

**Family Participation Counseling
Policy & Protocols Template**

Approved by the Rhode Island Department of Health, Family Planning Program, Medical Advisory Committee (MAC) on 12/13/06

AGENCY NAME

Title: Family Involvement Counseling for Minor Clients	P & P #	Page #1 of
Original Date Written:	Dates Reviewed:	Next Review Date:
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Purpose: To ensure that all minor clients (e.g. female and male clients <18 years of age) receive documented counseling encouraging them to involve their families in their decision to seek family planning services and to ensure that all minor clients receive assurances that any Title X family planning services they receive are confidential and, if follow-up is necessary, every attempt will be made to ensure the privacy of the minor client in accordance with federal Title X requirements. Counseling services provided will include making sure that the minor understands that parent involvement is not required, while at the same time, letting the minor know how beneficial it could be to them to involve their parents in their decision to seek Title X family planning services.

Scope: All sites.

Background: This standard is consistent with recommendations made by other organizations, including the American Academy of Pediatrics (AAP), the American Medical Society (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), and the Society for Adolescent Medicine (SAM).

Policy: [Name of Agency] will utilize practice guidelines and recommendations developed by the American Academy of Pediatrics (AAP), the American Medical Society (AMA), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), and the Society for Adolescent medicine (SAM) in the provision of evidence-based counseling encouraging minors to involves their families in their decision to seek family planning services. It will also adhere to pertinent state laws and regulations, as well as the federal Title X requirements (USHHS OPA January 2001).

Protocols

1. Adolescents will be encouraged to involve their families in health decisions, whenever possible; however, when such involvement is not in the best interest of the adolescent or when parental involvement may prevent the adolescent from seeking care, confidentiality will be assured (SAM, March 1992, SAM, December 1991, AAP, 2006).
2. Health care providers will inform adolescent patients and their parents, if available, about the requirements of confidentiality, including a full explanation of what confidential care entails and the conditions under which confidentiality might be breached (SAM, December 1997, AAP, 1999). Information that would suggest someone is in danger, or evidence of abuse must be reported to the proper authorities (AAFP, 2006). The health care provider will adhere to state laws requiring the reporting or notification of abuse, neglect, rape, molestation and incest involving children. **(Should refer to agency reporting protocols- e.g. who needs to report/how to do it, documentation required, the telephone number, what to do after hours, etc.)**. The health care provider will also ensure that appropriate services will be provided to adolescents who have been sexually victimized (SAM, December 1991).
3. If accompanied by a parent/guardian, health care providers will offer the adolescent an opportunity for examination and counseling separate from parents/guardians, and their privacy will be respected (AAFP, 2006).
4. If accompanied by a parent/guardian, the health care provider will educate parents/guardians to encourage their adolescents toward personal responsibility in health care, and facilitate communication regarding appointments and payments, in a manner supportive of the adolescent's right to confidentiality (AAFP, 2006). Parents/guardians and adolescents will be informed that insurance information often cannot be kept confidential from the guarantor of payment (AAFP, 2006).
5. Every new minor Title X family planning client will receive documented counseling on family involvement at his/her initial visit, whether or not a physical exam is given at that visit. If it is not practicable to provide such counseling during the initial visit, such counseling will be provided within six (6) months after the initial visit. Thereafter, counseling must be provided *at least* every twelve (12) months until the client reaches 18 years of age.
6. Counseling will also be provided if a change otherwise has occurred in the minor's status since the last counseling session (whether or not counseling has been provided within the last 12 months) that, in the judgment of the health care provider merits the revisiting of counseling encouraging family involvement (e.g. the minor client is under the custodial care of another parent, the minor client indicates that the nature of his/her relationship with the parent has changed, making family involvement more feasible, etc.).
7. Abstaining from sexual intercourse will be encouraged for adolescents, because it's the surest way to prevent HIV, STDs, and pregnancy. Adolescents who have been sexually active previously will be counseled regarding the benefits of postponing future sexual activity (AAAP, June 2001, SAM, December 1991, ACOG, April 1995).
8. Sexually active adolescents and adolescents contemplating sexual activity will be encouraged to use reliable contraception and condoms (AAP, June 2001, SAM,

- December 1991). The latex condom will be made widely available to young people (ACOG, April 1995). An advance provision of emergency contraception for sexually active adolescent females and adolescent females who are contemplating sexual activity will be provided (ACOG, March 8, 2001, AAP, October, 2005)
9. Clear documentation of each counseling session will be included in the client's medical record. **(Explain where such documentation will occur).**

References

American Academy of Family Physicians, Adolescent Health Care, 2006

<http://www.aafp.org/online/en/home/policy/policies/a/adolescent.html>

American Academy of Family Physicians, Protecting Adolescents: Ensuring Access to care and reporting Sexual Activity and Abuse, 2006

<http://www.aafp.org/online/en/home/policy/policies/a/adolescentsprotect.html>

American Academy of Pediatrics Committee on Adolescence, *Condom Use By Adolescents*, (Especially, recommendation # 1 & #2), Pediatrics, Volume 107, Number 6, June 2001,

http://aappolicy.aappublications.org/cgi/search?FLAGS=policy_statement%2Cclinical_report%2Ctechnical_report%2Cpractice_guidelines%2Cparent_pages%2Cendorsed_policy_statement%2Cendorsed_clinical_report%2Cendorsed_technical_report%2Cendorsed_practice_guidelines&datatype=rangedates&titleabstract=Condom+Use+By+Adolescents&fulltext=&imageField.x=65&imageField.y=17

American Academy of Pediatrics Committee on Adolescence, Contraception and Adolescents (Especially, Counseling Adolescents about Contraception & Confidentiality sections, page 1162), Pediatrics, Volume 104, Number 5, November 1999,

http://aappolicy.aappublications.org/cgi/search?FLAGS=policy_statement%2Cclinical_report%2Ctechnical_report%2Cpractice_guidelines%2Cparent_pages%2Cendorsed_policy_statement%2Cendorsed_clinical_report%2Cendorsed_technical_report%2Cendorsed_practice_guidelines&datatype=rangedates&titleabstract=contraception+and+Adolescents&fulltext=&imageField.x=74&imageField.y=12

American Academy of Pediatrics Committee on Adolescence, Emergency Contraception (Especially page 1031), Pediatrics, Volume 116, Number 4, October 2005,

http://aappolicy.aappublications.org/cgi/search?FLAGS=policy_statement%2Cclinical_report%2Ctechnical_report%2Cpractice_guidelines%2Cparent_pages%2Cendorsed_policy_statement%2Cendorsed_clinical_report%2Cendorsed_technical_report%2Cendorsed_practice_guidelines&datatype=rangedates&titleabstract=contraception+and+Adolescents&fulltext=&imageField.x=74&imageField.y=12

American College of Obstetricians & Gynecologists (ACOG). Committee on Adolescent Health Care. Condom Availability for Adolescents. April 1995 (ACOG Committee Opinion 154).

American College of Obstetricians and Gynecologists (ACOG). Emergency oral contraception. March 8, 2001 (ACOG Practice Bulletin; No. 25).

American Medical Association, *Guidelines for Adolescent Preventive Services (GAPS): Recommendations Monograph* (Especially, Recommendation #3 and #4), 1997, <http://www.ama-assn.org/ama/pub/category/1980.html>.

Society for Adolescent Medicine, *Access to Health Care for Adolescents* (Especially Confidentiality section), March 1992, <http://www.adolescenthealth.org/positionpaperssummary.htm#Access>

Society for Adolescent Medicine, Confidential Care for Adolescents in the Health Care Setting, December 1997, <http://www.adolescenthealth.org/positionpaperssummary.htm#Confidential>

Society for Adolescent Medicine, Reproductive Health, December 1991, <http://www.adolescenthealth.org/positionpaperssummary.htm#Reproductive>

US Department of Health & Human Services, Office of Population Affairs, Office of Family Planning, *Program Guidelines for Project Grants for Family Planning Services*, January 2001, http://opa.osophs.dhhs.gov/titlex/ofp_references.html