



Care of Unaccompanied Mature Minors Policy

Purpose:

To clarify the rights and responsibilities of Harvard Street Neighborhood Health Center (HSNHC) providers to treat patients over the age of 12, presenting to any department of the health center, without a parent or guardian.

Policy Statement:

HSNHC will adopt and maintain care of unaccompanied mature minor's procedures and will revise these protocols periodically to reflect best practice. All relevant staff are expected to follow the guidelines of this policy.

Procedure:

Definitions

Minor: A child under the age of 18 who is not married, widowed, divorced or emancipated.

Mature Minor: A minor over the age of 12 years and expected cognition level for age.

Electronic Health Record (EHR): Software embedded in the EHR system uses the patient's age, gender and diagnoses to prompt healthcare maintenance reminders. This software is customized to reflect HSNHC guidelines.

To HSNHC Nursing Staff and Providers

- A. **Non-Emergent or Routine Care:** When a mature minor presents to the clinic for the management of non-emergent or routine healthcare needs other than those listed below it will be up to the provider's discretion as to whether or not they will see the patient without the parent or guardian following the procedures below:
1. Every attempt should be made to obtain verbal consent by the parent or guardian over the phone and appropriate documentation should be made in the EHR.
 2. Parental consent by phone must be obtained prior to the administration of vaccinations and the performance of any procedures such as, but not limited to, wart removal, X-ray imaging or suturing.
 3. If the mature minor has never been seen at the health center before the parent(s) or guardian(s) must be present.



4. If the provider plans to see a patient for follow up and the parent or guardian gives consent for this future visit without their presence this must be documented in the EHR.

B. Exempt Conditions: The conditions listed below do not need the consent of a parent or guardian to be treated in a Mature Minor. All care should be documented in the EHR and labeled as confidential. Unless consent is obtained from the mature minor, no information related to the management of these conditions including but not limited to medications, lab testing and results or physical exam findings should be shared with the parent or guardian and every effort should be made to keep this information off of paperwork that is given to the parent or guardian including, but not limited to, medication lists and visit summary sheets.

1. Contraception:

- a. Combined Oral Contraceptive
- b. Progesterone Only Pills
- c. Depo Provera
- d. Nexplanon
- e. Intrauterine Device (IUD)
- f. Vaginal Ring
- g. Patch
- h. Emergency Contraception

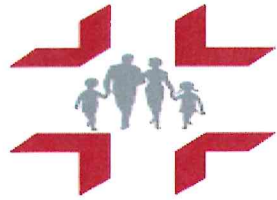
2. Sexually Transmitted Infections (STI):

- a. Chlamydia
- b. Gonorrhea
- c. Trichomoniasis
- d. HIV
- e. Other STIs

3. Pregnancy Testing: No consent is needed for the testing and counseling surrounding the test results. However, for patients under 16 the consent of one (1) parent or guardian for an abortion is required by law in Massachusetts. If the Mature Minor chooses not to inform her parent or guardian, then she may obtain consent by petitioning the Superior Court Judge.

4. Substance Abuse:

- a. Tobacco Cessation
- b. Opioid Abuse
- c. Alcohol Abuse



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To HSNHC Patient Service Representative Staff and Medical Assistants

- A. When a patient who is a minor or mature minor checks in at the front desk or in registration the person checking the patient in will confirm the identity of the adult accompanying them to the clinic.
1. It is vital that while registering a pediatric patient the names, contact information, and relationship of parent(s) or guardian(s) are entered in the EHR under emergency contacts
 2. When checking in a patient that is a minor the staff member will confirm these names and contact information
- B. If the mature minor is not accompanied by a parent or guardian, it will be left to the provider's discretion if they are comfortable seeing the patient without a parent or guardian present.
1. The front desk staff member will alert the Medical Assistant working with the provider who will in turn discuss this with the provider
 2. When the mature minor is seeking care for contraception, the treatment of an STI, substance abuse or emergency contraception the provider does not need to be asked, and the patient can be registered and placed in a room in the usual procedure for the department.

Responsibility: Providers, Nurses, Medical Assistants, Patient Service Representative Staff, Quality Assurance team.

Scope: Health Center wide

Approved by PCA on: _____

Signature of PCA Chair: _____



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Confidentiality Policy

Purpose:

To provide guidelines to all Harvard Street Neighborhood Health Center (HSNHC) staff in order to maintain the privacy and confidentiality of identifiable patient health information and HSNHC's proprietary information.

Policy Statement:

HSNHC is committed to maintaining patient confidentiality as required by federal and state laws and regulations. HSNHC maintains the strictest confidentiality with respect to all patient information. Any employee breaching the confidentiality policy will be subject to disciplinary action, up to and including termination.

Procedure:

Definitions:

Protected Health Information (PHI): PHI is any information including demographic information that is created or received by a covered entity and which relates to:

- The past, present or future physical or mental health or condition of an individual
- The provision of healthcare to an individual
- The past, present, or future payment for the provision of healthcare to an individual, and that identifies the individual or there is a reasonable basis to believe that the information can be used to identify the individual. PHI includes information concerning a person that is living or deceased and may be in written, oral or electronic format.

Electronic PHI: Is PHI in any electronic format

Covered Entity: A type of covered entity is a healthcare provider that conducts certain electronic transactions, including billing and eligibility information. Covered entities are also health plans, and healthcare clearing houses. A covered entity may be a business associate of another covered entity.

Business Associate: A business associate means, with respect to a covered entity, a person who:



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- a. On behalf of such covered entity or of an organized health care arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, creates, receives, maintains, or transmits electronic PHI for a function or activity regulated by 45 C.F.R. 160, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, patient safety activities listed at 42 C.F.R. 3.20, billing, benefit management, and repricing or;
- b. Provides, other than in the capacity of a member of the workforce of such a covered entity, legal, actuarial, accounting, consulting, data aggregation (as defined in 45 C.F.R. 164.501), management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized health care arrangement in which the covered entity participates, where the provision of the service involves the disclosure of PHI from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

A business associate can be:

- A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to PHI to a covered entity and that requires access on a routine basis to such electronic PHI.
- A person that offers a personal health record to one or more individuals on behalf of a covered entity.
- A subcontractor that creates, receives, maintains, or transmits electronic PHI on behalf of the business associate.

A business associate does not include:

- A health care provider, with respect to disclosures by a covered entity to a health care provider concerning the treatment of the individual.
- A government agency, with respect to determining eligibility for, or enrollment in, a government health plan that provides public benefits and is administered by another government agency, or collecting PHI for such purposes, to the extent such activities are authorized by law.
- A covered entity participating in an organized health care arrangement that performs a function or activity as described in the business associate definition section, for or on behalf of such organized health care arrangement, or that provides a service to or for such organized health care arrangement by virtue of such activities or services.

HIPAA: The Health Insurance Portability and Accountability Act, as defined in 45 CFR Parts 160, 162, and 164.



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Inappropriate Disclosure: Inappropriate disclosure of electronic PHI is the release of information, transfer of information, provision of information, and access to or divulging patient information in any manner outside the entity holding the information that has not been authorized by the member or the member's patient.

Minimum Necessary: The least amount of protected health information needed to accomplish the purpose of the use, disclosure, or request.

Privacy Rule: The part of the HIPAA regulations that is related to the privacy of PHI, and is outlined in 45 CFR Subpart E.

Workforce Members: Are employees, students, interns, contractors, consultants, and temporary employees.

Accessing Patient Information

- All patients obtaining treatment at HSNHC must receive the Notice of Privacy Practices required by HIPAA of 1996 and the American Recovery and Reinvestment/Health Information Technology for Economic and Clinical Health (HITECH) Act from the hospital. HSNHC must also make a good faith effort to obtain the patient's written acknowledgement of receipt of the notice.
- Information known about the patient or contained in the patient's paper or electronic medical record, known as PHI, shall be treated as confidential and shall be released only for treatment, payment, or operations (TPO), or otherwise, with the written authorization of the patient or legal representative, or Institutional Review Board (IRB) approval or as otherwise allowed by law.

Communication

- Discussions and conversations about a patient's care and treatment are inherent in the provision of care, but discretion is essential.
- An individual should never discuss patient information with anyone at HSNHC unless it is required for that person's job, and then the discussion should be held away from public areas to avoid unintended privacy breaches.
- An individual should never discuss confidential information with anyone outside HSNHC, unless the discussion is between providers actively treating the same patient.
- Electronic communication of PHI should be conducted using a system that meets industry standards for password protection, encryption and authentication.



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- The individual communicating patient information electronically or otherwise is solely responsible for preserving the security of the PHI and the patient's right to privacy.

Auditing Access to PHI

- HSNHC tracks system access and transactions using usernames and passwords
- A user is responsible for all transactions originating from his/her individual account
- Audit trails identifying passwords will be used to determine accountability for confidentiality or privacy breaches
- Random and unannounced audits of HSNHC personal computers may be conducted at any time
- All employees and agents are expected to fully cooperate with HSNHC authorized audit

Password Protection

- HSNHC uses individual password assignments to ensure the security of its information systems
- Each employee must protect the confidentiality of their own password at all times. Passwords must not be shared with others.
- Anyone who knowingly allows another person, including another employee, staff member or volunteer, to use their password will be subject to disciplinary action.
- If anyone believes that someone else knows their password, they must notify the MIS department immediately to change the password.
- Automated timeout of computerized systems further protects against unauthorized persons inadvertently viewing confidential patient information.
- Computer users, however, should sign off or lock (Windows+L) all computer systems when stepping away from a computer even briefly and at the conclusion of an online session.
- The automated computer timeout should not be relied upon as a means to secure confidential patient information

Business Associate Agreements

- Business Associate Agreements (BAA) are required when one organization is using electronic PHI belonging to a covered entity in order to provide a service to the covered entity. For example, HSNHC is a business associate of each of our members. Our members will request that we sign a BAA.
- BAAs will specify that the business associate, HSNHC agrees to comply with the covered entity's privacy and security policies, including reporting security incidents and breaches of



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unsecured electronic PHI to the covered entity (member) as required under the Breach Notification Rule.

- The BAA will also state that the business associate, HSNHC will ensure that any subcontractors will agree in writing to the same restrictions and conditions that apply to the business associate HSNHC.
- The BAA will state that the business associate, HSNHC will limit the subcontractor's access to electronic PHI to the minimum necessary in order to fulfill their obligations to the covered entity (members) or the Business Associate.
- The agreement will also state that the business associate, HSNHC will limit access to electronic PHI by other companies performing work for the business associate HSNHC, such as software vendors.
- BAAs are not required unless electronic PHI will be used by a business associate on a routine basis in order to provide services to a covered entity.
- Incidental viewing of electronic PHI does not require that a BAA be signed. For example, the US Postal Service does not need to sign a BAA, even though they may pick up and deliver mail that contains electronic PHI, and that is visible through a window envelope.

Breach of Confidentiality

- A breach of confidentiality occurs when a HSNHC Workforce Member or business partner accesses, releases, reviews, or discusses a patient's electronic PHI for any reason that is not directly related to the performance of their job duties, and is without permission of the member, provider or the patient.
- Breaches of confidentiality must be reported to the Director of Clinical Quality Assurance (QA) & Quality Improvement (QI) and Director of Information Technology (IT) immediately.
- Individuals who report breaches will be protected from any retaliation from the employee who was reported for breaching patient confidentiality, or from any form of retaliation.

Privacy Training

- All HSNHC Workforce Members must complete HSNHC HIPAA and Confidentiality training.
- HIPAA and Confidentiality training will be completed as part of new employee orientation during their first week of employment, and at a minimum, annually thereafter.
- Periodic privacy reminders may be sent via e-mail, or be delivered at departments meetings.



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Responsibility: Director of IT, Director of Clinical QA & QI, Human Resources Department,
and All Staff

Scope: Health Center wide

Approved by PCA on: 01/16/2025

Signature of PCA Chair: *Tom A. Kavanagh MD*