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Adolescent Well-Care CPT Codes

99383 New Patient, Age 5-11: Initial comprehensive preventive medicine evaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures.

99384 New Patient, Age 12-17: Initial comprehensive preventive medicine evaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures.

99385 New Patient, Age 18-21: Initial comprehensive preventive medicine evaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures. **Note: the checkup is only through age 20 and the EP modifier must be used for children 18-20 years of age.

99393 Established Patient, Age 5-11: Periodic comprehensive preventive medicine reevaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures.

99394 Established Patient, Age 12-17: Periodic comprehensive preventive medicine reevaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures.

99395 Established Patient, Age 18-21: Periodic comprehensive preventive medicine reevaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic procedures. **Note: the checkup is only through age 20 and the EP modifier must be used for children 18-20 years of age.

(Check the “Bright Futures Coding for Pediatric Preventative Care” for more detailed recommendations.)
Adolescent Well-Care
ICD-10 Codes

Z00.129 Encounter for routine child health examination without abnormal findings, Age 0-17: Comprehensive preventive medicine evaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic features. Signifies that there are no abnormal findings or significant medical concerns as part of the encounter.

Z00.121 Encounter for routine child health examination with abnormal findings, Age 0-17: Comprehensive preventive medicine evaluation and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic features. Signifies that there are abnormal findings and/or significant medical concerns as part of the encounter.

Z00.00 Encounter for general adult medical examination without abnormal findings, Age 18 or older: Comprehensive preventive medicine evaluations and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic features. Signifies that there are no abnormal findings or significant medical concerns as part of the encounter.

Z00.01 Encounter for general adult medical examination with abnormal findings, Age 15 or older: Comprehensive preventive medicine evaluations and management of an individual including: age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate immunization(s), laboratory/diagnostic features. Signifies that there are abnormal findings or significant medical concerns as part of the encounter.

Z02.5 Encounter for examination for participation in sport, no age parameters: Focused medical evaluation for sports participation. Includes: age and gender appropriate history including: family history; evaluation for risk factors that can affect sports participation; and a physical exam focusing on readiness for sports participation. Does not include the additional features that are part of a comprehensive well visit preventive encounter such as counseling/anticipatory guidance/risk factor reduction interventions, immunization(s) or appropriate laboratory/diagnostic features.

(Check the “Bright Futures Coding for Pediatric Preventative Care” for more detailed recommendations.)
Defining a Well-Care Visit for Adolescents

Adolescence is a period of remarkable transition and transformation – physically, cognitively, emotionally and socially. Annual well-care visits with a trusted physician are important to ensure the adolescent is in their top physical, emotional and developmental health.

A well-care visit includes:
• Personal and family history
• Head-to-toe physical evaluation and review of systems, including:
  • Heart evaluation
  • Blood pressure
  • Physical development
  • Weight concerns
  • Skin evaluation
• Age-appropriate evaluation for risk factors in:
  • Substance use and abuse
  • Mental health
  • Sexual health
  • Long-term health
  • Violence/Safety
• Age-appropriate screenings and guidance for:
  • Vision
  • Hearing
  • Cholesterol
  • Sexually transmitted infections
  • Alcohol or drug use
  • Emotional well-being
  • Body image
  • Education/school performance
  • Safe driving
  • Transitioning to adulthood
• Immunizations
• Confidential discussions of issues and concerns

HPV Vaccine Strategies
Human Papillomavirus (HPV) Vaccination Schedule
Routine recommendation for all 11-12 year old males & females

2-dose series
If patient is <15 years old at time of 1st dose:

- Time 0
  - “Prime” dose

- 6 months later
  - “Boost” dose
    - 6-12 months after 1st dose

3-dose series
Will still need the 3-dose schedule if:
- Patient is 15 or older at time of 1st HPV vaccine
- Patient has immune compromising condition that might affect cell-mediated or humoral immunity
- Patient was younger than 15 at time of 1st dose, but received 2nd dose earlier than would be acceptable for a 2-dose schedule
- Minimum interval is five months between 1st and 2nd dose.

“Prime” dose
- Time 0

Additional “Prime” dose
- 2 months later
  - 1-2 months after 1st dose

“Boost” dose
- 4 months later
  - 4 months after 2nd dose; 6 months after 1st dose

*The HPV vaccine may be given as early as 9 years of age

HPV Vaccine is Cancer Prevention

The human papillomavirus (HPV) can cause many different types of cancer in both boys and girls. Each year, 27,000 men and woman are affected by a cancer caused by HPV in the US. That is a new case every 20 minutes.

Most of these cancers could be prevented by HPV vaccination at ages 11-12!

Cervical Cancer: More than 96% of cases are linked to HPV
Anal Cancer: About 93% of cases are linked to HPV
Vaginal Cancer: About 64% of cases are linked to HPV
Throat Cancer: About 63% of cases are linked to HPV
Vulvar Cancer: About 51% of cases are linked to HPV
Penile Cancer: About 36% of cases are linked to HPV


Markowitz for ACIP, presented by CDC Oct 2016 https://www.cdc.gov/vaccines/acip/meetings/slides-2016-10.html
* Does not apply to asplenia, sickle cell disease, CGD and other conditions; see CDC for full details
Talking to Parents about HPV Vaccine

Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. Say to parents, “Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV-related cancers, and pertussis.” Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

**Why does my child need HPV vaccine?**
HPV vaccine is important because it prevents infections that can cause cancer. That’s why we need to start the shot series today.

**What diseases are caused by HPV?**
Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

**Is my child really at risk for HPV?**
HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

**How do you know the vaccine works?**
Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

**Why do they need HPV vaccine at such a young age?**
Like all vaccines, we want to give HPV vaccine earlier rather than later. If you wait, your child may need three shots instead of two.

**I’m worried about the safety of HPV vaccine. Do you think it’s safe?**
Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That’s normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We’ll protect your child by having them stay seated after the shot.

**Can HPV vaccine cause infertility in my child?**
There is no known link between HPV vaccination and the inability to have children in the future. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

**I’m worried my child will think that getting this vaccine makes it OK to have sex.**
Studies tell us that getting HPV vaccine doesn’t make kids more likely to start having sex. I recommend we give your child her first HPV shot today.

Would you get HPV vaccine for your kids? Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because it’s important for preventing cancer.

I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don’t always reflect the most current medical recommendations for your child’s health.

What vaccines are actually required? HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.

Why do boys need HPV vaccine? HPV vaccination can help prevent future infection that can lead to cancers of the penis, anus, and back of the throat in men.
Adolescent Immunization Best Practices: 
The Building Blocks for Continuous Improvement

**ROOF: COMMUNICATION**
- Is important at all levels and vital for success
- Is multidirectional and essential to improve practice and patient care
- Must be central to any quality improvement program
- Without a roof, the elements may wash away what has been built!

**FOUNDATION: QUALITY PATIENT & FAMILY-CENTERED CARE**
- Essential for any sound structure
- Quality patient-centered care is at the heart of practice
- To maintain a stable foundation, continuous effort must be made to improve!

**STRUCTURE: EVIDENCE BASED PRACTICE IMPROVEMENT AREAS**
- EHR Optimization (includes decision support, updating templates, chart alerts, reporting abilities, and requires knowledge of EHR capabilities)
- Reducing Missed Opportunities
- Staff/Team Engagement (scheduling, front desk, nursing staff, providers, leadership)
- Reminder and Recall (texts, emails, phone calls, patient portal message, post cards)
- Education (continuous education is needed for staff/team at all levels on current EBP)
Talking to Parents about Meningococcal B Vaccine

The meningitis vaccine that your child already received was likely the vaccine against groups A, C, W, and Y. The MenACWY vaccine does not offer protection against Group B meningococcal disease, and is why we offer the MenB vaccine separately. Meningococcal disease is serious and potentially deadly. Many who survive have long-term permanent problems (hearing loss, loss of limb/organ). 10%-15% of those infected with meningococcus die. This rate is slightly higher among adolescents.

I thought we already got the Meningitis vaccine, why does my child need this one?

The MenACWY vaccine contains components from meningococcus Groups A, C, W, and Y and protects against infections due to these groups ONLY. The MenB vaccine contains parts of the meningococcus group B bacteria and protects against infection due to Group B ONLY.

What is the difference between the two vaccines (MenACWY & MenB)?

Meningococcal disease is rare, but potentially deadly. With close contact (for example, kissing or coughing), the meningococcus can be spread from person-to-person via saliva and nasal droplets. Whenever adolescents and young adults are in close contact, there is a very small risk for transmission of meningococcus. Group B was the most common group causing disease in those 18-24 years of age.

Is my child really at risk for Meningococcal B disease?

Current available data indicates that protective antibodies should remain for 24-48 months in most vaccine recipients. This issue continues to be monitored. Data is not yet available for effectiveness against disease or duration of protection.

How long will the MenB vaccine protect my child?

Is the MenB vaccine safe?

Yes, the side effects are similar to those of other adolescent vaccines. About 80%-90% of MenB vaccine recipients report pain, swelling, or redness at the site where the shot is received.

What would happen if my child was exposed to MenB disease?

For those with close, sustained contact (for example, someone in the home has confirmed MenB disease), then your child would be prescribed an antibiotic to decrease his/her chance of developing MenB disease. Depending on your child’s age, the MenB vaccine may also be offered.

Would you vaccinate your child against MenB disease?

Yes, the vaccine is safe. Adolescents and young adults are in close contact with others and about 1 in 10 individuals carry meningococcus in their nose and throat. The risk of transmission is low but not zero. Meningococcus disease may result in death or serious, long-term problems. Although the amount and duration of protection from vaccination are not yet known, some protection is better than no protection.

Is this vaccine even required?

For healthy adolescents and young adults, the MenB vaccine is not required. While MenB disease is rare, it can be very serious. Discussing meningococcus disease and the available MenB vaccines is important for you and your child to make an informed choice. The vaccine is safe and offers some, but not complete, protection.
Recommendations for Serogroup B Meningococcal Vaccine for Persons 10 Years and Older

Identify patients between 10-25 years of age

Does the patient have a High Risk Condition?
- Complement deficiency
- Anatomic asplenia
- Functional asplenia
- Sickle cell anemia
- Outbreak of MenB

Is the patient between 16-18 years of age?

Does the patient accept the MenB Vaccine?

Recommend MenB Vaccine Series
- MenB-4C (2 doses) or
- MenB-FHbp (3 doses)

Discuss permissive recommendations for MenB Vaccine Series
- MenB-4C (2 doses) or
- MenB-FHbp (2 doses)

Does the patient accept the MenB Vaccine?

Recommend MenB Vaccine Series
- MenB-4C (2 doses) or
- MenB-FHbp (3 doses)

Does the patient accept the MenB Vaccine?

Determine Available MenB Vaccine

Administer Dose 1 of MenB-4C

Wait ≥ 1 Month After Dose 1

Administer Dose 2 of MenB-4C

Wait ≥ 6 Month After Dose 1

Administer Dose 3 of MenB-FHbp

Wait ≥ 1 Month After Dose 1

Administer Dose 1 of MenB-FHbp

Wait ≥ 6 Month After Dose 1

Administer Dose 2 of MenB-FHbp

Wait ≥ 1 Month After Dose 1

Administer Dose 3 of MenB-FHbp

Determine Available MenB Vaccine

Administer Dose 1 of MenB-FHbp

Wait ≥ 6 Month After Dose 1

Administer Dose 2 of MenB-FHbp

Wait ≥ 1 Month After Dose 1

Administer Dose 3 of MenB-FHbp

Document reason for refusal

Is the patient between 16-18 years of age?

Stop
# MenACWY and MenB Recommendations Chart

<table>
<thead>
<tr>
<th>Serogroups Covered</th>
<th>MenACWY</th>
<th>MenB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACWY</strong></td>
<td></td>
<td>B ONLY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccines Available</th>
<th>Men-ACWY-CRM</th>
<th>Men-ACWY-D</th>
<th>Men-B-FHbp</th>
<th>Men-B-4C</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months - 55 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 months - 55 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>MenACWY</th>
<th>MenB</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months - 55 years</td>
<td>First dose at 11-12 years</td>
<td>First dose at 16-18 years</td>
</tr>
<tr>
<td>9 months - 55 years</td>
<td>Second dose at 16 years</td>
<td>Second dose ≥ 6 months</td>
</tr>
<tr>
<td>10 years - 25 years</td>
<td>First dose at 16-18 years</td>
<td>Second dose ≥ 1 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>MenACWY</th>
<th>MenB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A*</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Category B**</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Risk</th>
<th>MenACWY</th>
<th>MenB</th>
</tr>
</thead>
<tbody>
<tr>
<td>For certain high-risk groups see ACIP recommendations on dosing and timing</td>
<td>For certain high-risk groups MenB vaccine is routinely recommended see current ACIP recommendations. <strong>The two MenB vaccines are not interchangeable.</strong></td>
<td></td>
</tr>
</tbody>
</table>

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* Category A: A vaccine is routinely recommended for all individuals of a specific age range, or risk group.

** Category B: Formerly known as the permissive recommendation. Subject to individual clinical decision-making based on patient-provider interaction. AAP recommends that providers discuss this vaccine with patients/families giving patients/families an informed choice.
Frequently Asked Questions

Why does my teen need to see a doctor every year?
Adolescents need annual visits just as much as small children--this age is a time of major physical, cognitive, emotional and social change. The visit includes a physical evaluation, preventative immunizations, screenings, and discussions to help your child grow and thrive.

My child just had a sports physical/sports clearance appointment, why does he need another appointment?
A sports physical merely evaluates your child for risk factors for participation in sports. A sports physical does **not** include the full comprehensive preventive health evaluation that is recommended once a year. A comprehensive well-care visit not only includes a full physical exam, but also evaluates for physical development, weight concerns, age-appropriate screening labs and immunizations, evaluation for risk factors like substance abuse, mental health, sexual health, long-term health, and discussion of issues and concerns with your physician. On the plus side, a comprehensive preventive well visit can include all the pieces of a sports physical, so next year you can take care of both evaluations at the same time by just scheduling one appointment for his annual preventive well-care visit.

My child just saw the doctor for a sick/ill visit, why does she need another appointment?
During your child’s ill visit, the physician was not able to evaluate and discuss her overall health beyond that acute need. A well-care visit includes a comprehensive physical evaluation looking at blood work, heart function, physical development, weight concerns and skin. A well-care visit also includes evaluation for risk factors like substance abuse, mental health, sexual health, long-term health, and discussion of issues and concerns with your child’s physician.

Why do you ask personal questions while making an appointment? (E.g. Questions about medications or any issues to be discussed)
It is important for the physician and other staff to be prepared for the well-care appointment with your child. You may hear these questions again during the appointment, but the staff wants to make sure they cover all concerns during your visit.

Why does my child need to have confidential time alone with the doctor during the well visit appointment?
Adolescence is a time of significant physical, developmental and emotional changes. It is also the time in life where you, as a parent, and we, as their medical provider, try our best to help them navigate the natural process of taking ownership of their own health and well-being. Having confidential time with their doctor at appointments is a crucial piece of helping them learn those important skills--as is the work you do at home in helping foster open and honest communication with your child. Providing time alone with the doctor builds on what you as a parent do at home in helping your teen feel comfortable talking to a trusted adult, asking important medical questions, and starting to take ownership in their own health both now and as they move into adulthood.

My child already had her immunizations, why does she need an appointment?
Immunizations are not the only reason to see the doctor. A well-care visit includes a comprehensive physical evaluation looking at blood work, heart function, physical development, weight concerns and skin. A well-care visit also includes evaluation for risk factors like substance abuse, mental health, sexual health, long-term health, and discussion of issues and concerns with your physician.
Studies show appointment reminders are one of the best ways to get adolescents in your office for their well-care visit. The following are some manners of reminders:

• Phone call
• Voice mail
• Auto-dialer system
• Text message
• Email
• Electronic health record prompt
• Postcards

Sample Phone Call Script:
“Your son/daughter, born in (year), is due for their annual well-care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age and will include a physical, immunizations, screenings for important diseases and risk factors. We have appointments open as early as (possible dates), when can we schedule an appointment?”

Sample Voicemail Script:
“Your son/daughter, born in (year), is due for their annual well-care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age and will include a physical, immunizations, screenings for important diseases and risk factors. Please call (#) to make an appointment.”

Sample Text Message:
Your son/daughter, born in (year), is due for a checkup at (practice name). Call (office) at (#) to make an appointment.

Sample Email:
Your son/daughter, born in (year), is due for their annual well-care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age and will include a physical, immunizations, screenings for important diseases and risk factors. Please call (#) to make an appointment.
Studies show appointment reminders are one of the best ways to get adolescents in your office for their well-care visit. The following are some manners of reminders:

- Phone call
- Voice mail
- Auto-dialer system
- Text message
- Email
- Electronic health record prompt
- Postcards

**Sample Phone Call Script:**

“Your son/daughter, born in (year), has an appointment for their annual well-care visit with Dr. (name) at (practice name) on (date and time). It's important to keep this appointment, where the doctor will assess your child's health and development and discuss any concerns. To avoid any delays, please be sure to bring any school, camp or sports forms you need filled out to this visit.”

**Sample Voicemail Script:**

“Your son/daughter, born in (year), has an appointment for their annual well-care visit with Dr. (name) at (practice name) on (date and time). It's important to keep this appointment, where the doctor will assess your child's health and development and discuss any concerns. To avoid any delays, please be sure to bring any school, camp or sports forms you need filled out to this visit. Call us at (#) if you need to reschedule.”

**Sample Text Message:**

Your son/daughter, born in (year), has an appointment at (practice name) on (date and time). Bring any forms to be filled out to the appointment.

**Sample Email:**

Your son/daughter, born in (year), has an appointment for their annual well-care visit with Dr. (name) on (date and time). It's important to keep this appointment, where the doctor will assess your child's health and development and discuss any concerns. To avoid any delays, please be sure to bring any school, camp or sports forms you need filled out to this visit. Call us at (#) if you need to reschedule.

Healthcare providers in the U.S. experience no-show rates as high as 20%. Use appointment recall to let your adolescent patients know they missed an appointment and must re-schedule. The following are some manners of recall:

- Phone call
- Voice mail
- Auto-dialer system
- Text message
- Email
- Electronic health record prompt
- Postcards

**Sample Phone Call Script:**

“Your son/daughter, (name), missed an appointment for their annual well-care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age, and will include a physical, immunizations, screenings for important diseases and risk factors. We have appointments open as early as (possible dates), when can we re-schedule an appointment?”

**Sample Voicemail Script:**

“Your son/daughter, (name), missed an appointment for their annual well-care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age, and will include a physical, immunizations, screenings for important diseases and risk factors. Please call (#) to make an appointment.”

**Sample Text Messages:**

(Your child’s name) missed their annual checkup at (practice name). Call (#) to make an appointment.

Your child missed their immunizations for school entry and a physical. Call (office) at (#) to make an appointment.

**Sample Email:**

Your son/daughter, (name), missed an appointment for their annual well care visit with Dr. (name) at (practice name). This visit is a very important part of their health and development at this age, and will include a physical, immunizations and screenings for important diseases and risk factors. We have appointments open as early as (possible dates). Please call (#) to reschedule the appointment.
Reminder/Recall Directly to the Teen

Some teens are coordinating their schedules and driving themselves to their appointments so it may be necessary to direct your reminder and recall strategies to the teen.

Methods to Use:
Studies show teens prefer text messaging over phone calls, in part because phone calls and voicemails may use their cellular data while text messages may not. Email is the second most popular option.

Sample Phone Call or Voicemail Script:
This is (practice name) and you have an appointment for (well check/vaccination) today at (time). We will see you then. Call us at (#) if you need to reschedule.

This is (practice name) and you missed an appointment for (well check/vaccination) today. We have appointments open as early as (possible dates), when can we RE-schedule the appointment?

Sample Text Messages:
This is (practice name). You have an appointment for your (well check/vaccinations) today at (time). Please call us at (#) if you need to reschedule.

This is (practice name). You missed your (annual well check/vaccinations) today. Please call (phone number) to re-schedule.

Sample Email or Patient Portal Message:
Dear (name),
This is a reminder that you have an appointment for your (annual well check/vaccinations) today at (time) at (practice name and address). We will see you soon. Please call us at (#) if you need to reschedule.

Dear (name)
You missed an appointment today for your (annual well check/vaccinations) visit with Dr. (name) at (practice name). We have appointments open as early as (possible dates). Please call (#) to reschedule.
Adolescents and Confidentiality

Definitions

• **Age of Majority:** Age at which an adolescent is considered an adult. In Ohio, this age is 18.

• **Mature Minor:** Judged by practitioners to possess capacity to give informed consent, generally at least 15 years of age.

• **Emancipated Minor:** Generally includes marriage, military service, living apart from parents, self-supporting. Ohio has no statute.

Confidential Services

• In general, a medical provider should **not** reveal confidential information about a patient without the permission of the person who consented to the healthcare—with the exception of circumstances in which there is a concern for harm to the patient or another person (e.g. suicide, homicide).

• A health care provider may be required to disclose confidential information to someone other than the patient in some instances:
  - When reports are required to be filed with the local, state or federal government
  - When there is a duty to warn third parties (e.g. sexually transmitted infections)
  - When disclosure is required by a court for a judicial proceeding
  - When the provider suspects abuse

• HIPPA laws defer to state laws on the ability of minors to control access to those portions of their medical record that relate to care that the minor could legally consent to on their own. Ohio law on this issue is not clear. As a general practice, a health care provider can discuss medical record disclosure with minor patients and reach a mutually agreed upon practice.

• Minors are generally responsible for the bills for care they consent to on their own. Ohio law states that parents are not liable for payment of sexually transmitted infection (STI) diagnosis and treatment services, or HIV testing when the minor consents on their own and service was rendered without parental consent.

• If private insurance is used, a detailed benefits statement could compromise confidentiality.

Ohio Laws

**Abortion:** Parental consent (along with teen’s consent) required; or teen can go to juvenile court to get a court order to proceed without parental consent (judicial bypass).

**Adoption:** Ohio allows minors 12 and older to choose to place their child for adoption.

**Alcohol and Drug Abuse Treatment:** A minor can consent to diagnosis or treatment without parental consent of notification. Parents are not liable to payment if they did not consent to services. Minors being treated for drug or alcohol addiction have rights to confidentiality of their medical record.

**Blood Donation:** A minor can consent to donate blood to a non-profit voluntary program (if at least 17 years old).

**Contraception:** Ohio law is silent; health care providers receiving Title X funds are required to provide confidential services without parental consent. Ohio law does not impose a similar requirement on non-Title X providers. Since Ohio law does not speak to this issue, some physicians make the choice to provide contraception without parental consent.

**Emergency Care:** No specific provision exists, but consent is implied when lack of treatment would jeopardize life or health.

**Expedited Partner Treatment (EPT):** Health care providers may prescribe or furnish treatment for chlamydia, gonorrhea or trichomoniasis to a patient’s partner without having examined the individual for whom the drug is intended.

**Foster Care:** Minors in foster care can consent to confidential reproductive health care.

**Incarcerated Minors:** Minors incarcerated in the state correctional institution are deemed emancipated for the purpose of consenting to medical treatment.

**Outpatient Mental Health Care:** A minor 14 or older can consent to outpatient mental health services (not including medication). Counseling is limited to six sessions or 30 days at which point parental consent must be obtained for further services. Notification to the parent can only occur sooner if the minor is actively suicidal or homicidal, and the minor must be told that parents are being informed.

**Pregnancy testing:** Same as contraception.

**Pregnancy-related care:** The law is silent.

**Safe Haven:** Within 30 days of birth, a parent may voluntarily deliver a child to a hospital or law-enforcement agency without facing child-desertion charges.

**Sexual Assaults:** Minors can consent to services related to criminal assault or abuse. Provider must give written notice to parent/guardian that the exam has been performed. The minor victim must be informed of STI, pregnancy, medical and psychiatric services.

**Sexual Offenses in Ohio:**

1) Sexual conduct or contact with any person under age 13 is a criminal offense.

2) Sexual conduct with a person who is between the ages of 13 and <16 by a person who is 18 years or older is also a criminal offense if the parties are not married. The differences in ages between the parties will affect the severity of the crime (i.e., an older perpetrator will face a harsher sentence than a younger perpetrator).

**Sexually Transmitted Infections (STIs):** Minors may consent to the diagnosis and treatment of STIs; clinicians must report STIs to the health department. Patients must notify their sexual partner if positive.

**Testing for HIV/AIDS:** Minors may consent to testing and counseling; patient must tell the sexual partner if they are HIV positive.
2018 Recommended Immunizations for Children from 7 – 18 Years Old

7-8 Years
- Flu (Influenza)
- Tdap (Tetanus, diphtheria, pertussis) - should be given if the child is catching up on missed vaccines
- Meningococcal ACWY - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Pneumococcal - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Hepatitis B - should be given if the child is catching up on missed vaccines
- Hepatitis A - should be given if the child is catching up on missed vaccines
- Inactivated Polio - should be given if the child is catching up on missed vaccines
- MMR (Measles, mumps, rubella) - should be given if the child is catching up on missed vaccines
- Chickenpox (Varicella) - should be given if the child is catching up on missed vaccines

9-10 Years
- Flu (Influenza)
- Tdap (Tetanus, diphtheria, pertussis) - should be given if the child is catching up on missed vaccines
- HPV (Human Papillomavirus) - may be given at 9 years of age
- Meningococcal ACWY - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Meningococcal B - should be given if the child has health or lifestyle conditions that put them at an increased risk (Note: MenB-4C & MenB-FHbp are both approved for use in ages 10-25 years)*
- Pneumococcal - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Hepatitis B - should be given if the child is catching up on missed vaccines
- Hepatitis A - should be given if the child is catching up on missed vaccines
- Inactivated Polio - should be given if the child is catching up on missed vaccines
- MMR (Measles, mumps, rubella) - should be given if the child is catching up on missed vaccines
- Chickenpox (Varicella) - should be given if the child is catching up on missed vaccines

11-12 Years
- Influenza (Flu)
- Tdap (Tetanus, diphtheria, pertussis)
- HPV (Human Papillomavirus)
- Meningococcal (MenACWY) - Now mandatory in the state of Ohio
- Meningococcal B - should be given if the child has health or lifestyle conditions that put them at an increased risk (Note: MenB-4C & MenB-FHbp are both approved for use in ages 10-25 years)*
- Pneumococcal - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Hepatitis B - should be given if the child is catching up on missed vaccines
- Hepatitis A - should be given if the child is catching up on missed vaccines
- Inactivated Polio - should be given if the child is catching up on missed vaccines
- MMR (Measles, mumps, rubella) - should be given if the child is catching up on missed vaccines
- Chickenpox (Varicella) - should be given if the child is catching up on missed vaccines
2018 Recommended Immunizations for Children 7-18 Years Old

13-15 Years

- **Influenza (Flu)**
- Tdap (Tetanus, diphtheria, pertussis) - should be given if the child is catching up on missed vaccines
- HPV (Human Papillomavirus) - should be given if the child is catching up on missed vaccines or has not started the series
- Meningococcal ACWY - should be given if the child is catching up on missed vaccines
- Meningococcal B - should be given if the child has health or lifestyle conditions that put them at an increased risk
- HPV (Human Papillomavirus) - should be given if the child is catching up on missed vaccines or has not started the series
- Meningococcal ACWY - should be given if the child is catching up on missed vaccines
- Meningococcal B - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Inactivated Polio - should be given if the child is catching up on missed vaccines
- MMR (Measles, mumps, rubella) - should be given if the child is catching up on missed vaccines
- Chickenpox (Varicella) - should be given if the child is catching up on missed vaccines

16-18 Years

- **Influenza (Flu)**
- Meningococcal ACWY - A booster shot is recommended at age 16
- Tdap (Tetanus, diphtheria, pertussis) - should be given if the child is catching up on missed vaccines
- HPV (Human Papillomavirus) - should be given if the child is catching up on missed vaccines or has not started the series
- Meningococcal B - should be given if the child has health or lifestyle conditions that put them at an increased risk. Category B recommendation (permissive) based on provider discretion. However, optimally given at 16-18 years of age per ACIP for short term protection. (Note: MenB-4C & MenB-FHbp are both approved for use in ages 10-25 years)*
- Pneumococcal - should be given if the child has health or lifestyle conditions that put them at an increased risk
- Hepatitis B - should be given if the child is catching up on missed vaccines
- Hepatitis A - should be given if the child is catching up on missed vaccines
- Inactivated Polio - should be given if the child is catching up on missed vaccines
- MMR (Measles, mumps, rubella) - should be given if the child is catching up on missed vaccines
- Chickenpox (Varicella) - should be given if the child is catching up on missed vaccines

* For more information about the MenB immunization please visit: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html