RED WOMEN RISING

CLINIC SEEN-ALONE POLICY

CaliforniaConsortiumforUrbanIndianHealth
CCUIH StrengtheningTheOrganizationsThatStrengthenOurCommunities

Clinic Patient Only Policy

Patient Only/ (Patient Privacy) Policy

Purpose:

The Purpose of the "Patient Only Policy" is to provide patients with an opportunity to respond to questions regarding their personal safety, reproductive choice, address mental health concerns and any other highly personal issue directly with their provider void of influence from a caretaker or family support person.

Policy:

Federal and state law requires that all patients including qualified minors are entitled to confidentiality protections as required by federal HIPAA law (Pub. L. 104–191). If the patient is determined to be incompetent or unable to understand their medical treatment due to a physical or medical disability it will be recorded in the medical chart.

A patient is competent if the patient (1) understands the nature and consequence of his/her medical condition and the proposed treatment and (2) can communicate his/her decision. Providers can make their own assessment of a patient's competency and do not need a judicial ruling or psychiatric diagnosis in order to find a patient incompetent.

Procedure:

During the initial visit to Member Services, it will be identified that a patient may need assistance performing regular daily activities. This will be identified and confirmed by Member Services staff using the "Daily Activities Section" of the patients health history form.

When assessing whether the patient understands the nature and consequences of his/her medical condition (and can communicate his/her decision) take into account the following:

1. Always start with the presumption that a patient is competent.
2. Minority age alone is not a sufficient basis for determining if someone is incompetent. The law specifically deems minors capable of providing consent in certain medical situations (CFC 6925).
3. Physical or mental disorders alone are not a sufficient basis for finding incompetency.
4. The nature and consequence of the medical condition must be explained in easy to understand terms.
5. Believing that the patient is making an unwise or "wrong" medical decision is not a sufficient basis for finding the patient incompetent.
6. Competency is situation specific. A patient deemed incompetent in one situation may not be considered incompetent in all situations.

When Member services identifies a lack of competency, the Release of Information (ROI) process identifying the caretaker, family member or appropriate support person is identified and documented per SNAHC requirements.

Charts will be flagged notifying Patient services staff, Medical Assistants and Providers of caretaker inclusion in patient visit. Signage will be posted throughout clinical departments "Patients only beyond this point"

Training Staff and Providers

- Lay out the course of the visit, for example (*"We will spend some time talking together about Joseph's health history and any concerns that you or he might have, and then I will also spend some time alone with Joseph. At the end of the visit, we will all meet together again to clarify any tests, treatments or follow-up plans."*
- Explain your office/clinic policy regarding adolescent or impaired visits.
- Validate the caregiver's role in the patients' health and well-being.
- Elicit any specific questions or concerns from the caregiver
- Direct questions and discussion to the patient while attending to and validating caregiver input.

Remove

1. Invite the parent/caregiver to have a seat in the waiting area, assuring them that you will call them prior to closing the visit

Revisit

2. Once the caregiver is out of the room, revisit issues of consent and confidentiality with the patient, including situations when confidentiality has to be breached (suicidality, neglect, abuse, etc.).
3. Revisit areas of parental/caregiver concern with the patient and obtain the patients' perspective.
4. Conduct the psycho-social interview and physical exam (ascertain whether the patient desires caregiver's presence during PE and accommodate patient preference).
5. Clarify what information from the psycho-social interview and PE the patient is comfortable sharing with caregiver.

Reunite

6. Invite the caregiver back to close the visit