

Should parents see teen medical records? Attitudes change when people are prompted to think about risky adolescent behaviors

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ABSTRACT: *Parents expect access to children's medical records, but adolescents may withhold information from doctors if confidentiality is not guaranteed. In a nationwide survey, we randomized the order of 2 questions: (A) whether parents should see their 16-year-old's medical record, and (B) whether teens would be reluctant to discuss sex, alcohol, and drugs if they knew parents could see the record. Support for parental access fell from 76.9% to 69.2% among those asked the teen withholding question first ($p = .01$). Prompting people to consider teen behavior increased support for adolescent medical confidentiality.*

INTRODUCTION

Increasing numbers of Americans access their own medical records via electronic patient portals to better understand and manage their healthcare.^{1,2} Most healthcare organizations allow parents and guardians access to children's medical records to help them manage well-child care³ as well as serious chronic illnesses.⁴⁻⁷ However, teens may delay sexual healthcare or withhold information about risky behaviors such as sex and drug use if confidentiality is not assured.⁸⁻¹⁰ We recently showed that medical centers develop individualized portal access policies with reference to state and national laws on adolescent privacy, their patient population, local culture, technical capabilities of their software, their physicians' preferences, and their institutional culture.¹¹ Many of these portal policies provide a certain amount of confidentiality to adolescent patients. However, medical centers also encounter negative reactions from parents who lose access to their children's records during the teenage years. We sought to assess public attitudes toward parental access to adolescent medical records. We tested the hypothesis that support for parental access would decrease when respondents were prompted to consider potential negative effects on teen openness with their doctors.

METHODS

The Cornell National Social Survey is a random-digit-dial telephone survey conducted annually by Cornell Survey Research Institute. The sample size of 1000 provides a margin of error of plus or minus 3.1 percentage points. Sampling is conducted on a dual frame of landline and cell phone numbers in the continental US. Researchers submit potential questions which are competitively reviewed by the Cornell Survey Research Institute. Three questions were included by our research team. (1) Should a 16-year-old be able to have their own patient portal account? (2) Should a parent/guardian be able to see their 16-year-old child's medical record? (3) Do you think teens would be less likely to talk to their doctors about sensitive issues (sex, alcohol, drugs) if they knew their parents could see their medical record afterwards? The order of questions 2 and 3 was randomized. Descriptive analysis was conducted with frequencies and percents. Bivariate associations were assessed with chi-square tests, and multivariable relationships between sociodemographics and portal questions were assessed with logistic regression models. The Cornell University Institutional Review Board approved the study, and respondents provided oral consent.

RESULTS

The cooperation rate (eligible individuals reached by phone who agreed to participate) was 59%. The sample compared well with the US population in age, gender, ethnicity, family composition, and geographic diversity, but had an overrepresentation of white and well-educated respondents. One-third had children in the home. About 83% thought that parental access to teen medical records would reduce the likelihood of teens consulting with their doctors, and question order made no difference ($p = 0.29$). However, the proportion who thought that parents should always have access to teen medical records varied by question order, falling from 77% to 69% among those asked the teen withholding question first ($p = .01$). Multivariable models showed that people were significantly more likely

to support full parental records access if they had question order A (did *not* answer the teen withholding question first), were men, were 65 or older, self-identified as conservative, had children at home, or thought teens should not have accounts. Question order interacted with gender; the effect of question order occurred primarily among women.

DISCUSSION

This survey suggests that majorities of the public endorse 2 somewhat conflicting views: that parents should have access to their teen children's medical records; and that this parental access would prompt teens to withhold important information from their physicians. Support for parental access was much lower among respondents who answered the withholding question first, as well as among women, younger respondents, liberals, those without children in the home, and those who thought teens should not have their own portal accounts.

Strong arguments have been made both for and against full parental access to adolescent medical records. On the one hand, parents have both moral and financial responsibility for their children's healthcare, and teens with good communication with their parents have lower rates of risky behavior.¹² On the other hand, lack of confidentiality can discourage young people from approaching physicians with concerns about sexuality, mental health, drug and alcohol use, and other issues.⁸⁻¹⁰ We have found that for these reasons, many medical centers impose certain confidentiality restrictions on access to adolescent medical records through electronic patient portals.¹¹

Our study suffers from several limitations. Not all respondents had children in the household, and because submitted questions were reduced by CNSS survey staff after competitive review, we were unable to include questions about personal experience with electronic patient portals or medical conditions. We are unaware of other population-based surveys of this topic, or studies exploring the effect of marketing interventions.

CONCLUSIONS

Prompting people to consider potential negative effects of parental access on teen behavior reduced support for parental access to teen medical records. Medical centers frequently encounter parents upset by the abrupt termination of their access to teen children's medical records. Our study suggests that raising awareness that parental access could interfere with adolescent-provider communication might increase acceptance of adolescent medical confidentiality.

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