

<p>Do adolescents have the opportunity to see health workers without parents, family, partners, or friends?</p> <ul style="list-style-type: none"> Do providers know creative strategies for getting a moment alone with adolescents to ask whether she/he would like to discuss anything without her/his parents, family members or friend present? Are providers aware that the person who accompanies the adolescents may be or may reveal information to other people or to perpetrator of violence for example? Do providers ask adolescents about sex, sexuality, or violence in the presence of partners, parents, family members or friends? Do health workers know how to distract a family member or friend long enough to ask an adolescents about abuse when they suspect that the adolescents has been a victim of violence or any related sexual and reproductive health concerns? 	<p>Many adolescents want their parents, family members or friends to be present when they meet with a health worker, and health centres need to respect their wishes. However, health care providers also need to understand that in some cases, the parents or family member accompanying the adolescents may be an abuser, may have the potential for violence, or may reveal confidential information to a violent member of the household.</p>	<p>Health care providers need to work with staff to develop policies about when to allow family and friends to accompany adolescents at different stages of the consultation.</p> <p>These policies should balance the need to protect adolescents' privacy with the need to respect adolescents' preference for having a family member or friend present during the consultation.</p> <p>Protecting adolescents' privacy may require that providers understand the potential risks, use their judgment about what information to discuss in front of family members, and find creative strategies to obtain consent and to distract family members who may actively try to prevent adolescents from consulting a health worker in private. Provide leaflets or reading materials to the accompanying adults and explain to them that health care providers should meet the adolescents privately.</p>
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4.3 Strengthening Confidentiality

Confidentiality is an essential component of quality care and patient rights in any health-care setting. It increases the willingness of an adolescent to seek care and utilize health services available. Most teenagers appreciate it when they can talk with someone outside of the presence of any parent. The teenager prefers to have some time alone with the provider to discuss certain issues. Even if the complaint may be as simple as cough and colds, there may be some underlying concern that the teenager is not ready to divulge in the presence of his parents.¹¹

Many problems of adolescents are rooted in behaviours that may not be revealed unless the health provider opens his lines of communication with the teenager. However, confidentiality is particularly important when adolescents experience early pregnancy, violence or within any HIV related concerns, because breaches of confidentiality can have life-threatening consequences for adolescents living or facing in situations of early pregnancy, violence and HIV.

Sample Recommendations in Strengthening Confidentiality (adapted and revised from IPPF/WHR Tools)

Key concerns regarding confidentiality	Challenges	Recommendations
<p>Are medical records stored in a secure place?</p> <ul style="list-style-type: none"> Are clients' medical records kept in a secure place that can be locked and is closely supervised? Do the health centres have written policies about who is allowed to access client records? Has the health centre raised staff awareness about the importance of guarding the confidentiality of medical records? 	<p>In any setting, breaches of confidentiality can occur if medical records are kept out in the open, in an unsecured place, or in reach of anyone who comes into the clinic. Moreover, in many health centres, patients may see whichever doctor is available that day, rather than having their own personal physician.</p>	<p>In such settings, many different health workers have access to medical records. Each health centre should develop policies about who can access medical records and under what conditions. Managers or coordinators should train staff to understand the risks of breaching confidentiality.</p>

<p>Does the health centre have clear policies about confidentiality, including:</p> <ul style="list-style-type: none"> • Whether and when they are allowed to share information with: • Other staff members? • Parents of minors / Family members? • Local law enforcement authorities? • When and how staff should obtain consent from adolescents before • sharing information about her situation to a third party? • Informing adolescents about any limits to confidentiality? 	<p>Health workers often face difficult questions about whether and when to reveal medical information about a patient. For example, if an adolescent girl has been beaten or raped by her boyfriend, or if she is pregnant, do the parents have a right to know?</p> <p>What if the girl wants to keep this information secret from her parents? What if there is evidence that the girl's family will subject her to further abuse or mistreatment?</p> <p>Is there a legal requirement to report this information to the authorities? What if the local law enforcement system itself is abusive? Does the clinic want to follow the legal reporting requirements?</p> <p>These are questions that should be addressed at the level of the health centres through norms and policies.</p>	<p>Health workers should participate in developing those policies, but they should not be forced to make these decisions alone without guidance or support from the institution.</p> <p>The issue of confidentiality has been identified as a significant barrier to access to health care by both the health provider and the adolescent. Most parents, once they have been made aware of the rules of conduct in the clinic, will allow the teenager some time alone with his provider. Let the parent know why this is being done and that your plans will be discussed with them after you have made a thorough evaluation of their child.</p> <p>(DOH Policy on ensuring confidentiality is stipulated at the Standards on AFHS. It is also discussed at the ADEPT e-learning toolkit, and Adolescent Job Aid Manual.)</p>
<p>Does the staff have basic knowledge and awareness about the importance of confidentiality?</p> <ul style="list-style-type: none"> • Are the staffs understand why a breach of confidentiality can put an adolescent at great risk? • Are the staffs trained not to reveal client information without permission? • Does the staff know what kinds of information, if any, it is legally required to report to the authorities, for example, evidence of physical or sexual abuse of adolescents, or physical violence against girls, boys, or LGBT • Does the staff know how to handle HIV counselling and testing? • Is there a mechanism in the health centre for getting feedback from staff about how well the health centre policies are working? 	<p>Some health centres or hospitals do not have any written policies about confidentiality. In other cases, norms and policies about confidentiality exist, but were not developed with adequate participation or feedback from providers.</p> <p>In many settings, policies exist on paper, but the staff has not been adequately informed about what the policies are and what they are expected to do. If providers disagree with a policy or find it unworkable, they may simply ignore it.</p>	<p>Ideally, every organization or health centre would develop norms and policies about confidentiality, with the participation of staff. The next step is to ensure that health personnel actually know what the policies are, support those policies, and understand the reasons behind them.</p> <p>When the management involves providers in developing the policies and monitors how well those policies work, it can resolve problems and refine the system to ensure that patient confidentiality is better protected.</p>