

What Should You Do If...?

Case One

A 15-year-old adolescent female presents for an initial visit to a gastroenterologist with her mother to discuss several months of minor weight loss and gastrointestinal symptoms, including intermittent constipation and diarrhea. After addressing the patient's gastrointestinal distress, the patient's mother steps out of the room to use the restroom and the patient discloses that she has recently become sexually active with a male partner and wants to initiate use of an oral contraceptive. She also states that her mother is unaware of her sexual activity and that she prefers this information not to be shared with her parents. The gastroenterologist explains to the patient that she should ask her pediatrician about getting on a birth control pill at her upcoming check-up, and points her towards resources about safe sex. The adolescent patient's mother comes back into the room, and the visit ends after additional recommendations are made regarding the patient's management of her diet. As they leave, the mother comments that she is looking forward to seeing the note through the patient portal so that she can share the new recommendations for diet management with her husband and the school nurse.

Case Two

A 32-year-old female presents to her primary care physician with a sore throat and swollen lymph nodes. As soon as the nurse enters to examine the patient, she discloses that her wife has been physically abusing her, but explains to the RN that her wife is parking the car and will be walking into the appointment soon. The RN notifies the physician, who responds immediately to speak with the patient. The physician meets very briefly with the patient before she says "my wife is coming back soon," and that she would like for the physician to stop discussing her disclosure before her wife returns. The patient then tells the physician that it is not necessary for him to make a report, and that "everything is fine." The patient agrees to let the physician send her domestic violence resources via text. The patient says this is the safest way to get her the information, as her wife has access to her computer.



POTENTIAL SOLUTIONS TO SAFETY AND PRIVACY ISSUES

Case One Solutions

- Document the entire patient interaction, including the discussion of OBC in the patient's notes
- Create a separate visit note including only the interactions when the patient's mother was present and the dietary management recommendations discussed for release into the patient portal
- Contact the patient's pediatrician and notify them that the patient is interested in initiating OBC, and will want to discuss it privately at their next visit

Case Two Solutions

- Document the patient's visit with the physician for her sore throat in the patient notes and release them as usual
- Double-check that the RN leaves the patient's disclosure of abuse out of her account of the visit as well
- Inform clinic staff that any information related to the patient's disclosure of abuse now or in the future (including discussions, exams, or test results) must NOT be released in a way that it will be accessible in the patient's MyChart portal