

Sample Letter to Adolescents on Privacy

(On Letterhead)

Because laws about confidentiality and minors' consent for health services vary from state to state and clinicians' communication styles vary, clinicians' correspondence and conversations about privacy issues will necessarily vary from setting to setting. Following is a sample letter to adolescents developed for a particular practice that may be adapted to meet other practices' needs, in accordance with their state's laws addressing confidentiality and consent:

[Date]

Dear [adolescent's name]:

Congratulations on reaching your [__th/nd/st] birthday! In our office, this officially signifies that you are no longer a child and now have some special health care privileges that come with being an adolescent.

- 1) You will now have an opportunity to speak with your doctor alone. This will allow you privacy if you feel you need it. We encourage you to share your health concerns with your parents, but things we discuss can remain private if you would prefer. We will still talk with your parents as well to address their questions and concerns about your health, ensure their understanding of our plans, and encourage their support. The only exception to maintaining your privacy is if the doctor feels that your health or the health of someone else is in great danger. If private issues do need to be discussed with your parents, the doctor will always let you know first and involve you in decisions about how best to do that together.
- 2) We want you to know that we are interested in your physical and mental health and that you can talk with us about any aspect of your life—when you are happy or feeling good about a success in something, but also if you are unhappy or things are bothering you or stressful, or whenever there are any issues that you would like to talk about.
- 3) We encourage you to ask us questions rather than wait for your parents to ask for you. This includes questions that might come to you when you are not here at an appointment. Feel free to call our office (or e-mail me) with any questions or concerns you may have. My e-mail address is [e-mail address]. Also, if you need to talk to a nurse, please call this number—[phone number]—and leave a message for [name].
- 4) Now that you are older, we encourage you to learn more about your personal health and how to keep making healthy choices. We want you to be aware of any risk factors that you may have for illnesses and how to find information you can trust for all health questions and concerns that may arise. We will be spending more time with you explaining health and illness issues, including mental health and substance use.

Our practice provides medical care for all young adults until their [__th/nd/st] birthday, and we hope that you will continue receiving your care here even when you are in college. When you are ready to transition to the care of an adult medical doctor, we will be happy to help with that step in your life.

Please call if you have any questions.

Sincerely,

[Dr Name]