

Confidentiality of Minors

Whether adolescents have or should have a guarantee of confidentiality from psychologists is a somewhat debated issue. Some psychologists do provide “confidentiality” to older adolescents; others do not. As a word of caution, however, if parents demand access to psychological information, they would most likely be successful in that pursuit in any court of law.

The Board of Psychology often refers individuals who raise a question about confidentiality of minors to the Ohio Administrative Code (OAC) Rule 4732-17-01 (c) (2), the “Informed Client” rule, which states: “A psychologist or school psychologist shall give a truthful, understandable, and reasonably complete account of a client’s condition to the client or to those responsible for the care of the client.” (emphasis added)

When parents are paying for professional services, it is quite likely that they will want information regarding their minor child’s diagnosis and prognosis. Even if parents agree to “confidentiality” at the beginning of a psychologist’s treatment with their minor child(ren), they might later change their minds and request all information. Should that occur, the psychologist will be in the very uncomfortable position of breaking a promise to his/her adolescent client.

All clients should be advised, of course, that a psychologist has the duty to report any situation of imminent harm to self or others. (ref. OAC Rule 4732-17-01 (G) (2) (6)). Therefore, if an adolescent reveals any situation of imminent harm, the psychologist would readily violate confidentiality without having broken a promise. Unfortunately, adolescents are likely to reveal information that would not classify as imminent harm but would still require action by adults responsible for the minor child’s welfare.

The caveat, then, is that promising confidentiality to a minor child is fraught with ethical and legal pitfalls. The more prudent, and perhaps more therapeutic course, is to advise children and their parents that appropriate information will be shared.

An exception to the above is Section 5122.04, which is quoted below:

- (A) Upon the request of a minor fourteen years of age or older, a mental health professional may provide outpatient mental health services, excluding the use of medication, without the consent or knowledge of the minor’s parent or guardian. Except as otherwise provided in this section, the minor’s parent or guardian shall not be informed of the services without the minor’s consent unless the mental health professional treating the minor determines that there is compelling need for disclosure based on a substantial probability of harm to the minor or to other persons, and if the minor is notified of the mental health professional’s intent to inform the minor’s parent or guardian.
- (B) Services provided to a minor pursuant to this section shall be limited to not more than six sessions or thirty days of services whichever occurs sooner. After the sixth session or thirty days of services, the mental health professional shall terminate the services or, with the consent of the minor, notify the parent or guardian to obtain consent to provide further outpatient services.

- (C) The minor's parent or guardian shall not be liable for the costs of the services which are received by a minor under division (A).
- (D) Nothing in this section relieves a mental health professional from the obligation of section 2151.421 of the Revised Code.
- (E) As used in this section "mental health professional" has the same meaning as in section 340.02 of the Revised Code.

Please note: This INFORMATION BULLETIN is in response to frequently asked questions (FAQs) by psychologists or school psychologists. This is NOT a formal legal opinion and does not represent a standard of practice. The Board of Psychology offers this INFORMATION BULLETIN as a suggestion to licensees working with children and adolescents.

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