OREGON

SCHOOL-BASED HEALTH ALLIANCE

Engaging with the Public on Minor Consent, Confidentiality, and SBHC Services

---

September 2015

Introduction

School-based health centers are a crucial health care access point for young people in Oregon. They deliver quality, affordable, cost-effective services while operating at the intersection of primary care, education, and public health with an emphasis on prevention and student empowerment.

Uniquely positioned to serve the K-12 population, providers, coordinators, and medical sponsors need to have a clear understanding of Oregon's minor consent laws, parental engagement policies, confidentiality, and key points concerning SBHC services. This guidance, *while not legal advice*, is designed to help providers navigate these issues and prepare them for effectively communicating with the public, students, families, educators, and other professionals.

Key points for providers at SBHCs

1. Consult or refer to your SBHC's parent/family engagement policy for guidance on how and when to involve parents, guardians, and families in care.
2. Note that Oregon's minor consent laws apply to all clinics, hospitals, and providers in the state and SBHCs adhere to the same laws.
3. Remember that SBHCs are subject to certification standards and therefore adhere to rigorous guidelines for services and care.
4. Refer to best practices that recommend parent, guardian, and family engagement where possible.

Oregon Minor Consent Laws (Summary)

The following information is designed to help school-based health center staff understand minor consent laws and parent/family engagement policies.

- Oregon law applies to all clinics and hospitals, including school-based health centers (SBHCs).
- The oldest provisions of the law have been in place for more than 40 years, since 1971.
- Key provisions of Oregon's minor consent laws:
    - Students age 14 and up have the right to consent to mental health services.
    - Students age 15 and up have the right to consent to physical health and dental services without permission from their parents or guardians.
    - Students of any age can consent to diagnosis, treatment, and care related to sexually transmitted infections, and may consent to care for reproductive health and family planning services.
    - Any physician/provider may provide birth control information and services to any person regardless of age.
    - Providers may advise parents and guardians of services without consent of the patient unless it poses a risk to the patient.

    - At 14, minors can consent to addiction and mental health services but parents should be involved by the end of the treatment.
- The law is intended to protect the health of adolescents and to protect public health and to avoid negative health outcomes that would result from a lack of care.

Oregon Minor Consent Laws (Full detail)

109.610 Right to treatment for venereal disease without parental consent. (1) Notwithstanding any other provision of law, a minor who may have come into contact with any venereal disease may give consent to the furnishing of hospital, medical or surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to the local or state health officer or board. Such consent shall not be subject to disaffirmance because of minority.

(2) The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize such hospital, medical or surgical care and without having given consent the parent, parents, or legal guardian shall not be liable for payment for any such care rendered. [Formerly 109.105; 1977 c.303 §1]

109.640 Right to medical or dental treatment without parental consent; physicians may provide birth control information to any person. Any physician may provide birth control information and services to any person without regard to the age of such person and a minor 15 years of age or older, may give consent to hospital care, medical or surgical diagnosis or treatment by a physician licensed by the Board of Medical Examiners for the State of Oregon, and dental or surgical diagnosis or treatment by a dentist licensed by the Oregon Board of Dentistry, without the consent of a parent or guardian, except as may be provided by ORS 109.660. [1971 c.381 §1]

109.650 Disclosure without minor's consent and without liability. A hospital or any physician or dentist as described in ORS 109.640 may advise the parent or parents or legal guardian of any such minor of such care, diagnosis or treatment or the need for any treatment, without the consent of the patient, and any such hospital, physician or dentist shall not be liable for advising such parent, parents or legal guardian without the consent of the patient. [1971 c.381 §2]

109.675 Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent. (1) A minor 14 years of age or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a mental or emotional disorder or a chemical dependency, excluding methadone maintenance, by a physician licensed by the Board of Medical Examiners for the State of Oregon, a psychologist licensed by the State Board of Psychologist Examiners, a nurse practitioner registered by the Oregon State Board of Nursing, a clinical social worker licensed by the State Board of Clinical Social Workers or a community mental health and developmental disabilities program established and operated pursuant to ORS 430.620 when approved to do so by the Department of Human Services pursuant to rule.

(2) However, the person providing treatment shall have the parents of the minor involved before the end of treatment unless the parents refuse or unless there are clear clinical indications to the contrary, which shall be documented in the treatment record.

The provisions of this subsection do not apply to: (a) A minor who has been sexually abused by a parent; or (b) An emancipated minor, whether emancipated under the provisions of ORS 109.510 and 109.520 or 419B.550 to 419B.558 or, for the purpose of this section only, emancipated by virtue of having lived apart from the parents or legal guardian while being self-sustaining for a period of 90 days prior to obtaining treatment as provided by this section. [1985 c.525 §1; 1989 c.721 §47; 1993 c.546 §137; 1997 c.249 §38]

109.680 Disclosure without minor's consent; civil immunity. A physician, psychologist, nurse practitioner, licensed clinical social worker or community mental health and developmental disabilities program described in ORS 109.675 may advise the parent or parents or legal guardian of any minor described in ORS 109.675 of the diagnosis or treatment whenever the disclosure is clinically appropriate and will serve the best interests of the minor's treatment because the minor's condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or the minor's condition requires detoxification in a residential or acute care facility. If such disclosure is made, the physician, psychologist, nurse practitioner, licensed clinical social worker or community mental health and developmental disabilities program shall not be subject to any civil liability for advising the parent, parents or legal guardian without the consent of the minor. [1985 c.525 §2; 1989 c.721 §48]

109.685 Person providing treatment or diagnosis not subject to civil liability for providing treatment or diagnosis without consent of parent or guardian. A physician, psychologist, nurse practitioner, licensed clinical social worker or community mental health and developmental disabilities program described in ORS 109.675 who in good faith provides diagnosis or treatment to a minor as authorized by ORS 109.675 shall not be subject to any civil liability for providing such diagnosis or treatment without consent of the parent or legal guardian of the minor. [1985 c.525 §3; 1989 c.721 §49]

Source:
https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/Training1208_MinorConsentStatutes.pdf

Mandatory Reporting

Physicians, nurses, teachers, and social workers, among others, are mandatory reporters under Oregon law (ORS 419B.005). Mandatory reporters must share health information with local health authorities under certain situations, such as cases of communicable diseases or infections, or in the case of child abuse, neglect or harm. More information:
http://www.oregon.gov/dhs/abuse/Pages/mandatory_report.aspx

Parent/Family Engagement & SBHCs

- State certification standards indicate that SBHCs must have written policies, *developed at a local level*, set forth and in place for:
    - Consent for SBHC services (parent and/or client).
    - Release of information and/or access to medical records to parents/families when requested by parents and guardians.
    - Method of transmitting billing and other fiscal information to agencies, including the handling of explanation of benefits (EOB) statements for confidential patient visits.
    - Reporting of child abuse and maltreatment.
    - Parental involvement.
    - SBHC certification standards: https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/CertificationStandards2014.pdf
- SBHCs consistently encourage and support adolescents to voluntarily disclose information about their care to their parents and guardians.
- The importance of confidentiality:
    - Many adolescents have privacy concerns related to confidentiality in care.
    - Adolescents are primarily concerned about disclosure of information to their parents or guardians related to substance use, sexual behaviors, and mental health.
    - These privacy concerns can influence (1) whether adolescents seek care, (2) when adolescents seek care, (3) where adolescents seek care, and (4) how openly adolescents talk with health care provider.
    - Greater assurance of confidentiality means an increased willingness to disclose sensitive information and a greater chance that young people get the right services at the right time, therefore preventing ongoing or more severe medical conditions.
    - Protecting consent and confidentiality for adolescents supports better communication related to health care with parents, guardians, and other adults.
    - Young people who suffer from physical or emotional violence are less likely to seek health services unless there is the assurance of confidentiality, especially if the violence involves a parent or guardian.

Facts about Oregon Youth*

- 23 percent of 11th graders say an adult has intentionally hit or physically hurt them.
- 45 percent of 11th graders say they have been sexually active.
- 7 percent of 11th graders say an adult has had sexual contact with them.
- 15 percent of 11th graders say they had an unmet health need in the past 12 months.

*These statistics represent in-school youth and do not include young people who have dropped out of the public school system.

Facts about Oregon SBHCs

- Half of all SBHCs operate as certified primary care medical homes. This means they have standards for continuity of care, coordination of care, integration with the health care system, comprehensive care, and accountability.
- Almost three-quarters are sponsored by a Federally Qualified Health Center, which means they are providing care for underserved populations and have an even higher return on investment due to higher FQHC reimbursement rates.
- All SBHCs are affiliated with the local public health authority.
- 72 SBHCs operate in 21 counties.
- 74 percent of students estimate they would miss one class or more in order to visit an off-site clinic.
- Some 84 percent of students using SBHCs report they are very satisfied with their center.
- SBHCs stretch state dollars: The return on investment with SBHCs is at least 4-5 times the state investment because they use a mixed revenue model and can bill for a large percentage of services they provide – an unusual benefit for a public investment.
- Schools, districts, and education systems get the advantage of SBHC services while incurring few or no costs (typically only facility costs).
- Many SBHCs are deeply embedded in the community and collaborate with community-based organizations, schools, districts, and CCOs to provide and advance care.
- SBHCs can support health and education integration like no other medical clinic, because of their K-12 focus and their partnerships with the school, parents, school nurses, and teachers.
- Students who access care to address one symptom typically need care for related or underlying symptoms, further underscoring the value of the SBHC prevention and intervention model.

About SBHCs Services

Routine physicals, well-child exams, and sports exams

- Students with access to these basic health services can get their needs addressed at school, when they need it, and without leaving campus.
- Wait times for community-based clinics are typically two weeks or more.
- Parents and guardians don't have to miss work or make separate appointments.
- The well-child and adolescent well-child metrics are key measures for coordinated care organizations – SBHCs can help the state meet this goal.

Referral to specialists

- A young person's care continuum may depend on specialists outside the SBHC.
- SBHCs work to coordinate care with other providers for maximum results and efficient services.
- Half of all SBHCs in Oregon are patient-centered primary care homes – a designation that helps SBHCs refer to and coordinate care with other providers.

Diagnosis and treatment for chronic illness

- SBHCs are well-positioned to support the ongoing health care needs of students with some chronic illnesses.

Reproductive health services

- Pregnancy is the main reason adolescent girls drop out of school.
- Abstinence counseling is commonly provided as part of reproductive health services.
- Sexually active youth need STD testing, prevention education, and treatment.
- Dispensing and prescribing contraceptives reduces STD frequency, pregnancy, and the cost of treatment – a decision made locally by the school board.
- Offering reproductive health services in schools does not increase the onset or frequency of sexual activity.
- SBHCs *do not* perform sterilization services of any kind.
- SBHCs *do not* provide abortion services of any kind.
- When SBHCs offer reproductive health services, students get the services and care they need when they need it, regardless of whether parents, guardians, or family members think they should be getting such care.

Alcohol and drug treatment and prevention

- SBHCs can provide screening, assessment, and referral services while emphasizing prevention and alcohol and drug education.
- Many SBHCs use the SBIRT (Screening, Brief Intervention, Referral to Treatment) screening tool to address alcohol and drug use with patients, an innovative approach to early intervention and a CCO metric.

Mental health care and referral

- SBHCs in Oregon have identified mental health services as the most critical area of service expansion for students.
- SBHCS can offer mental health screening, assessment, counseling, and referral services, and depression screening is a CCO metric.
- Mental health services offered through SBHCs can improve school disciplinary policies, disruptive behavior, peer support programming, and counseling services.

Student-focused support network

- SBHCs have the ability to tailor services to kids and teens, therefore creating a specialized environment for care that other clinics may not be able to achieve.
- SBHCs can connect and coordinate with school counselors, care teams, and others in the school community to provide full-service care and support.
- SBHCs support youth participation and health empowerment by promoting prevention, life-long wellness, and health advocacy skills.

Connect students to social and community supports

- SBHCs, since they are embedded in the school, can serve as a hub for connecting students with other social and community supports.

Administer immunizations

- Oregon has one of the lowest immunization rates in the country.
- SBHCs can provide immunization education to students, parents/guardians, and families.
- SBHCs can help improve the immunization rate as an access point for students – another CCO metric.

Oral health care

- Many SBHCs offer oral health education, prevention, exams, and treatment.
- Increasingly, SBHCs can improve dental care access due to location and a no-fee service model.
- Oral health problems contribute significantly to student absenteeism.

Work with educators on health and wellness education

- SBHCs can operate at the intersection of health and education, linking efforts to serve students in need, especially the state's most disadvantaged populations.
- SBHCs can help launch school wellness campaigns that connect student and employee health and education efforts to positively impact staff and student retention and overall school health.
- SBHCs can enhance school climate by providing behavioral interventions and essential resources, as well as implementing alternative interventions such as group counseling and leadership development programs.

Address nutrition and fitness issues

- SBHCs can provide clinical and non-clinical services to reduce obesity and prevent diabetes.
- SBHCs can support school-wide wellness programming and education that link healthy eating, nutrition, and physical fitness.

Other key services

- Prescribe medication
- Vision screening
- Supporting healthy youth relationships
- Providing youth engagement and leadership opportunities
- Crisis response and support
- Health literacy education