



Position Statement: Treatment of Minors

When young women of minor age present to the clinic for medical care, including gynecologic care, it is our legal right to provide them with such care without consent of their parent or guardian, and our legal responsibility to provide that care confidentially. (We are legally required to reveal if a patient is in danger to herself or others, such as suicidal or homicidal intentions, or if there is evidence of statutory rape occurring, namely sexual activity between a girl 14 years or younger and a male 4 or more years older than she.)

This can produce a conflict, because the adults in the patient’s life often want, need, or deserve to know what the medical care for a minor consists of, while the young woman may or may not want them involved.

What we want more than anything is to help open up rather than harm the communication available between young women and the adults in their lives, and not to be considered an evil facilitator for having provided a young woman answers to her questions, medical advice to keep her safe, prescriptions she requests and safely be given, or referrals for other medical care she desires. Rather than creating a triangle out of the communication (as in “What did you tell my daughter? What did my daughter tell you?”), since we cannot reveal information without violating the confidence of our relationship with the patient, we hope that you discuss these important issues together, with/without us involved.

It is often helpful to realize that the common goal we all share is that the young woman who is our patient remains safe. Safe from: physical harm, unintended pregnancies, sexually transmitted diseases, and emotional harm. If we all communicate with that understanding, the exchange of information is often more adult, more respectful and flows more freely.

While we encourage adults to accompany young women to the clinic, we also would appreciate and usually need an opportunity to talk about confidential topics without the adult in the room at some point. This is not unusual: even pediatricians do this!

Young women seeking care must realize that it is fraudulent for us not to bill for services we provide, and that the billing information, if routed through an insurance company, ends up with the person responsible for the medical bill. In other words, if screening tests for sexually transmitted diseases are performed (and they are recommended by the American College of OB/GYN’s for all sexually active women younger than 30 who have not had all the children they want, annually), they must be either paid for at the time of the visit or they will be billed to the responsible third party (insurance contracted by the parent or guardian).

Alternatives to care in our clinic for young women of limited financial means include clinics at the Municipality (eighth & L street), and Planned Parenthood (south Lake Otis).

Agreement to Treat

I, _____, am a parent or guardian of a minor patient, _____,

And I have legal authority to make medical decisions for the patient. I have read the above Position Statement: Treatment of Minors prepared by the Anchorage Women's Clinic (AWC). I understand that the AWC has a responsibility to maintain confidentiality, as outlined in the Position Statement, needs to be maintained. I understand there will be times when the minor will need to be alone with one or more AWC physicians when no other adults are in the room and that confidential topics may come up during these periods. I also understand that the AWC encourages open communication between parents and minor patients and hopes there will be discussions of these topics either with/without an AWC physician being present.

THEREFORE, In consideration of the AWC’s agreement to treat the minor patient named above, I, as the patient’s parent or legal guardian, hereby consent that the AWC may keep confidential any information received by the AWC from the patient that is deemed by the AWC to be confidential. I also agree that I will not make a claim or demand for the release of such information and hereby waive any right to do so, both on my own behalf and on behalf of the minor patient.

DATED: ____/____/____

(Parent/Guardian of the minor patient named above)

DATED: ____/____/____

(Minor patient named above)