

Minor Consent and Confidentiality for Adolescent Sexual Health Services in California

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Family PACT



California PTC



GoToWebinar Housekeeping: Set Up Audio

The image displays two overlapping windows from the GoToWebinar interface. The top window is a dialog box titled "Liz's Monthly Demo" with the date and time "Friday, January 27, 2017 3:00 PM Pacific Standard Time". It prompts the user to "Choose an audio option" and offers two choices: "Computer audio" (represented by a headset icon) and "Phone call" (represented by a telephone handset icon), separated by a vertical line with the word "OR" in the middle. A language dropdown menu at the bottom right of this dialog shows "English".

The bottom window is the main audio configuration screen, also titled "Liz's Monthly Demo" with the same date and time. It features a "Switch to phone call" button with a telephone handset icon. Below this, there is a section for "Microphone & speakers" with a volume indicator (a speaker icon followed by seven green bars). Two dropdown menus are visible: "Transmit (Plantronics Savi..." and "Realtek High Definition A...". A status message reads "You will join in listen-only mode" with a "Stop the test" link next to it. A large teal "Continue" button is positioned at the bottom center. At the very bottom, there is a checkbox for "Remember my choice" and another language dropdown menu showing "English".

GoToWebinar Housekeeping: What Attendees See

The screenshot displays a GoToWebinar interface. The main window is titled "Waiting to view Liz Davis's screen" and "Talking: Liz Davis". The content area shows the webinar title "Webinar Housekeeping" and the following information:

Organizer: Liz Davis | Presenter: Liz Davis

Audio: Use your microphone and speakers (VoIP) or call in using your telephone.

United States: +1 (951) 384-3421
Access Code: 400-696-084
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The right-hand control panel includes:

- Audio settings: Sound Check, Computer audio (selected), Phone call, MUTED status, Transmit (Plantronics Savi 7xx-M), and Receive (Plantronics Savi 7xx-M) dropdowns.
- Talking: Liz Davis
- Questions section with a text input field containing "[Enter a question for staff]" and a "Send" button.
- Webinar Housekeeping details: Webinar ID: 608-865-371
- GoToWebinar logo

The Windows taskbar at the bottom shows icons for Internet Explorer, File Explorer, Google Chrome, and the GoToWebinar application.

GoToWebinar Housekeeping: Attendee Participation

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The screenshot shows a window titled "File View Help" with a globe icon. Below the title bar is a "Audio" control panel. The panel includes a "Sound Check" indicator with three green bars and a question mark. There are two radio buttons: "Computer audio" (selected) and "Phone call". A "MUTED" indicator is shown with a red microphone icon. Below this is a dropdown menu for "Transmit (Plantronics Savi 7xx-M)". A volume slider is visible, and another dropdown menu for "Receive (Plantronics Savi 7xx-M)". Below the audio controls, it says "Talking: Liz Davis".

Below the audio panel is a "Questions" section. It contains a text input field with the placeholder "[Enter a question for staff]" and a "Send" button.

At the bottom of the window, it displays "Webinar Housekeeping" and "Webinar ID: 608-865-371". The GoToWebinar logo is at the very bottom.

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Presenter

Rebecca Gudeman, J.D., M.P.A.

Senior Director, Health

National Center for Youth Law





Who We Are

We believe in the incredible power, agency, and wisdom of youth.

For more than 50 years, the National Center for Youth Law has worked to center the voices and experiences of youth blocked from educational, health, and social well-being opportunities, particularly youth of color, youth who identify as LGBTQ, who are disabled, are immigrants, and youth in child welfare and juvenile justice systems.

LEARNING OBJECTIVES/AGENDA

1. Identify when minors in California may consent to their own sexual health care.
2. Explain the basic confidentiality rules when minors seek sexual health care.
3. Describe approaches to implement the basic tenets of inclusive, respectful and empowering health care provision in line with consent and confidentiality law
4. Identify resources for keeping up-to-date with law and best practice related to adolescent health services in California

A few reminders...

- This presentation provides information. It is not legal advice. Individuals should consult their own counsel for advice on application of laws to their specific situation.
- This is not a comprehensive review of all applicable laws.
- This presentation is accurate as of October 2023.
- This content cannot be used without permission.



A note on language:

NCYL believes that all people deserve comprehensive reproductive and sexual health education and care. We recognize that people of many gender identities can get pregnant.

I will strive to use neutral language in this presentation. However, in a few places, I may use the term "female" or "woman" to conform with cited law, research or data.

BACKGROUND



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CONSENT

Opens the door to care



CONFIDENTIALITY

What happens with the information generated during care



Why is minor consent important?

Adolescence is a time of change and development

Youth face cognitive, behavioral, biological, and social factors that:

- Drive them to establish their own identity and autonomy
- Impact lifelong behaviors and development

Clinical providers can deliver evidence-based preventive healthcare services and education that can:

- Promote adolescent resiliency and healthy development
- Prevent the leading causes of illness and death among youth

Why is assuring confidentiality important? Young people worry about it.

Concerns about parents finding out about a clinic visit impacts whether youth will seek sensitive services (e.g., STD screening and birth control).

40%

of female adolescents seek sexual health services without parental/caretaker knowledge

23%

of sexually experienced female adolescents (15-17 years) are concerned about confidentiality related to sexual and reproductive health services

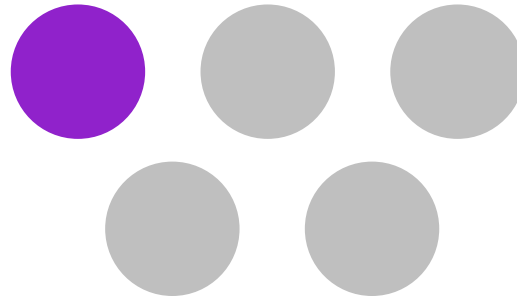
Parental notification can drastically affect youth decision-making, reducing the likelihood they will seek sensitive services while not reducing their risk behaviors.

Among sexually active female adolescents who currently seek sensitive services...



40%

would no longer go to clinics for prescription contraceptives



1 out of 5

would use no contraception or rely on withdrawal method



only 1%

would stop having sex

All patients expect that their personal health information will be kept private...

...young people are no different.

Consensus among national recommending bodies strongly supports minors' access to confidential care for sensitive services

Ensuring access to confidential sensitive healthcare services for young people who need them is an essential safety net for keeping youth healthy and safe

CONSENT



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CONSENT for MINOR'S CARE

General Rule

- Minors need parent or guardian to consent for care

Exceptions

- Caregiver
- Special rules for court-involved youth
- Special rules for emergencies
- Minor Consent



Minor Consent Exceptions

- Status
- Service



CONSENT: California Status Exceptions

Minors may consent to their own medical care if:

- Married/Divorced
- Armed Forces
- Emancipated by Court
- 15 or older, Living Apart from Parents, and Managing Own Financial Affairs

Quiz 1!

Seventeen year old Emma, comes to the clinic with her one year old child. She is requesting a flu shot for both of them and would like to discuss contraception options.

Given the "status" exceptions in California, would Emma be able to consent to her flu shot and contraceptives?

- a) Yes
- b) No
- c) Not enough info/don't know

CONSENT: California Service Exceptions

Minors may consent to their own care for the following:

- Pregnancy related services at any age
- Sexual assault services (diagnosis, treatment)
- Outpatient mental health services *#
- Reportable communicable diseases services (diagnosis and treatment) *
- HIV/STD services (prevention, diagnosis, treatment) *
- Substance use disorder treatment (medical care and counseling for diagnosis and treatment) *#
- Intimate Partner Violence (medical care related to diagnosis and treatment of injury) *

* \geq 12 years (note age restrictions on certain services)

Laws updated in 2023, effective 2024 (AB 665, AB 816)

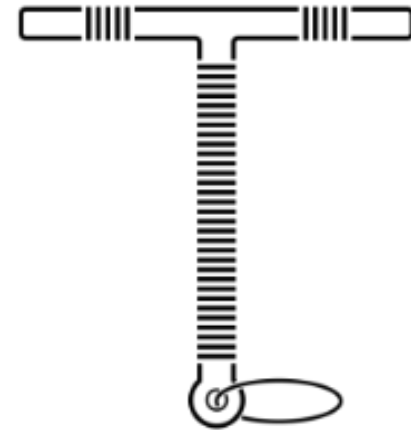
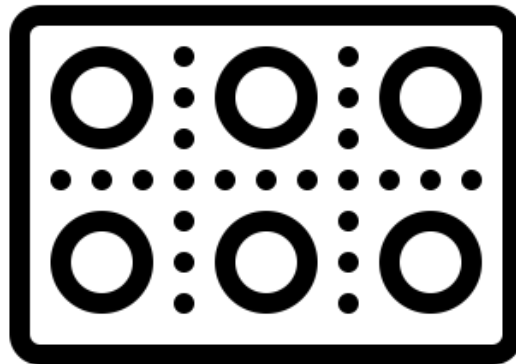
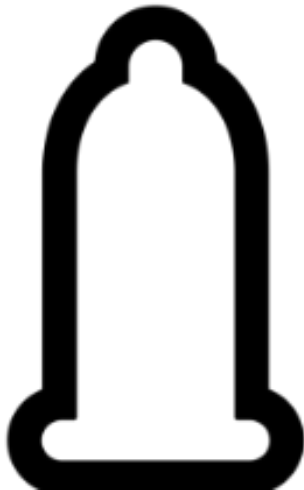
STD/HIV

Prevention + Testing + Treatment

- A minor 12 and older is competent to give written consent for an HIV test. *Cal. Health and Safety Code § 121020*
- A minor 12 years of age or older who may have come into contact with a sexually transmitted disease may consent to medical care related to the diagnosis or treatment of the disease, including HIV/AIDS. *Cal. Family Code § 6926*
- A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease. *Cal. Family Code §6926*

Contraception Services

- A minor may consent to birth control without parental consent. *Cal. Family Code § 6925, California Constitution.*
- There is no specified age minimum related to minor consent for birth control.



Pregnancy Related Services

- A minor may consent to medical care related to the prevention or treatment of pregnancy, except sterilization. *Cal. Family Code § 6925*
- A minor may consent to an abortion without parental consent. *California Constitution; Cal. Family Code § 6925; American Academy of Pediatrics v. Lungren, 16 Cal.4th 307 (1997)*

There is no specified age minimum related to minor consent for pregnancy-related services, including abortion.

Quiz 2!

Sixteen-year-old Devon is sexually active. After discussions with him, his provider recommends both the HPV vaccination and PrEP to reduce Devon's risk of infection with HIV.

Given the service exceptions in California, may Devon consent to the vaccination and to PrEP on his own?

- a) Yes
- b) No
- c) Yes to one but no to the other
- d) Not enough info/don't know

Quiz 3!

Fifteen-year-old Amalia would like to discuss contraception options. Amalia has heard about implants but wants more information.

Given the “service” exceptions in California, would Amalia be able to consent to a contraceptive implant?

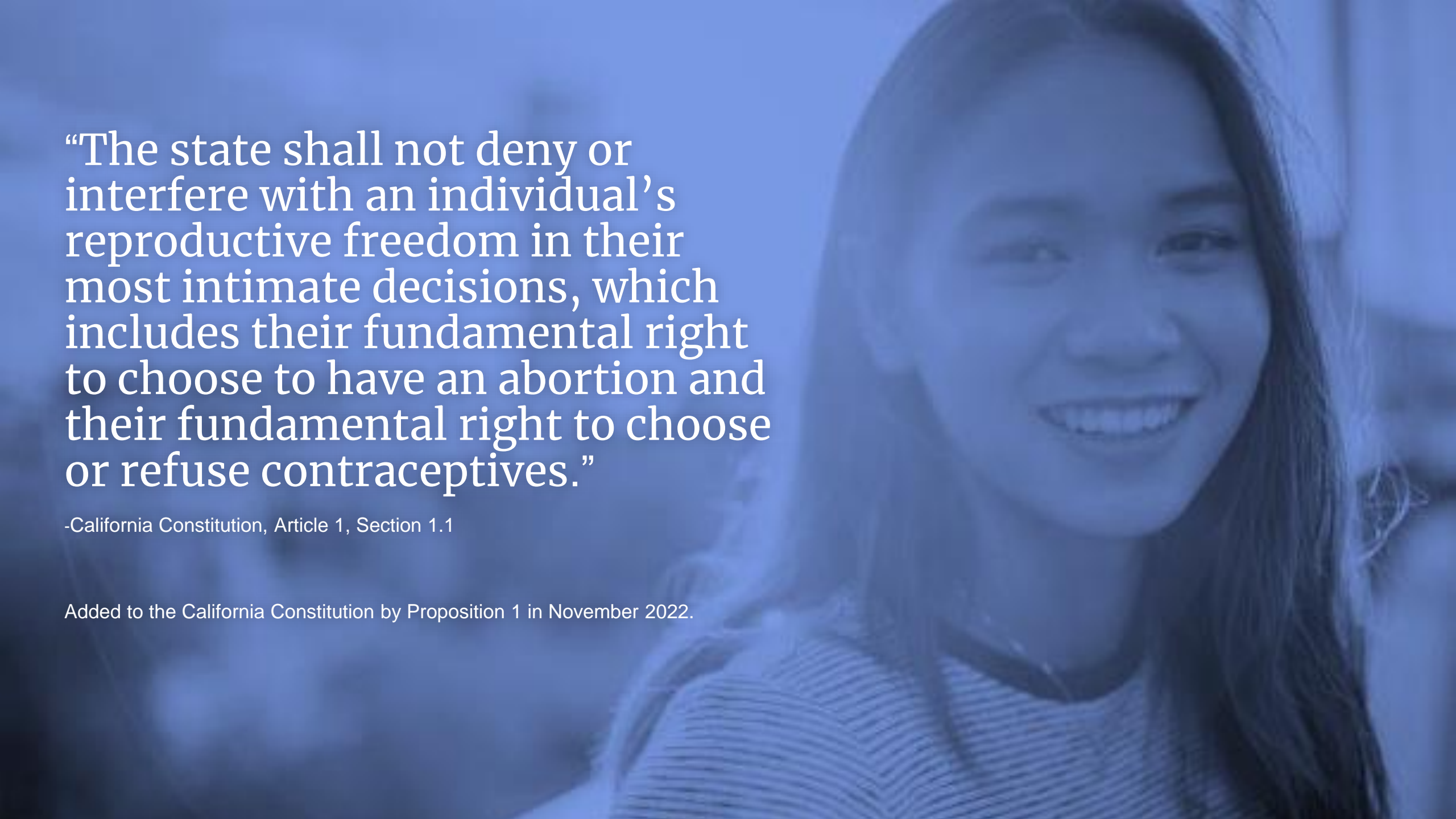
- a) Yes
- b) No
- c) Not enough info/don't know

Quiz 4!

Fifteen-year-old Amalia wants a pregnancy test. Amalia already knows that if the test is positive, they want an abortion.

Given the “service” exceptions in California, would Amalia be able to consent to a pregnancy test and to an abortion?

- a) Yes to both
- b) No to both
- c) Yes to the test but no to the abortion
- d) No to the test but yes to the abortion
- e) Not enough info/don't know



“The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”

-California Constitution, Article 1, Section 1.1

Added to the California Constitution by Proposition 1 in November 2022.

Mental Health Outpatient Treatment

- A minor 12 and older may consent to outpatient mental health therapy if the professional person treating them believes the minor is mature enough to participate competently in the care. *Cal. Health and Safety Code § 124260*
- A minor 12 and older may consent to outpatient mental health therapy (1) if the professional person treating them believes the minor is mature enough to participate competently in the care and (2) the minor is an alleged victim of abuse or neglect or is at serious risk of harm to themselves or another without care. *Cal. Family Code § 6924*

AB 665, effective July 2024:

- A minor 12 and older may consent to outpatient mental health therapy if the professional person treating them believes the minor is mature enough to participate competently in the care. *Cal. Family Code § 6924, Cal. Health and Safety Code § 124260*



Minor Consent Laws as they apply to Health Care Providers

- Minors may seek any of the services noted
- Healthcare providers do NOT need parent/guardian permission for these services

Quiz 5!

Fourteen-year-old Analisa is in foster care. Their foster parent brings them to the clinic and says "I have had too many young people get pregnant while in my care. We want to get Analisa an IUD" and offers a document from the court that says the foster parent has "care, custody and control" of Analisa.

May the health provider proceed based on the foster parent's consent?

- a) Yes
- b) No
- c) Not enough info/don't know

Quiz 6!

Fifteen-year-old Shondra is seeking an abortion. She says that she came here from out of state. Would Shondra be able to consent to an abortion?

- a) Yes to both
- b) No to both
- c) Not enough info/don't know

CONFIDENTIALITY



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Federal and State Confidentiality Laws

- Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA)
- State laws
- Other laws and regulations may apply in addition to or in lieu of the above – e.g. 42 C.F.R. Part 59, Title X family planning regulations



CONFIDENTIALITY: CA law and HIPAA

General Rule

- Health care providers must protect the confidentiality of personal health information. Providers must have a signed “authorization” in order to share protected health information.
- Some exceptions in confidentiality law allow or require disclosure of records absent signed release (e.g. child abuse reporting, reporting certain violence, for treatment purposes).

Confidentiality when delivering Minor Consent Sexual Health Care

- The minor signs the authorization to release health care information.
- The health care provider is **not permitted** to inform a parent or legal guardian about minor consent sexual health services without minor's signed authorization.

Case Example: Worried Mom

- Provider Patty hears commotion at the front desk and walks up. The clinic manager grabs her. “Patty, we need your help. There is a woman at the front desk saying that she is going to call a lawyer if we don’t give her a copy of her daughter’s health records right now.”
- Patty goes up front to speak to the woman. The woman says she found some paperwork in her daughter’s drawer with the clinic’s name on it.



Case Example: Worried Mom continued

She wants to know whether her daughter has ever been to this clinic and if so, what she said. She has the phone in her hand and says she is going to have her lawyer shut the clinic down if they don't tell her what she wants to know ASAP.

What can the clinic tell mom?



Balancing Act: Engaging Youth, Supporting Parents

- ★ Diffuse an angry situation before it escalates.
- ★ Do not become a participant in an argument.
- ★ Know your patients rights. Know your rights.
- ★ Prevention through Preparation + Partnership.
- ★ Seek support.

Exceptions to confidentiality when delivering Minor Consent Sexual Health Care

In some cases, the health care provider **is allowed or required to disclose certain otherwise protected information** about the minor to third parties without an authorization in place.

Examples of such exceptions include:

- Complying with mandated child abuse and public health reporting laws
- Care Coordination
- Payment and billing

What is Mandated Child Abuse Reporting?

1. Neglect

2. Child abuse

Not mandated by child abuse reporting law, but often required by other duties:

- Hurting oneself or threats to hurt oneself
- Hurting others or threats to hurt others

What is Reportable as Sexual Abuse?

1. Sexual assault
2. Sexual exploitation
3. Certain disparate age sexual acts

When is sexual intercourse reportable based on age

KEY: M = Mandated. A report is mandated based solely on age differences between partner and patient.

CJ = Clinical Judgement. A report is not mandated based solely on age; however, a reporter must use clinical judgement and must report if he or she has a reasonable suspicion that act was coerced, as described above.

Age of Partner →	12	13	14	15	16	17	18	19	20	21	22 and older
Age of Patient ↓											
11	CJ	CJ	M	M	M	M	M	M	M	M	M →
12	CJ	CJ	M	M	M	M	M	M	M	M	M →
13	CJ	CJ	M	M	M	M	M	M	M	M	M →
14	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M →
15	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	M	M →
16	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
17	M	M	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ	CJ
18	M	M	CJ	CJ	CJ	CJ	Chart design by David Knopf, LCSW, UCSF. (The legal sources for this chart are as follows: Penal Code §§ 11165.1; 261.5; 261; 259 Cal. Rptr. 762, 769 (3 rd Dist. Ct. App. 1989); 266 Cal. Rptr. 361, 381 (1 st Dist. Ct. App. 1986); 73 Cal. Rptr. 2d 331, 333 (1 st Dist. Ct. App. 1989).				
19	M	M	CJ	CJ	CJ	CJ					
20	M	M	CJ	CJ	CJ	CJ					
21 and older	M	M	M	M	CJ	CJ					

Common Questions about Mandated Reporting

- Do I need to report illegal activities?
- Do I need to inform parents if I make a child abuse report?
- If someone is from another county or state, do I report locally?

PRACTICE



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Quotes from Youth

“A lot of times my doctor will say that I need to do something, but then doesn’t offer me any support in figuring out how to get that thing done.”

“There’s been many times where I felt that my doctor had certain stereotypes about me because I am in foster care.”

“Personally I did not have a regular clinic. I moved around too many times, over 16 different locations just in high school...each time I moved, it was a different clinic.”

“I called for an appointment but I didn’t have a phone number they could call back on. So I just dropped it.”



Grounding Principles: Adolescent Friendly Care

The World Health Organization (WHO) has proposed a quality of care framework for adolescent-friendly services. According to the WHO, adolescent friendly health services are:

- **Accessible:** Adolescents are able to obtain the health services that are available.
- **Acceptable:** Adolescents are willing to obtain the health services that are available.
- **Equitable:** All adolescents, not just selected groups, are able to obtain the health services that are available.
- **Appropriate:** The right health services (i.e., the ones they need) are provided to them
- **Effective:** The right health services are provided in the right way and make a positive contribution to their health.

The Foster Friendly HealthCare Toolkit

A Practitioner's Guide to Delivering Quality Sexual and Reproductive Health Care to Youth in Foster Care



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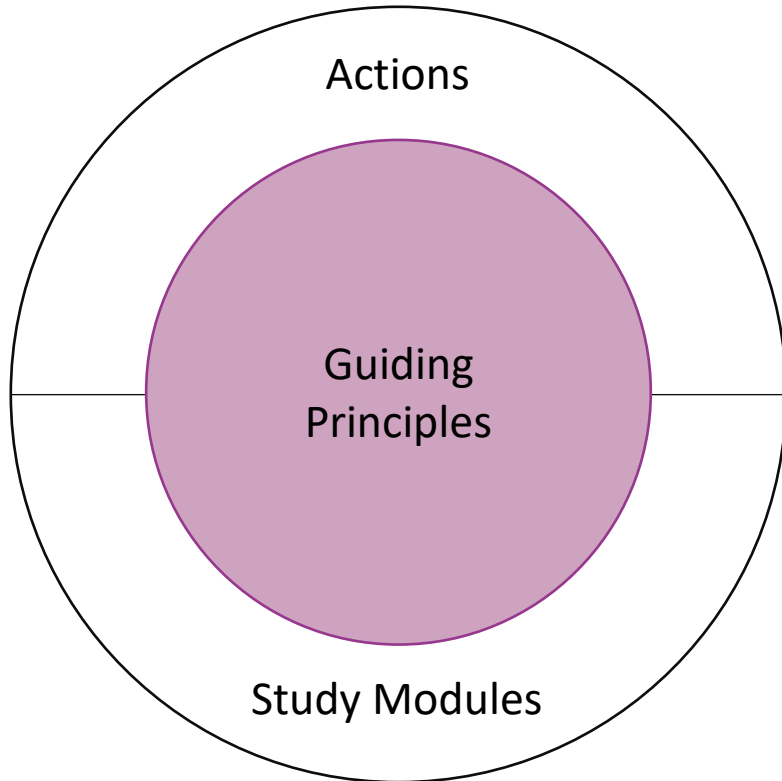




Health care providers can play a central role in changing the sexual and reproductive health care experiences of our youth for the better – through the services we provide, the information we share, and the spaces we create. **The RHEP Toolkit can help us get there.**

The toolkit provides a process (actions & learnings) for how providers can change the practices/culture in their clinics.

Toolkit: Guiding Principles



1. Engaging in Shared Decision-Making with Youth
2. Respect and Accommodate Individual Needs & Preferences
3. Center the Impact of Response to and Recovery from Trauma

Engage in Shared Decision-Making with Youth

- Client Centered
- Strengths Based
- Culturally Humble

“The provider may be an expert in clinical care, but the youth is the expert in their own life. Only the youth can determine what care best accommodates their particular health concerns, beliefs, needs, relationships and lifestyle.”

- youth

Respect and Accommodate Individual Needs & Preferences

- Anti-Racist
- Developmentally Appropriate
- Neuro-diverse and Disability Inclusive
- Sexual & Gender Minority Inclusive

“I’ve had a couple of doctors, and I always see if their energy is good, and depending on that, I might open up...If you don’t approach me right, or I feel like I’m not welcome, I won’t feel comfortable.”

-youth

Center the Impact of, Response to, and Recovery from Trauma

- Trauma Responsive
- Healing Centered
- Confidentiality Conscious

“When I went to the doctor, the doctor asked if I had ever had sex. I didn't know how to answer. I went into foster care at 6 years old and had an STI then. Does that count? I try not to tell people that because I feel like they judge me and think I am dirty or something. But I was just a kid.”

- youth



A Typical Scenario: V's Story

V is 16 years old, non-binary, and currently living in a Short-Term Residential Therapeutic Placement (STRTP). Their legal name is Victoria, but their chosen name is V.

V arrives at the health center in an STRTP van. When it's time for the appointment, V is brought to the exam room on their own.

What should be the provider's first step?



The following resource provides approaches to a trauma-sensitive physical examination. The provider’s goal should be to communicate respect and maintain/restore a sense of safety, autonomy and trust to avoid triggering feelings of fear, shame, vulnerability and powerlessness.

TRAUMA-SENSITIVE APPROACH TO A PHYSICAL EXAMINATION⁸¹

DISCUSS	BEFORE EXAM	DURING EXAM	AFTER EXAM
<p>While explaining the procedure, watch for signs of anxiety, fear or discomfort</p> <p>Provide adequate sized gowns/drapes for modesty (cloth rather than paper if possible)</p>	<p>“Before we get started, I’m going to walk you through what we will be doing during the exam.”:</p> <ul style="list-style-type: none"> • What parts of the body will be examined • What tools will be used • How long it will take <p>This is something I do whenever a patient has ___ (name symptoms). Normalize the exam</p> <p>If youth need to remove clothing – “When needed, I will ask you to lift the left side of your shirt up to - - - - so we can inspect - - - -.” Be specific</p> <p>If using gown – “You’ll wear this with the opening in the back.”</p> <p>If using drape – “You can use this as a sheet over your lap.”</p> <p>“I will step outside so you can change. When you’re ready, let me know and I’ll come back in.”</p> <p>Knock & wait for permission before re-entering</p>	<p>“First I’m going to _ _ _ _ _.” Let youth know what you’re doing prior to each step</p> <p>Say – “First I will <u>inspect</u> the outside of the vaginal area.” NOT – “First I’m going to <u>look</u> at the outside of your vaginal area.”</p> <p>Say – “Allow your knees to fall towards the walls.” NOT – “Spread your legs.”</p> <p>Say – “Exam table” NOT – “Bed”</p> <p>Say – “Foot rests” NOT – “Stirrups” Use simple, impersonal & non-clinical language</p> <p>Say – “Take deep breaths” NOT – “Relax”</p>	<p>“I’m going to leave the room now so that you can get dressed. Once you’re ready, I’ll be back to share my findings and make a plan with you about what to do next.”</p> <p>* (Share results & make treatment plan)</p>
<p>ASK</p>	<p>“Any questions/concerns before we get started?”</p> <p>“Would you like to have someone else in the room during the exam for support?” Offer option to bring someone for support</p>	<p>“What words do you prefer to use when talking about your body?” Ask youth’s preferences</p> <p>“Would it be alright if I place my hand - - - - ?”</p> <p>Ask for permission before touching</p>	<p>“Any questions so far?” Discuss findings & ask for questions</p> <p>“How are you feeling about the plan?” “How do you see this working best for you?” Negotiate treatment plan</p>

CARE MODEL

EXPLAINING CONFIDENTIALITY IN PLAIN LANGUAGE

The following resource provides approaches to explaining confidentiality to youth in plain language. It's very important to fully explain minor consent, confidentiality, and reporting obligations in plain language prior to obtaining sensitive information from the patient. Youth notice when the way you speak is rote. To avoid that: use plain, understandable, non-technical language; provide specific examples; check in as you talk for the youth's understanding.

DISCUSS

For more info, see practice tool: Reportable Abuse Chart on pg.84.

CONSENT

"Even though you are not legally an adult yet, when you come to the clinic for things like questions about sex or sexuality, or for a pregnancy test, birth control, condoms or a check-up for sexually transmitted infections, you can consent (give permission) for your own care."

Provide examples

CONFIDENTIALITY AND ITS LIMITS

"Before we begin, I want you to know that the things we talk about today about sex, sexuality, and sexual health care are between you, me, and the other staff who work here on a need-to-know basis. It is what we call 'confidential' – the only time things are not confidential are if you tell me you are in danger of hurting yourself or others or if someone has hurt you. If those things come up, for safety, we may need to contact someone for help.

Use non-technical language

Some people wonder what their caregiver or social worker might find out. You do not have to tell a parent, guardian, social worker or group home staff about your care, and I cannot tell them either unless you give me written permission. You have control."

If the youth is under 14 years old, add:

"If you tell me that you are having sex with a partner who is 14 or older, I would also need to contact someone for help, but you do not have to tell me how old your partner is if you don't want to."

If the youth is 14 or 15 years old, add:

"If you tell me you are having sex with a partner who is 21 or older, or with someone who is under 14, I would also need to contact someone for help, but you do not have to tell me how old your partner is if you don't want to."

ASK

Does that make sense?

Check for understanding

Do you have any questions before we begin?

Check for understanding

A Typical Scenario: V's Story

V has decided your energy is good and they will open up. They tell you that they are dating someone and would like to go on birth control.

How do you approach this?



CARE MODEL

SHARED DECISION-MAKING APPROACH TO CONTRACEPTIVE COUNSELING

The following resource describes a step-by-step approach to shared decision making, contraceptive counseling. Choice and empowerment are the essential experiences for youth in deciding what, if any, form of contraception they want to use. The provider's role is to assure that the youth has the information and support that they need to act on their choice.

ASK	PAST EXPERIENCES WITH CONTRACEPTIVES "What methods have you tried?" "What did you like/dislike about the method?" "What concerns did you have about the method?" Start by listening to avoid assumptions	PREFERENCES "What (if any) method are you interested in using now?" "What do you know about the method?" "What questions do you have?"	READINESS TO DECIDE "Are you ready to make a decision today?" No pressure either way."
DISCUSS	PRIORITIES "Let's talk about what's important to you in a method.": <ul style="list-style-type: none">• Ease of use• Impact on bleeding pattern• STI/HIV protection• Side effects• Possible pain with insertion/fear of needles• Time of use – in the moment (e.g. condoms) or routinely (e.g. daily or long-acting contraceptives)• Logistical issues that may impact use behavior (e.g. housing instability or access to a pharmacy)• Need/desire for privacy from caregiver and/or partner• Requirements for visits with a provider Provide Access to an Interactive Decision Making Tool like: <ul style="list-style-type: none">• Bedside Method Explorer• My Birth Control Decision-Making Tool	CONCERNS "Now let's talk about concerns.": Consider using a youth-friendly graphic <ul style="list-style-type: none">• Contraindications• Effectiveness of contraceptive options• Privacy• Relationship issues that may impact method use• Desire for decision support from people in youth's life• Physical exam and process of method initiation• Side effects and reversibility Consider using a youth-friendly graphic that is organized by effectiveness, such as the 'Tiered Effectiveness Model': <ul style="list-style-type: none">• Beyond the Pill• Contraceptive Options: How Well Do They Work• CAP Birth Control Grid	PLAN TO EXECUTE CHOSEN METHOD If yes: "Let's start the process to get you on your chosen method.": Setup method during visit if possible <ul style="list-style-type: none">• Review method-specific concerns• Respond to method-specific questions• Initiate method• Make a follow up plan<ul style="list-style-type: none">- Determine your potential role in facilitating next steps- Agree on what steps the youth will take before follow-up- Schedule a follow-up appointment (a prioritizing phone/telehealth visit if physical exam is needed)- Discuss how to refill prescriptions, obtain supplies, etc.• Offer Plan B as part of standard practice If no: "Let's talk about what you might need to decide on the best method for you.": Discuss support needs <ul style="list-style-type: none">• Further explore options or consult someone you trust• Try accessing information in a different way• Return with a support person if a procedure is required• Consider a different contraceptive care site or provider

Providing Inclusive Contraceptive Counseling Services

Reproductive Health Access Project
Birth Control Across the Gender Spectrum

<https://www.reproductiveaccess.org/resource/birth-control-across-the-gender-spectrum/>

BIRTH CONTROL ACROSS THE GENDER SPECTRUM

CAN YOU GET PREGNANT?

If you have a uterus and ovaries, you can get pregnant. This is true even if you take testosterone. Although it may stop your monthly bleeding, testosterone does not keep you from getting pregnant.

CAN YOU GET SOMEONE PREGNANT?

If you have a penis and testes, you can get someone pregnant. This is true even if you take estrogen. Estrogen may lower your sperm count, but it does not keep you from getting someone pregnant.

BIRTH CONTROL FOR PEOPLE TAKING TESTOSTERONE

People who have a uterus and ovaries and who take testosterone can use any birth control method. The progestin pill, implant, IUD, and shot may help decrease monthly bleeding. Some people use one of these methods just to control bleeding, even if they don't need birth control. Progestin does not interact with testosterone. Many people want to avoid methods with estrogen (pill/patch/ring). It is unclear if estrogen interacts with testosterone. The copper IUD prevents pregnancy and contains no hormones. Condoms prevent pregnancy and sexually transmitted infections (STIs).

BIRTH CONTROL FOR PEOPLE TAKING ESTROGEN

People who have a penis and testes and who take estrogen can use condoms. Their partners can choose any birth control method.


PERMANENT OPTIONS

Permanent methods are great for people who don't ever want to get pregnant. These include tubal ligation, hysterectomy, orchiectomy, and vasectomy.

DON'T FORGET ABOUT SEXUALLY TRANSMITTED INFECTIONS!

Condoms can prevent human immunodeficiency virus (HIV) and other STIs. There are two types of condoms, internal and external. Both types help to prevent pregnancy and infections.

METHODS WITH PROGESTIN

Method	How to Use	Impact on Bleeding	Things to Know	How well does it work?
Emergency Contraception Pills Progestin EC (Plan B One-Step® and others) and ulipristal acetate (ella) 	Works best the sooner you take it after unprotected sex. You can take EC up to 5 days after unprotected sex. If pack contains 2 pills, take both together.	May cause stomach upset or nausea. Your next monthly bleeding may come early or late. May cause spotting.	Available at pharmacies, health centers, or health care providers: call ahead to see if they have it. People of any age can get progestin EC without a prescription, and it doesn't interact with testosterone. May cause stomach upset or nausea. Ulipristal acetate EC requires a prescription and we don't know whether or not it interacts with testosterone. May cost a lot. Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. Ulipristal acetate EC works better than progestin EC 3-5 days after sex.	58-94%

over →

A Typical Scenario: V's Story

V shares that they are worried about the STRTP supervisor confiscating birth control.

V also mentions that they don't think they can come back for another appointment since they have limited access to transportation.

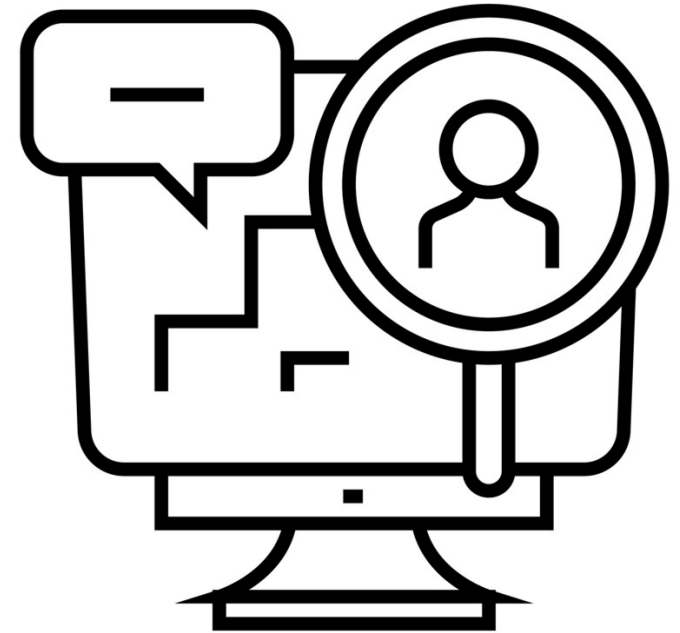


What Else You'll Find

- Strengths Strengths-based interviewing
- Sexual History Guidelines
- Approaches to reduce trauma during a physical exam
- How to make a trauma informed mandated report
- Approach for STI risk-reduction counseling
- Unbiased pregnancy testing: Before the test
- Unbiased pregnancy testing: Sharing the results

Resources

- WWW.TEENHEALTHLAW.ORG
 - Minor consent charts
 - Abuse reporting guide
 - HIPAA or FERPA?
 - Confidential School Release
- TOOLKIT: <https://rhep.info/toolkit>



What Questions Are You Left With?

Please share any questions you would like to see us address in our materials or trainings in the chat or to the email below:

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Family PACT



California PTC