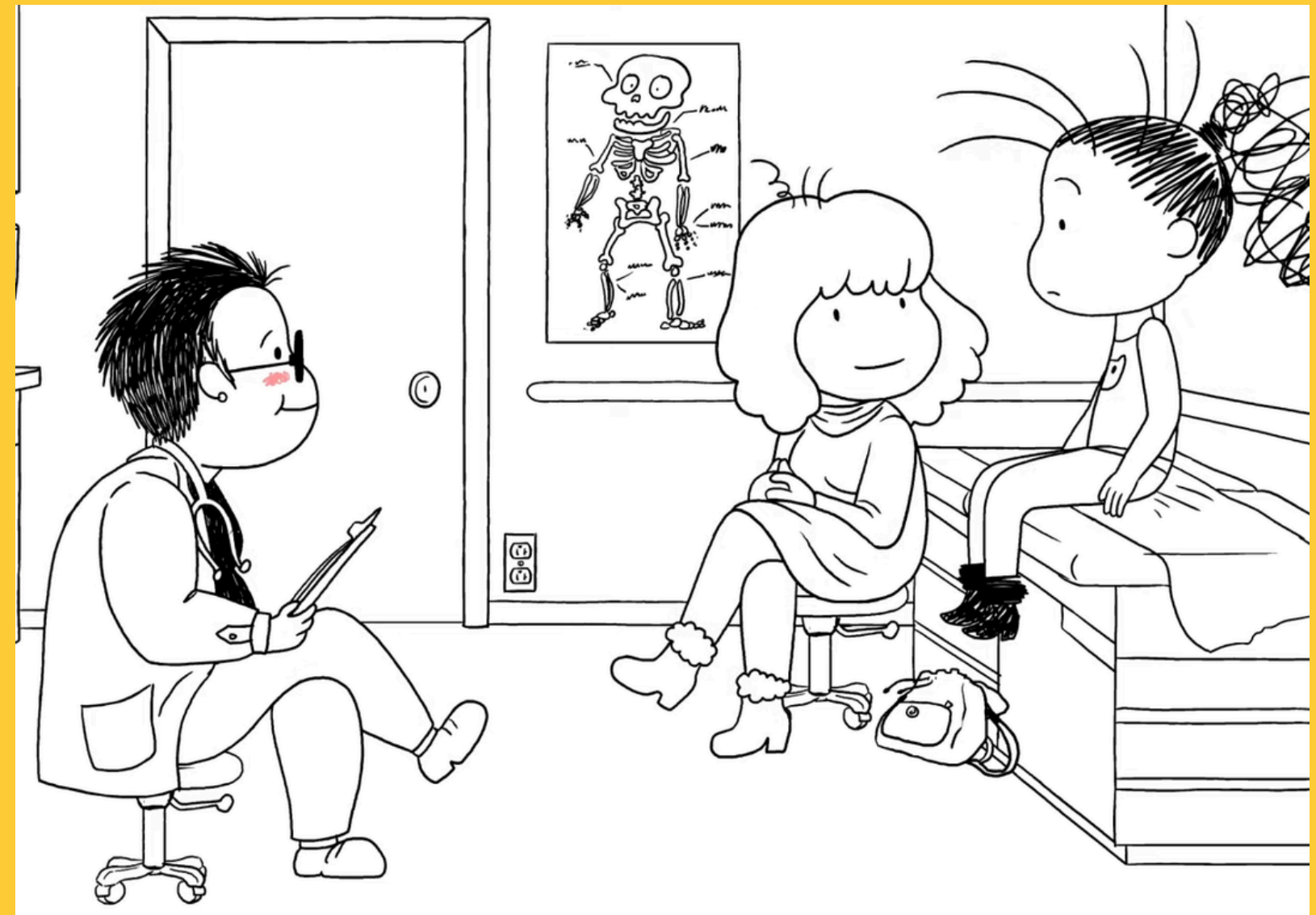
Are parental involvement laws medically beneficial?

Do they improve family communication?

# Parental Involvement Laws Negatively Affect Medical Care

We saw earlier in this presentation that:

- Adolescents who were not assured of confidentiality were less likely to disclose private information or return for follow-up care
- When parental notification was mandated, adolescents were likely to forgo care, but not to stop having sex



# PARENTAL INVOLVEMENT LAWS DO NOT IMPROVE CHILD-TO-PARENT COMMUNICATION

Most adolescents  
already talk to their  
parents about  
receiving  
reproductive  
healthcare!

**60%** of adolescents at a family  
planning clinic for  
contraception were there with  
a parent's or guardian's  
knowledge

Of those under 15 years old,  
**76%** had told a parent or  
guardian

# PARENTAL INVOLVEMENT LAWS DO NOT IMPROVE CHILD-TO-PARENT COMMUNICATION

Most adolescents  
already talk to their  
parents about  
receiving  
reproductive  
healthcare!

**64%** of adolescents receiving  
an abortion report that a  
parent or guardian is aware of  
their **abortion**

Younger patients (15 years old  
or less) are the **most likely** to  
involve a parent in their  
decision to obtain an abortion

# Reasons adolescents may not disclose seeking an abortion to parents:

- Fear of damaging their relationships with their parents
- Fear of being kicked out of their homes
- Fear of shame
- Fear of emotional and physical abuse

# BARRIERS TO CONFIDENTIALITY

Only around **half of adolescents** have had time alone with their provider or a discussion about confidentiality

Factors providers cite for whether or not they initiate private time with patients:

- Personal comfort
- Clinic policies and practices
- Patient age
- Personal and patients' cultural backgrounds

# BARRIERS TO CONFIDENTIALITY

- **Electronic medical records systems and patient portals** can be barriers to confidentiality, particularly if parents have full access to their young people's entire medical record
- Patients using a parent's private insurance may receive an **Explanation of Benefits** following appointments

# BARRIERS TO CONFIDENTIALITY

## 21st Century Cures Act

- A multi-faceted law, passed in 2016, that includes a mandate for full patient access of medical records, with some exceptions.
- Exceptions to the rule that allow health information to be withheld include:
  - Withholding information to **prevent harm** to the patient
  - Withholding information to maintain the patient's **privacy**
- Not releasing full medical information may be considered **information blocking**, and may be punishable by a fine

# Difficult Cases: Limits to Confidentiality



- Making decisions regarding use of confidentiality is no different than decisions regarding the use of an antibiotic or other treatment modality
- Clinicians must decide on possible courses of action by balancing the benefits achieved against the risks involved, guided by standards of medical ethics including beneficence, nonmaleficence, and respect for patient autonomy

# CASE DISCUSSION



## MATEO



Mateo is a 16-year-old boy who discloses in his appointment that he is feeling depressed lately.

When you ask about suicidal thoughts, he says he has been thinking about suicide and that he has a plan for how to end his life. He does not want you to tell his parents.

**How do you discuss this with Mateo?**

# Provider Script for Mateo

## **Mateo is at imminent risk of harming himself, which warrants breaking confidentiality**

- Inform Mateo that you are concerned about his safety and need to inform other adults about your concern
- Discuss who to involve and what level of information must be shared. This should be a shared decision with the provider and the patient, whenever possible
- Remain available to support Mateo through the disclosure and his ongoing care

# CASE DISCUSSION



**JOEL**



Joel is a 15-year-old non-binary patient seen in clinic who tests positive for syphilis.

Your clinic reports the anonymized case data to the state or local health department.

Joel doesn't want you to tell their parents about their diagnosis.

**Are you obligated to tell Joel's parents?**

# Provider Script for Joel

At the time of publication of this presentation...

**No state requires parental notification of positive STI results, with the exception of Iowa, which requires notification of positive HIV results.**

While you should explore Joel's safety in their sexual and romantic relationships, and encourage them to use protection against STIs, notifying their parents is not warranted in this case, and may decrease the likelihood that Joel will seek further care.

# CASE DISCUSSION



Ana is a 16-year-old girl seen in your clinic, who is sexually active, with her 19-year-old partner.

Her parents are aware of this relationship and have met her partner.

She says she really likes him, but describes him as very jealous, and says he always wants to know where she is and who she is with. She denies ever being hurt by him or forced to have sex.

**Do you express concerns to Ana's parents?**

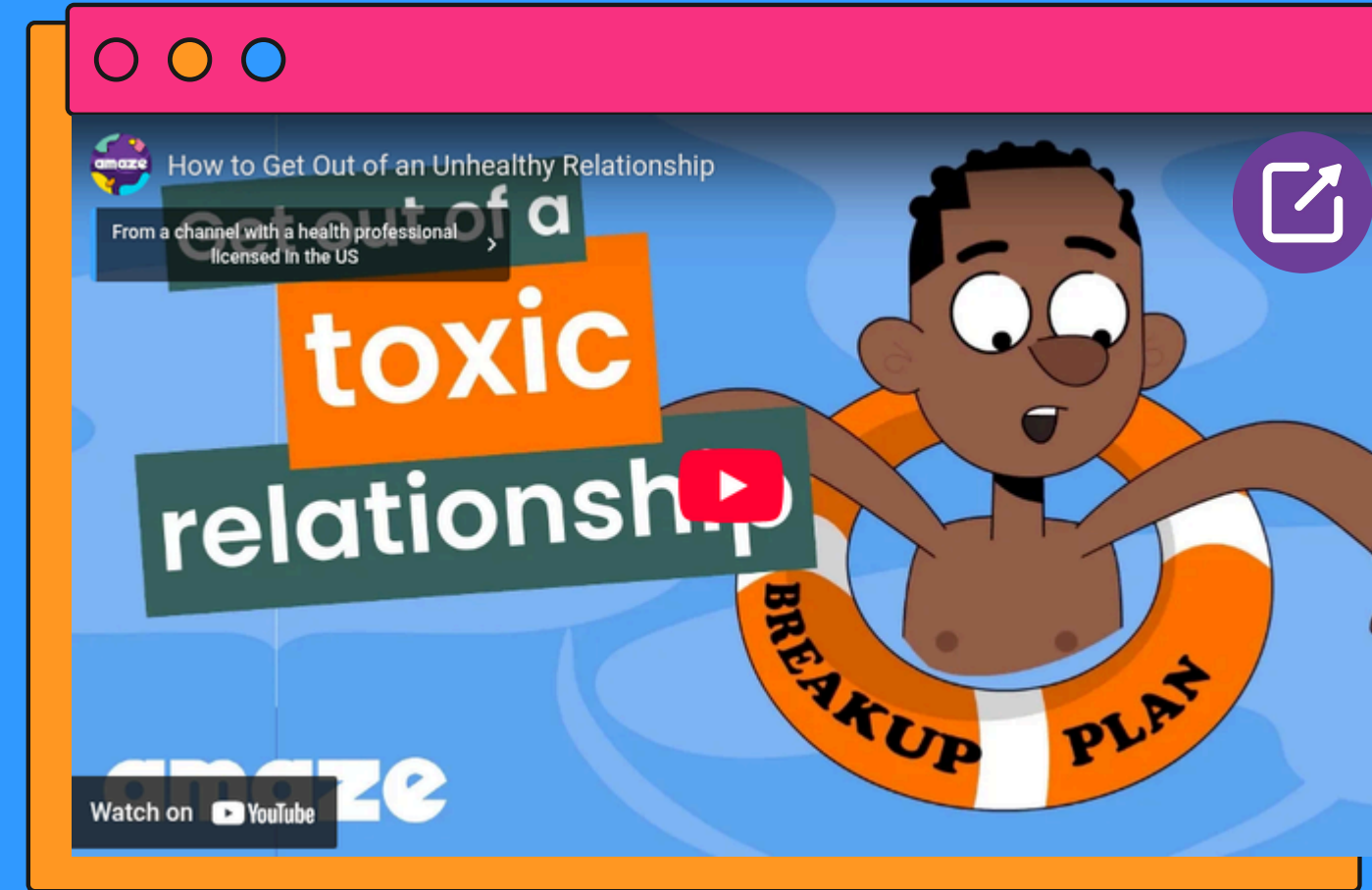
# Provider Script for Ana

**Breaking Ana's confidentiality may decrease her trust in you and decrease the likelihood of her returning for ongoing care.**

You may express concern about the health of her relationship and affirm that she deserves a partner who treats her with respect. You also should provide resources for healthy relationships and spotting signs of abuse in relationships.

Building trust and rapport with Ana may be the best intervention in the long run, allowing her to continue to see you as an ally and resource for future support.

# AMAZE Videos to Send to Ana



# A note about AMAZE



The videos featured in this training were brought to you by AMAZE.org, which is a free resource dedicated to providing comprehensive sexuality education to youth, parents, educators, and healthcare providers

AMAZE.org provides adolescents with the medically accurate, age-appropriate, honest information they need to develop into sexually healthy adults

# AMAZE HAS...

**OVER 100  
MILLION VIEWS  
ON YOUTUBE**

**300,000+  
YOUTUBE  
SUBSCRIBERS**

**MORE THAN 300  
VIDEOS TO  
CHOOSE FROM**



**Puberty: What is  
Doctor  
confidentiality?**



**Accessing Sexual  
Healthcare for  
Minors**



**How Do I Know If  
A Doctor Is  
Youth Friendly?**



**Yearly Checkups:  
Everything you  
need to know**

# YOU CAN BRING AMAZE INTO YOUR CLINICAL SETTING

- **Great materials for patients and families with links to AMAZE videos**
- **Show AMAZE videos in your waiting room or exam rooms**
- **Link videos to electronic health records and add to patient portals**
- **Create video playlists to embed in your clinic's website**



Contact AMAZE at  
**Info@amaze.org**

To get materials, offer ideas, or  
get help acquiring video files

# SUMMARY

## **Confidentiality is essential to the care of adolescent patients!**

Laws regarding minors' ability to consent to specific sexual and reproductive health services vary from state to state, and it is imperative that clinicians learn the laws in their state

Mandatory parental involvement laws do not improve care or family communication, and create additional barriers to care for adolescents

# Resources or Tools

## MICHIGAN MEDICINE SPARK CONFIDENTIALITY LAWS MODULE

[michiganmedicine.org/community/  
community-health-  
services/adolescent-  
health/resources-type/spark-  
trainings/confidentiality-laws](https://michiganmedicine.org/community/community-health-services/adolescent-health/resources-type/spark-trainings/confidentiality-laws)

## GUTTMACHER INSTITUTE STATE LAWS & POLICIES FACT SHEETS

[guttmacher.org/state-  
policy/laws-policies](https://guttmacher.org/state-policy/laws-policies)

## NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS QUALITY 4 TEENS QUALITY IMPROVEMENT PACKAGE

[nachc.org/quality4teenshealth/](https://nachc.org/quality4teenshealth/)

## REPRO LEGAL HELPLINE ABORTION LAWS BY STATE MAP

[reprolegalhelpline.org/](https://reprolegalhelpline.org/)

## SEX ETC. SEX IN THE STATES: KNOW YOUR RIGHTS MAP FOR TEENS

[sexetc.org/states/dc/](https://sexetc.org/states/dc/)



**Questions or Comments?**

All references are available upon request or can be found in slide speaker notes.

## ACKNOWLEDGEMENT

The original version of this presentation was created by Physicians for Reproductive Health and a team of physician volunteers and medical residents who contributed their time and expertise to develop the original set of ARSHEP modules. The presentation was revised in 2021-2022 with the support of the Cooperative Agreement PS18-1807 from the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). The contents do not necessarily represent the official views of the Centers for Disease Control and Prevention. The Westwind Foundation funded this revision of the ARSHEP module.

Advocates is grateful to Cassandra Smith, Intern at Advocates for Youth and MPH Candidate at The George Washington University, for her work on this newly revised version of the presentation. Additional thanks to Daniel Marrufo, Emily Morel, and Pranay Puppalla for assistance developing the case scenarios and AMAZE playlist.

# Thank You!



Adolescent Reproductive and Sexual Health Education Project (ARSHEP)