



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG
THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

OpenNotes and the Confidentiality of Adolescents' Electronic Health Records

Position Statement

The American College of Obstetricians and Gynecologists and
The American Congress of Obstetricians and Gynecologists

OpenNotes is a national initiative that encourages patient access to visit notes written by their health care providers.¹ Several large organizations have been moving toward this model. The OpenNotes initiative has been shown to potentially increase patient activation and engagement, as well as patient satisfaction, trust, and safety, and improve the patient–doctor relationship.^{2,3} However, there is concern that this initiative also may result in significant confidentiality breaches for adolescent patients. If notes automatically go onto electronic health records (EHRs), issues regarding sexuality, gender identity, substance use, mental health, and sexually transmitted infections (STIs) may be included. When a parent or guardian can access the patient's visit notes through the electronic patient portal, there is the potential that confidential and sensitive information also may be accessed, resulting in a breach of confidentiality and potentially adverse outcomes for the adolescent patient.

All states and the District of Columbia have created minor consent laws giving minor adolescents the right to receive health care without parental consent or

¹ OpenNotes. Available at: <http://www.opennotes.org/>. Retrieved October 14, 2016.

² Esch T, Mejilla R, Anselmo M, Podtschaske B, Delbanco T, Walker J. Engaging patients through open notes: an evaluation using mixed methods. *BMJ Open* 2016;6:e010034. PMID: 26826154 PMCID: PMC4735137.

³ Bell SK, Mejilla R, Anselmo M, Darer JD, Elmore JG, Leveille S, et al. When doctors share visit notes with patients: a study of patient and doctor perceptions of documentation errors, safety opportunities and the patient-doctor relationship. *BMJ Qual Saf* 2016; DOI: 10.1136/bmjqs-2015-004697. PMID: 27193032.

OpenNotes and the Confidentiality of Adolescents' Electronic Health Records

Page 2

notifications for certain services.⁴ These services may include substance abuse, screening and treatment for STIs, pregnancy prevention and care, gender identity, and sometimes abortion, mental health care, and emergency care. Which specific services adolescents may consent to are based on local and state laws. Obstetrician–gynecologists caring for minors should be aware of federal and state laws that affect confidentiality (see Committee Opinion No. 599 for more details [<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Adolescent-Health-Care/co599.pdf>]).

Hospitals and office-based systems that currently use or are initiating OpenNotes should take steps to ensure that adolescent confidentiality is protected. Measures to ensure protection will vary based on the EHR system capabilities and institution-specific policies. Examples of how some institutions have provided protection include the following:

- Prohibiting OpenNote access for adolescent patients (ages 12–17 years)
- Restricting access to visit notes for 12–17-year olds, while allowing access to laboratory results and appointment information
- Housing confidential information in a separate section of the EHR that is not open access

Once a patient is 18 years old, most systems allow the patient direct access to her record, rather than through her parent or guardian. The OpenNotes toolkit (<http://www.opennotes.org/toolkit/>) offers resources for institutions choosing to provide patient access to health care providers' notes.

Obstetrician–gynecologists caring for minor patients should ensure that their EHR protects their adolescent patients' confidentiality. The American College of Obstetricians and Gynecologists encourages all Fellows to ensure that their existing EHR systems protect the confidentiality of minor patients, including any OpenNote features. If that is not possible in their systems, the adolescent patient should be informed that her parent or guardian will have access to her records, and the patient should be referred to a health care provider who can provide confidential care, if needed. Additional guidance on confidentiality and adolescents' EHRs can be found in Committee Opinion No. 599 [<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Adolescent-Health-Care/co599.pdf>].⁵

⁴ Guttmacher Institute. An overview of minors' consent law. New York (NY): GI; 2016. Available at: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>. Retrieved October 14, 2016.

⁵ Adolescent confidentiality and electronic health records. Committee Opinion No. 599. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:1148–50.