# When Teens Disclose Dating Violence to Health Care Providers:

# A Guide to Confidentiality and Reporting Laws in California

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Family Violence Prevention Fund
www.endabuse.org


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This publication was created by the National Center for Youth Law (NCYL) in collaboration with the Family Violence Prevention Fund (FVPF).[1] It is designed to support the efforts of the FVPF's *Project Connect: A Coordinated Public Health Initiative to Prevent Violence against Women*. Funding for this document was provided by a grant to the FVPF from the U.S. Department of Health and Human Services, Office of Women's Health, and the U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families.

The National Center for Youth Law is a national, non-profit organization that uses the law to improve the lives of poor children. NCYL works to ensure that low-income children have the resources, support and opportunities they need for a healthy and productive future. Much of NCYL's work is focused on poor children who are additionally challenged by abuse and neglect, disability or other disadvantage. NCYL's **Teen Health Rights Initiative** provides information and resources to providers of adolescent health services.

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**Oakland, CA**
**www.youthlaw.org**
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The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence. For more than three decades, the Family Violence Prevention Fund has worked to end violence against women and children around the world. Instrumental in developing the landmark Violence Against Women Act passed by Congress in 1994, the FVPF has continued to break new ground by reaching new audiences including men and youth, promoting leadership within communities to ensure that violence prevention efforts become self-sustaining, and transforming the way health care providers, police, judges, employers and others address violence.

**Family Violence Prevention Fund**
**San Francisco, CA**
**www.endabuse.org**

*Disclaimer:* This manual provides information. It does not constitute legal advice or representation. For legal advice, readers should consult their own counsel. This manual presents the state of the law as of July 2010. While we have attempted to assure the information included is accurate as of this date, laws do change, and we cannot guarantee the accuracy of the contents after publication.



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## Table of Contents

# I. INTRODUCTION and OVERVIEW

The Family Violence Prevention Fund's (FVPF) *Project Connect: A Coordinated Public Health Initiative to Prevent Violence against Women* is designed to improve the health and safety of women and children. Project Connect seeks to better integrate screening and response by public health programs to dating violence[2], including dating violence against adolescents. Adolescents face high rates of domestic and sexual violence as well as related poor health outcomes including substance abuse, mental health issues, unplanned pregnancies and sexually transmitted infections.

Each Project Connect site has a Leadership Team that will develop and implement a comprehensive action plan to improve the public health response to domestic and sexual violence. As part of this plan, the site's Leadership Team may develop model guidelines to educate health care providers about how to screen for and best respond to abuse of patients.

In developing model response guidelines for adolescent health settings, the Team will have to make recommendations regarding the confidentiality and reporting of teen dating violence disclosures. The Team may need to make recommendations regarding when a health care provider should report this information to law enforcement or child abuse authorities, or share the information with parents or referral agencies. In developing such recommendations, the Team must consider multiple factors, including but not limited to, ethical, clinical, public health, and safety concerns. The Team also must be familiar with the requirements of confidentiality and reporting law.

This publication is intended as a legal reference for use by members of the Leadership Team in their discussions of adolescent confidentiality and reporting. The document provides an overview of the pertinent federal and state confidentiality and reporting laws that apply when adolescents disclose dating violence in a medical setting. It explains the parameters of the law, highlighting what the law mandates in terms of confidentiality and reporting; what the law leaves to the discretion of providers; and where the Team may need to seek further clarification regarding the law.

The document is intended solely to inform development of a comprehensive best practice model for adolescent settings. It is just one of several resources the

[2] For definitions of "dating violence," "adolescent" and other terms used in this publication, please see the "Glossary of Terms" at the end of this document.

Leadership Team should reference in developing a model response. The document does not address other factors, such as ethical or safety considerations, that should also be taken into account in developing this model response nor does it address the confidentiality and reporting laws that may apply in other settings or with other patient populations, such as dependent adults. For this reason, the document should not be used as a best practice or provider guide or in development of policies or recommendations for other settings.

Section II of the document reviews relevant federal and state medical confidentiality law. Section III reviews other pertinent confidentiality law. Sections IV and V review California's child abuse reporting and domestic violence reporting laws and address when health care providers must report teen dating violence to the authorities. Section VI addresses discretionary sharing of information, and answers several frequently asked questions, including whether providers may share teen dating violence disclosures with parents, whether providers may report violence to the authorities even if they are not mandated to do so, and whether health care providers may share information with referral agencies and partners in a multi-disciplinary collaborative. The final section of this document is a glossary of terms.

## II. MEDICAL CONFIDENTIALITY: HIPAA and California law

### What information obtained by health care providers from their patients must be kept private?

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule protects the privacy of health information. 45 C.F.R. Parts 160 and 164.

California's Confidentiality of Medical Information Act (CMIA) limits the disclosure of most health care information.[3] *See* Cal. Civil Code § 56 et seq. In addition, other state statutes specially protect the confidentiality of specific health information. For example, HIV/AIDS information, substance abuse and mental health treatment information are all specially protected. *See, e.g.*, Cal. Health & Safety Code §§ 120980, 11845.5; Cal. Welf. & Inst. Code § 5328.

[3] The CMIA applies to most but not all medical records. For example, it does not apply to certain mental health and drug treatment records. Cal. Civil Code § 56.30.

Health care providers must follow both the federal HIPAA Privacy Rule and state law. In general, if the federal and state laws conflict, and the state law provides greater confidentiality protection than HIPAA, providers must follow state law. When HIPAA provides greater protection, providers must follow HIPAA.[4]

**What kinds of providers must abide by HIPAA?**

All health care providers who transmit health information in electronic form, health plans and health care clearinghouses must follow the HIPAA Privacy Rule.[5] "Health care providers" in this context means individual providers such as physicians, clinical social workers and other medical and mental health practitioners, as well as hospitals, clinics and other organizations that provide, bill for, or are paid for health care.[6]

**Is information about dating violence or reproductive coercion, obtained by a health care provider in the course of providing health care to a teen, considered protected health information?**

Yes. HIPAA limits disclosure of what it calls "protected health information" (PHI).[7] The HIPAA Privacy Rule defines protected health information to include "individually identifiable health information"[8] in all forms. This includes oral communications as well as written or electronically transmitted information, created or received by a health care provider; that relate to the past, present or future physical or mental health or condition of an individual; and either identify the individual or can be used to identify the individual patient.

California's CMIA protects the privacy of "medical information" which it defines as "any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental or physical condition, or treatment." Cal Civil Code § 56.05(g).

If a teen discloses information regarding dating violence or reproductive coercion[9] during provision of health or mental health care, that is information in possession of a health care provider that relates to personal history and to the

[4] 45 C.F.R. § 160.203.
[5] 45 C.F.R. § 160.103 (defining "covered entity").
[6] 45 C.F.R. § 160.103 (defining "health care provider").
[7] 45 C.F.R. § 160.103 (defining "protected health information" and "health information").
[8] 45 C.F.R. § 160.103 (defining "individually identifiable health information").
[9] *See* "Glossary of Terms" at end of this document for definitions of these and other terms.

past, present or future physical or mental health or condition of the individual. Therefore it is protected by HIPAA and CMIA. The teen does not have to be seeking medical care in response to the dating violence or reproductive coercion for the information she shares to be protected.

**Can "protected health information" ever be released?**

Yes. Both HIPAA and California law contain the same general rule. Protected health information generally must be kept confidential, but can be disclosed by a health care provider if the provider either has a signed authorization allowing for the disclosure, or a specific exception in federal or state law allows or requires the disclosure. *See* 45 C.F.R. § 164.502; Cal. Civil Code §§ 56.10, 56.11.

**Who may sign an authorization to release protected health information?**

It often depends upon who consented for the underlying health care. Under HIPAA, a parent or guardian usually must sign the authorization to release information when the parent or guardian consented for the unemancipated minor's health care. 45 C.F.R. §§ 164.502(a)(1)(i); (a)(2)(i); (g)(1); (g)(3).

Conversely, when the minor consented for his or her own care under state law, the HIPAA regulations allow the minor to control disclosure of the related records. 45 C.F.R. §§ 164.502(a)(1)(i)&(iv);(a)(2)(i);(g)(1); (g)(3)(i). The minor also may sign the authorization in a few other situations, for example, if a court consented for the minor's medical care pursuant to state law. When a minor has a right to sign authorizations under HIPAA, the parent's right to access or inspect the underlying health information is determined by state law.

Under California law, the authorization must be signed by the minor when the minor consented for health care, or *could have consented* to the care under law. Cal. Civil Code § 56.11(c)(1). In most cases, parents cannot access or inspect records about services that a minor consented to or could have consented to under state law.[10] California state law allows minors to consent to their own health care in a number of situations.

Thus, when a parent consents for her unemancipated teen to receive a sports physical, the parent must sign any authorization to release information related to

[10]For more information on California minor consent laws and what state law says regarding a parent's right to access minor consent records, *see* Gudeman, *Minor Consent, Confidentiality, and Child Abuse Reporting in California* (2006), available at: www.teenhealthlaw.org.

that visit. By contrast, when a teen consents to treatment for a sexually transmitted disease on his own behalf as authorized by state law,[11] the teen must sign any authorization to release related medical information, and the parents cannot be informed without the teen's authorization.[12]

Other laws and regulations contain different rules regarding who must sign an authorization to release records, and these rules may apply depending on the type of service provided or the funding source for the service. For example, if the records relate to services funded under the federal Title X family planning program, Title X regulations dictate that the minor sign any authorization to release her own medical information. In section III, this document reviews some of the laws with different authorization rules, including the Title X regulations. The Project Connect Leadership Team should consider whether to include any guidance in its recommendations regarding who may authorize the release of health information about adolescent patients. This guidance might include providing sample authorization forms or recommending that health care providers review their authorization forms and signing protocols with legal counsel to be sure the forms and protocols comply with all applicable laws related to adolescent confidentiality.

**What does an authorization to release health information need to look like?**

HIPAA requires that a written authorization to release health information contain certain elements in order to be valid. These elements include: a description of the health information to be used or released; the purpose for the disclosure; an expiration date for the release; the name or description of the person or class of persons authorized to release information; and the name or description of the person or class of persons authorized to receive information. HIPAA also requires that authorizations include several notice statements, such as notice that the individual has a right to refuse to sign the authorization.[13] It also says that release forms cannot be combined with certain other forms. 45 C.F.R. § 164.508(b)(3), (c).

An authorization is not valid under HIPAA if it does not contain all the required elements and notice statements. Other confidentiality statutes, such as CMIA, the

[11] Cal. Fam Code. § 6926(a).
[12] Cal. Health & Saf.. Code § 123115.
[13] Among others, the authorization also must include notice that the individual has a right to revoke the authorization. See HIPAA for the complete list of required statements, 45 C.F.R. § 164.508(c).

Violence Against Women Act (VAWA) and federal drug treatment regulations, require that an authorization contain additional or different elements and notice statements to be valid. The authorization requirements under VAWA are discussed in Section III of this document. The Project Connect Leadership Team should consider including guidance regarding authorizations and signing protocols in their best practice recommendations.

**What exceptions allow or require a health care provider to disclose health information without an authorization?**

Generally, information protected by HIPAA and state law can only be disclosed by a health care provider if the provider has a signed authorization to release records; however, a number of exceptions in HIPAA and state law allow or require a provider to release information without an authorization in certain situations. For example, under HIPAA, health care providers may share health and mental health information with other health care providers for treatment and referral purposes without need of a signed release. 45 C.F.R. § 164.506. Other HIPAA exceptions allow health care providers to release information to comply with mandatory state reporting laws, in emergencies, and for billing, payment, and research purposes without need of an authorization. 45 C.F.R. § 164.512. There are additional exceptions as well.

California law also allows or requires health care providers to release information without an authorization in several situations. *See* Cal. Civil Code § 56.10(b),(c). For example, health care providers are required to disclose information when another law specifically requires the release. Cal. Civ. Code § 56.10(b)(9). Several California laws compel disclosure of protected health information. Important examples are laws that require certain individuals to report child abuse and certain violence. In sections IV and V, this document provides more detail about these two laws and the reporting they require.

**Can health care providers be held liable for revealing confidential information outside the exceptions listed in HIPAA or state law?**

Providers can only share information without client authorization if an exception in state or federal law specifically allows the release. If no exception applies that would allow a provider to share information, providers who reveal confidential information may be held liable. *See, e.g.*, Cal. Civil Code §§ 56.35, 56.36; 42 U.S.C. 1320d-6; 45 C.F.R. § 160, Subpart C.

Beyond criminal and civil sanction, professionals who violate confidentiality also put their professional licenses at risk. *See* Cal. Health & Safety Code § 123110(i).

## III. OTHER CONFIDENTIALITY LAWS: Laws that limit disclosure of specialized information or information obtained in certain settings

### What is the federal Title X family planning program and what are Title X family planning settings?

"The Title X Family Planning program was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. [] In approximately 75% of U.S. counties, there is at least one clinic that receives Title X funds and provides services as required under the Title X statute."[14]

The California Family Health Council receives Title X funding for the state and distributes it to multiple health agencies and clinics through contracts. For a list of Title X funded clinics in California, see the California Family Health Council website at http://www.cfhc.org/About/default.htm. Some of the services that may be available with Title X funding include family planning counseling, testing and screening for sexually transmitted diseases, and pregnancy testing.

### Are there any special confidentiality protections for services funded through the federal Title X program?

Yes. Federal Title X regulations establish special confidentiality protections for information gathered during a Title X funded service that apply in addition to or in lieu of HIPAA and other federal and state medical confidentiality law.

For agencies delivering services funded in full or in part by Title X, federal regulations mandate that "[a]ll information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's

[14] Excerpted from the U.S. Department of Health and Human Services, Office of Population Affairs website. For more information, see http://www.hhs.gov/opa/familyplanning/index.html

documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality." 42 C.F.R. § 59.11. This regulation supersedes any state law to the contrary.[15]

The Title X regulations require that providers comply with any applicable mandated abuse reporting law. However, the regulations allow adolescents to prohibit their Title X providers from disclosing information in many other contexts. Thus, for example, even when a Title X provider must make a child abuse report to child protection or law enforcement pursuant to state law, the provider cannot inform parents of the report without the minor's authorization.

Title X grantees who fail to comply with federal Title X regulations risk loss of Title X funding.

**Are there any special confidentiality protections for information obtained during the provision of mental health care or substance abuse treatment?**

Yes**.** Federal regulations establish special protections for substance abuse treatment records. These regulations apply in addition to or in lieu of HIPAA and other federal and state medical confidentiality law. The regulations supersede any state law to the contrary. The federal regulations greatly limit access to the records they protect. Providers that meet certain criteria must follow the federal drug treatment regulations. *See* 42 C.F.R. §§ 2.11, 2.12. In addition, state law specially protects the confidentiality of some substance abuse and mental health treatment records. *See*, Cal. Health & Safety Code § 11845.5; Cal. Welf. & Inst. Code § 5328. Among other things, these regulations and state laws limit which records a parent may view as well as define who must sign an authorization to release protected information. For this reason, mental health and substance abuse providers may need different confidentiality policies than other health care providers.

If Project Connect will be working with providers of mental health and/or substance abuse services, the Leadership Team should seek additional information about the confidentiality and reporting obligations under mental health and substance abuse treatment law, and consider how the differences may impact any guidance and recommendations being created by the Team.

[15] *See Planned Parenthood Assoc. of Utah v. Matheson*, 582 F. Supp. 1001, 1006 (D. Utah 1983); see *also Does 1-4 v. Utah Dept. of Health*, 776 F.2d 253 (10th Cir. 1985); *Doe v. Pickett*, 480 F. Supp. 1218, 1220-1221 (D.W.Va. 1979).

**Are there any special confidentiality regulations that apply when services are provided by school employees?**

Yes. The federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of education records. Health care service records are subject to FERPA if the underlying services were provided by employees of schools or other agencies that receive funding from the federal Department of Education (which includes most public schools and school districts).[16] HIPAA explicitly states that its rules *do not apply* to health information held in an education record subject to FERPA.[17] In other words, if FERPA applies, HIPAA does not. For this reason, the records of a school nurse or school counselor are subject to FERPA, not HIPAA.

In many ways, FERPA and HIPAA are similar. Both protect the privacy of personal information. Both require a signed authorization before records can be released. Both allow or require sharing of information with certain individuals and agencies even without a signed release in some situations, such as to report child abuse. However, there are important differences between the two laws as well. For example, FERPA only applies to written records. HIPAA applies to both oral and written information. A parent's right to access records about a minor is different under HIPAA and FERPA; and when a provider can release information pursuant to court order is different.

While HIPAA does not apply to medical records that are subject to FERPA, state medical confidentiality law still may apply to these records. In some cases, the requirements of FERPA and state law regarding who may access medical information in an education file, such as a school nurse's file, may conflict. If Project Connect will be working with school health staff, the Leadership Team should consider whether it is necessary to seek legal advice about possible conflicts between FERPA and state law and consider how this counsel may impact confidentiality recommendations being created by the Team.

If Project Connect agencies or individuals will be working in school settings, the Leadership Team also should consider whether to seek further information or

[16] 34 C.F.R. § 99.1(a)("Except as otherwise noted in § 99.10, this part applies to an educational agency or institution to which funds have been made available under any program administered by the Secretary, if—(1) The educational institution provides educational services or instruction, or both, to students; or (2) The educational agency is authorized to direct and control public elementary or secondary, or postsecondary educational institutions.").

[17] 45 C.F.R. § 160.103("*Protected Health Information*…Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. §1232g; ….").

legal counsel about which records and agencies are subject to FERPA. In some cases, FERPA may apply to the records of an outside health agency when that agency provides health services on a school campus, even though the agency normally operates under HIPAA. Whether HIPAA or FERPA applies to those records depends on the relationship between the provider and the educational institution.[18]

Failure to comply with FERPA regulations may result in enforcement actions by the Secretary of Education, including withholding of federal education funding. 34 C.F.R. § 99.67. More information about FERPA and HIPAA in the school health setting is available from the U.S. Department of Health and Human Services website at: *www.hhs.gov/ocr/privacy/hipaa/.../hipaaferpajointguide.pdf*

**Are there any special confidentiality regulations for services provided by grantees of the federal Violence Against Women Act (VAWA) or the Family Violence Prevention Services Act (FVPSA)?**

Yes. Federal law establishes special confidentiality protections for information gathered by programs that receive funding under VAWA or FVPSA (as grantees or subgrantees). VAWA regulations may apply in addition to or in lieu of other federal and state law.

VAWA generally protects the confidentiality of persons receiving services from VAWA or FVPSA funded programs and prohibits programs from disclosing "any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs."[19]

Individual information protected by VAWA can only be released outside the program if: (1) the program has a signed consent; (2) the release is compelled by statutory mandate; or (3) the release is compelled by a court order.[20]

A signed consent is valid under VAWA if it is "informed, written, [and] reasonably time-limited…."[21] Emancipated minors may sign their own authorizations to release information.[22] Authorizations to release information about unemancipated minor clients must be signed by both the minor and her

[18]For more information, *see* Gudeman, *HIPAA or FERPA? A Primer on School Health Information Sharing in California*, available at www.teenhealthlaw.org.
[19] 42 U.S.C. § 13925(b)(2)(B)(i).
[20] 42 U.S.C. § 13925(b)(2)(B)&(C).
[21] 42 U.S.C. § 13925(b)(2)(B)(ii).
[22] *Ibid*.

parent or guardian, unless: (1) the adult is the minor's abuser;[23] (2) the adult is the abuser of the minor's other parent;[24] or (3) the minor is receiving medical services that, by state law, she is allowed to receive with her own consent alone.[25]

While VAWA requires that programs comply with mandated abuse reporting laws and court orders that compel disclosure, it also requires that grantees and subgrantees "make reasonable attempts to provide notice to victims" when they will be making an abuse report or responding to an order, and require the programs "take steps necessary to protect the privacy and safety of the persons affected by the release of the information."[26] In this way, VAWA establishes greater confidentiality protection than HIPAA, and health care providers with VAWA or FVPSA funding may need to establish different confidentiality policies. The Project Connect Leadership Team should consider whether it would be helpful to include any guidance regarding VAWA in its best practice policies and guidelines, such as developing authorization forms and reporting policies that comply with both HIPAA and VAWA. Several organizations have issued guidance on how to implement the VAWA confidentiality provisions.[27]

Failure to follow VAWA confidentiality regulations puts receipt of federal VAWA funds at risk.

## IV. REQUIRED DISCLOSURES: Mandated Child Abuse Reporting in California

As outlined in sections II and III, the confidentiality of information gathered during provision of health services is typically protected by federal and state law. Health care providers are generally not permitted to disclose protected health information unless they have a written authorization to disclose or an exception in federal or state law allows or requires the disclosure. Child abuse reporting is one example of an exception in state law that requires disclosure of otherwise protected information. As health care providers incorporate screening for dating violence and reproductive coercion into their health practice, they may have questions about whether dating violence information must or should be

[23] *Ibid*.
[24] *Ibid*.
[25] Julie Field, National Network to End Domestic Violence, *FAQ's on Survivor Confidentiality Releases* 8 (2008) [hereinafter *FAQ's on Survivor Confidentiality Releases*].
[26] 42 U.S.C. § 13925(b)(2)(C).
[27] *See e.g.*, *FAQ's on Survivor Confidentiality Releases*, *supra* note 25; National Network to End Domestic Violence, *An Update on the Violence Against Women Act (VAWA) & Confidentiality* 2 (2006) [hereinafter *Update on VAWA*].

reported as child abuse. This section of the document reviews the application of child abuse reporting law in California in this context. The Leadership Team should consider developing materials that explain when child abuse reports are clearly required under state law, when they are not, when providers have discretion about whether to report, and when there may be differences of opinion regarding how to interpret child abuse reporting law. Where there may be differences of opinion, the Leadership Team should consider whether it would be helpful to work toward some consensus on these issues.

**Who is a mandated reporter of child abuse?**

Under California's Child Abuse and Neglect Reporting Act, the following individuals are "mandated reporters" of child abuse:

(Reporters in the health care professions are highlighted in **bold**.)

(1) A teacher.
(2) An instructional aide.
(3) A teacher's aide or teacher's assistant employed by any public or private school.
(4) A classified employee of any public school.
(5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of any public or private school.
(6) An administrator of a public or private day camp.
(7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
(8) An administrator or employee of a public or private organization whose duties require direct contact and supervision of children.
(9) Any employee of a county office of education or the California Department of Education, whose duties bring the employee into contact with children on a regular basis.
(10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
(11) A Head Start program teacher.
(12) A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.
(13) A public assistance worker.
(14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
(15) A social worker, probation officer, or parole officer.
(16) An employee of a school district police or security department.

(17) Any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.
(18) A district attorney investigator, inspector, or local child support agency caseworker unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
(19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
(20) A firefighter, except for volunteer firefighters.
(21) **A physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage, family and child counselor, clinical social worker, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.**
**(22) Any emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.**
**(23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.**
**(24) A marriage, family, and child therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.**
**(25) An unlicensed marriage, family, and child therapist intern registered under Section 4980.44 of the Business and Professions Code.**
**(26) A state or county public health employee who treats a minor for venereal disease or any other condition.**
**(27) A coroner.**
**(28) A medical examiner, or any other person who performs autopsies.**
(29) A commercial film and photographic print processor, as specified in subdivision (d) of Section 11166. As used in this article, "commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.
(30) A child visitation monitor. As used in this article, "child visitation monitor" means any person who, for financial compensation, acts as monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law.
(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) "Animal control officer" means any person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) "Humane society officer" means any person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (c) of Section 11166. As used in this article, "clergy member" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (c) of Section 11166.

(34) Any employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 1424 of the California Rules of Court.

(36) A custodial officer as defined in Section 831.5.

(37) Any person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) **An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not in and of itself a sufficient basis for reporting child abuse or neglect.**

Cal. Penal Code § 11165.7(a).

**What are mandated reporters required to report under California law?**

"A mandated reporter shall make a report … whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect." Cal. Penal Code § 11166(a).

**Does child abuse reporting law require mandated reporters to file a child abuse report against a dating partner for abuse of a teen?**

In some cases, yes. Child abuse is defined under California law to include acts by both related and unrelated individuals. *See, e.g.,* Cal. Penal Code § 11165.6 (defining abuse as "injury … inflicted by…another person"). In other words, the

definition of child abuse is not limited to abuse perpetrated by a parent or caregiver.

Thus, any abusive acts against a minor, including acts by a dating partner, must be reported as child abuse *if the acts meet the definition of child abuse under California law*.[28]

Some acts against a minor by a dating partner will qualify as "reportable child abuse" while others will not. For example, there may be cases in which acts by a dating partner meet the definition of "abuse" for the purposes of domestic violence screening and services and as well meet the definition of "abuse" for the purposes of child abuse reporting; however, there also will be cases in which acts are deemed "abuse" for domestic violence screening purposes but do not meet the definition of "abuse" for purposes of child abuse reporting. Similarly, there may be cases in which sexual acts between consenting teens are defined as "assault" for the purposes of criminal law and "abuse" for child abuse reporting purposes, but also cases in which sexual acts between consenting teens are defined as "assault" for criminal law purposes but do not meet the definition of abuse for the purposes of child abuse reporting. The following two questions address which physical or sexual acts may qualify as "reportable child abuse."

**Does child abuse reporting law require mandated reporters to file a child abuse report against a dating partner who is also a teen?**

Sometimes. Child abuse can be perpetrated by juveniles under California law. The definition of "child abuse" is not limited to abuse perpetrated by an adult. *See, e.g.*, Cal. Penal Code § 11165.6.

However, it should be noted that California law states that "a mutual affray between minors" is not reportable child abuse. Cal. Penal Code § 11165.6. "Mutual affray" is not explicitly defined in California law. Black's law dictionary defines "mutual affray" as "a consensual fight on equal terms." *See* Black's Law Dictionary (8th ed. 2004). This definition does not carry the force of law, however. It only suggests how a court or agency may interpret the term.

Because the law does not establish an explicit definition of "mutual affray," reporting obligations may be interpreted and applied differently by different mandated reporters in the context of physical fights between minors, and in

[28] This document does not address whether mandated reporters must ever make a neglect report in response to teen dating violence.

practice, what Child Protective Services and law enforcement do when reports are filed in cases involving physical acts between dating minors may differ from one agency to another. The Leadership Team may wish to seek some consensus and develop recommendations regarding when physical acts against a minor by a dating partner should and should not be considered a non-reportable "mutual affray."

Should the Team choose to address and seek consensus on this issue, the Team should consider consulting legal counsel and involving other stakeholders in the consensus discussion.

**What physical acts against a teen by a dating partner qualify as reportable child abuse?**

California law requires a mandated reporter to report when the reporter knows or reasonably suspects "child abuse." California defines "child abuse" to include any of the following:

- Physical injury or death inflicted by other than accidental means upon a child by another person
- Willful harming or injuring of a child or the endangering of the person or health of a child
- Unlawful corporal punishment

Cal. Penal Code § 11165.6

"Physical injury" is not explicitly defined by state law. "Willful harming or injuring of a child or the endangering of the person or health of a child" is defined by state law to mean "a situation in which any person willfully causes or permits any child to suffer, or inflicts thereon, unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of the child to be placed in a situation in which his or her person or health is endangered." Cal. Penal Code § 11165.3.

"Unlawful corporal punishment or injury" is defined as a "situation where any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition. It does not include an amount of force that is reasonable and necessary for a person employed by or engaged in a public school to quell a disturbance threatening physical injury to person or damage to property, for purposes of self-defense, or to obtain possession of weapons or other dangerous objects within the control of the pupil, as authorized by Section 49001 of the Education Code. It also does not include

the exercise of the degree of physical control authorized by Section 44807 of the Education Code. It also does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer." Cal. Penal Code § 11165.4.

The statutory definitions of "willful harming" and "unlawful corporal punishment" establish some guidelines regarding how severe a physical injury must be in order to trigger a child abuse report; however there is no statutory definition of "physical injury." Because the law does not establish a bright line, reporting obligations may be interpreted and applied differently by different mandated reporters in the context of dating violence, and in practice, what Child Protective Services and law enforcement do when reports are filed in cases involving physical acts between dating minors may differ from one agency to another. The Leadership Team may wish to seek some consensus and develop recommendations regarding when physical acts against a minor by a dating partner rise to the level of reportable child abuse as well as when they can be defined as non-reportable "mutual affrays" between minors. (*See* previous question).

Should the Team choose to address and seek consensus on this issue, the Team should consider consulting legal counsel and involving other stakeholders in the consensus discussion, including but not limited to representatives from pediatric and adolescent health, public health, and domestic violence and sexual assault agencies, as well as children's services agencies and relevant law enforcement agencies across the state.

**What sexual acts qualify as reportable child abuse?**

California law requires a mandated reporter to report when the reporter knows or reasonably suspects "child abuse." Child abuse is defined to include "sexual abuse." Cal. Penal Code § 11166. California law defines sexual abuse to include "sexual assault" or "sexual exploitation." Cal. Penal Code § 11165.1. The law in turn defines these terms.

Specifically, it states that conduct in violation of any of the following statutes is "sexual assault" or "sexual exploitation" and is reportable:

- Penal Code section 261(Rape);
- Penal Code section 264.1(Rape in Concert);
- Penal Code section 285 (Incest);
- Penal Code section 289 (Sexual Penetration);

- Penal Code section 647.6 (Child Molestation);
- Penal Code section 286 (Sodomy);
- Penal Code section 288a (Oral Copulation);
- Penal Code section 288(a), 288(b), or 288(c)(1) (certain violations of Lewd or Lascivious Acts upon a Child);
- Penal Code section 261.5(d) (certain violations of Statutory Rape);
- Conduct involving matter depicting a minor engaged in obscene acts in violation of Penal Code section 311.2 (Preparing, selling, or distributing obscene matter); or
- Penal Code section 311.4(a) (Employment of minor to perform obscene acts).

Cal. Penal Code § 11165.1.

Reports also are mandated for many prostitution and pornography related offenses.[29] For more information about sexual activity that must be reported as child abuse in California, please see Gudeman, *Minor Consent, Confidentiality and Child Abuse Reporting in California* (2006), available at www.teenhealthlaw.org.

The Leadership Team may wish to develop some recommendations regarding when sexual acts between a minor and a dating partner must be reported as child abuse.

**Do I have to make a report if my client was the perpetrator rather than the victim of reportable dating violence?**

Sometimes, yes. A mandated reporter must report child abuse "whenever the mandated reporter… has knowledge of … a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect." Cal. Penal Code § 11166(a). Reporting is not limited to situations in which the

[29] Specifically, reports are required about:

- Any person who knowingly promotes, aids, or assists, employs, uses, persuades, induces, or coerces a child, or any person responsible for a child's welfare, who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct. For the purpose of this section, "person responsible for a child's welfare" means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.
- Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c)and (e) of Section 311.3.

Cal. Penal Code § 11165.1(c)(2)&(3).

reporter directly observes the victim. Knowledge of abuse is sufficient to trigger the reporting obligation.

**Does pregnancy or a sexually transmitted disease automatically require an abuse report?**

No. Pregnancy or evidence of a sexually transmitted disease [STD] does not, in and of itself, constitute sufficient evidence to establish a reasonable suspicion of sexual abuse. Cal. Penal Code § 11166(a)(1); *People ex rel. Eicheberger v. Stockton*, 249 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1989). This means it should not be reported without other evidence of abuse.

However, pregnancy or an STD, when combined with additional information, may present a reasonable suspicion that child abuse has occurred. *Stockton,* 249 Cal Rptr. at 767. For this reason, treating professionals "must evaluate facts known to them in light of their training and experience to determine whether they have an objectively reasonable suspicion of child abuse." *Id*. at 769.

**What if the authorities refuse to take a child abuse report regarding dating violence?**

California law mandates that any agency designated to receive child abuse reports[30] "shall accept a report of suspected child abuse or neglect whether offered by a mandated reporter or another person, or referred by another agency." Cal. Penal Code § 11165.9. An agency must accept child abuse reports even if that agency (because of subject matter or geographic reasons) does not have the authority to investigate the report itself, "unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction." *Id*. Thus, if a reporter makes a report of teen dating violence because the violence fits into the legal definition of "child abuse" in California, California law obligates the agency to accept the report or immediately transfer the reporter to an agency with jurisdiction.

**Will the police be informed of child abuse reports I make?**

Yes. CPS is mandated to cross-report child abuse to the law enforcement agency having jurisdiction over the case. Cal. Penal Code § 11166(j).

[30] This includes: any police department or sheriff's department,not including a school district police or security department, the county probation department, if designated by the county to receive child abuse reports, or the county welfare department. Cal. Penal Code § 11165.9.

**In addition to being used as indicators of abuse or neglect for child welfare purposes, will evidence uncovered during an abuse/neglect investigation be prosecuted?**

It might. The police and prosecutor will decide how best to investigate and possibly prosecute criminal incidents.

**If my program is subject to VAWA confidentiality regulations, does this change my reporting obligation in any way?**

VAWA requires that programs comply with mandated abuse reporting laws and court orders that compel disclosure of protected information; however, it also requires that grantees and subgrantees "make reasonable attempts to provide notice to victims" that reports are being made and also requires that grantees "take steps necessary to protect the privacy and safety of the persons affected by the release of the information."[31] Providers with VAWA or FVPSA funding should seek advice from legal counsel on how to implement these provisions. In addition, several organizations have issued guidance on how to implement VAWA confidentiality provisions.[32]

**What if someone other than a health care provider wants to report dating violence to the child abuse authorities?**

Many individuals in addition to health care providers may obtain information about a situation involving dating violence. Examples include domestic violence and sexual assault advocates, lawyers, teachers and parents. Some of these individuals are mandated reporters of child abuse. Others are not. Some may be required to abide by confidentiality laws. Others may not.

If an individual obtains information about dating violence and is not a mandated reporter, the person must consider whether any confidentiality laws or obligations limit disclosure of the information, such as VAWA, federal substance abuse treatment regulations, or professional or ethical standards. If the person is bound by confidentiality law, is not a mandated reporter, and no exception in confidentiality law allows disclosures for permissive abuse reporting, then the individual cannot report without first obtaining an authorization to release information from the patient or other person authorized to sign an authorization.

[31] 42 U.S.C. § 13925(b)(2)(C).
[32] *See, e.g., FAQ's on Survivor Confidentiality Releases*, *supra* note 25; *see also* Julie Kunce Field, Deb Goelman, Barbara Hart, Rebekah Lee, Sandra Murphy, Kim Tolhurst, and Roberta Valente, *Confidentiality, An Advocate's Guide*. Available at: http://www.bwjp.org/files/bwjp/articles/Confidentiality_Advocates_Guide.pdf

On the other hand, if the person is not bound by a confidentiality rule that would limit disclosure of the information, then that person has discretion to decide whether or not to make a report or share the information with others, considering best practices, safety and other relevant concerns. California law allows any person to make a child abuse report if that person reasonably believes that a minor has been the victim of abuse or neglect. Cal. Penal Code § 11166(g). In developing its recommendations, the Leadership Team should consider the question of information obtained by individuals who are not health care providers, and the possible confidentiality and reporting ramifications.

## V. REQUIRED DISCLOSURES: Mandated Reporting of Dating Violence under California law

### What reporting does section 11160 of the Penal Code require?

California Penal Code section 11160 requires certain health care providers to report to law enforcement when the health care provider "in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows…:

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.
(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

Cal. Penal Code § 11160(a).

### Who must report under section 11160?

Section 11160 requires reporting by "[a]ny health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department…."[33] Cal. Penal Code §11160(a).

[33] Section 11160 mandated reporters are defined at Cal. Penal Code § 11162.5 ("As used in this article, the following definitions shall apply: (a) 'Health practitioner' has the same meaning as provided in paragraphs (21) to (28), inclusive, of subdivision (a) of Section 11165.7. (b) 'Clinic' is limited to include any clinic specified in Sections 1204 and 1204.3 of the Health and Safety Code. (c) 'Health facility' has the same meaning as provided in Section 1250 of the Health and Safety Code. (d) 'Reasonably suspects' means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect").

**When is the obligation to report triggered?**

The reporting requirement is triggered only when a health practitioner:

- Is providing medical services to a patient to treat a physical condition;
- Notes the patient is suffering from a wound or injury;
- "Knows or reasonably suspects" that the injury is the result of either a gunshot or "assaultive or abusive conduct"; and
- Is providing medical services "in his or her professional capacity or within the scope of his or her employment."

Cal. Penal Code § 11160(a).

**What is "assaultive or abusive conduct" for this purpose?**

"Assaultive or abusive conduct" includes committing, or attempting to commit, a number of criminal activities, including: murder, torture, battery, assault with a stun gun, assault with a deadly weapon, rape, child abuse, abuse of a spouse or cohabitant, or coercion of a woman into prostitution. Cal. Penal Code § 11160(d).[34]

**What conditions do not require a report under section 11160?**

Among other things, section 11160 does not require reports for any of the following:

- Emotional or psychological abuse
- Abuse that did not leave a wound or physical injury
- Prior physical abuse where there is no current physical wound or injury
- The patient has a physical injury that appears to be the result of abusive conduct -- but the patient is not currently seeking medical services to treat a physical condition, or
- Psychological or physical conditions caused solely by the voluntary taking of a narcotic or "restricted dangerous" drug.

[34] The full definition of "assaultive or abusive conduct" under section 11160(d) includes: murder [defined at § 187]; manslaughter [§§ 192, 192.5]; mayhem [§ 203]; aggravated mayhem [§ 205]; torture [§ 206]; assault with intent to commit mayhem, rape, sodomy, or oral copulation [§ 220]; administering controlled substances or anesthetic to aid in commission of a felony [§ 222]; battery [§ 242]; sexual battery [§ 243.4]; incest [§ 285]; throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure [§ 244]; assault with a stun gun or taser [§ 244.5]; assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury [§ 245]; rape [§ 261]; spousal rape [§ 262]; procuring any female to have sex with another man [§§ 266, 266a, 266b, 266c]; child abuse or endangerment [§§ 273a, 273d]; abuse of spouse or cohabitant [§ 273.5]; sodomy [§286]; lewd and lascivious acts with a child [§ 288]; oral copulation [§ 288a]; sexual penetration [§ 289]; elder abuse [§ 368].

Cal. Penal Code § 11160.

**Does section 11160 require reporting of acts against minors? Does it require reporting of acts perpetrated by minors?**

It appears yes. The law does not exempt anyone from reporting based on their age. Therefore, the law applies even where the patient and/or perpetrator is under age 18. *But see* the following question on child abuse reporting.

**Would a health care provider ever have to make two reports in teen dating violence situations – one for section 11160 and one for child abuse?**

No. Where a report under both laws would be appropriate, abuse must be reported under the child abuse reporting law instead of under section 11160. Cal. Penal Code § 11162.7. In most cases, an injury that would trigger reporting under section 11160 also would trigger reporting under the Child Abuse and Neglect Reporting Act. So, providers will very rarely have to report teen dating violence under section 11160.

**Where can health care providers find out more about section 11160?**

For more information about section 11160 of the Penal Code and mandated reporting of domestic violence, providers should review "*California's Domestic Violence & Mandatory Reporting Law: Requirements for Health Care Providers*" by Ariella Hyman of Bay Area Legal Aid and available at www.endabuse.org/userfiles/file/HealthCare/mandatory_calif.pdf.

## VI. DISCRETIONARY DISCLOSURES: Disclosing and exchanging information in other situations

**May health care providers disclose protected information, such as information about dating violence, to the parents of a teen survivor – even if she objects?**

Sometimes. It depends when and how the provider obtained the information. The law prohibits a provider from revealing health information to parents when that information was disclosed by a teen during provision of certain health care services. For example, providers delivering services funded in full or in part with Title X monies cannot disclose Title X records or information to parents without the minor's documented authorization. Similarly, parents do not have a

right to access any information obtained during provision of most minor consent services.[35] *See* Cal. Health & Safety Code § 123115(a)(1); *see also* Cal. Civil Code § 56.10(b)(7). Thus, for example, a provider cannot disclose suspected dating violence to parents without the teen's authorization if the teen discussed the violence during treatment for a sexually transmitted disease.

When a parent or guardian's consent is necessary for a minor's care, though, the parent or guardian generally has a right to obtain information about the minor's treatment. *See* Cal. Civil Code § 56.10(b)(7); Cal. Health & Safety Code § 123115(a)(1). In these situations, the provider legally can share with parents, even if the adolescent patient has not authorized the disclosure. Thus, for example, a provider legally can disclose suspected dating violence to parents if an unemancipated teen tells her provider that she is being abused by a dating partner during provision of a parent consent sports physical. (*But see* the following question regarding discretion to keep information confidential.)

The Leadership Team should consider whether to provide guidance regarding when parental notification about dating violence is prohibited and when it is permitted. The Team also should consider whether to make recommendations to help providers determine when a discretionary notification to parents may be advisable, when the law permits. This deliberation should take into account ethical and professional standards, safety concerns, and best practice recommendations from experts, among other factors.

**May health care providers refuse to disclose protected information, such as information about dating violence, to a teen's parent?**

Yes, in most situations. In some situations, the health care providers are required to refuse to disclose. For example, if a teen receives Title X funded services, the provider cannot disclose any related information to parents without first obtaining authorization from the teen. In other cases, even where a parent normally would have a right to review a teen patient's record, California law states that providers may refuse to provide parents access to the minor's medical records when "the health care provider determines that access to the patient records requested by the [parent or guardian] would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's

[35] When minors consent to their own health care, they often control release of the related information. For more on confidentiality and minor consent, *see* Gudeman, *Minor Consent, Confidentiality, and Reporting Child Sexual Abuse in California*, available at www.TeenHealthLaw.org.

physical safety or psychological well-being." Cal. Health & Safety Code § 123115(a)(2).

Providers applying this exception in good faith cannot be held liable for their refusal to share records with a parent. Cal. Health & Safety Code § 123115(a)(2).

HIPAA also contains a similar exception. Under federal HIPAA regulations, providers may refuse to provide parents access to a minor's medical records if:

1. The providers have a "reasonable belief" that:
   a) The minor has been or may be subjected to domestic violence, abuse or neglect by the parent, guardian or other giving consent; or
   b) Treating such person as the personal representative could endanger the minor; and
2. The provider, in the exercise of professional judgment, decides that it is not in the best interest of the minor to give the parent, guardian or other such access.

45 C.F.R. § 164.502(g)(5).

The Leadership Team should consider whether to make recommendations regarding when parental notification is, and is not, in the best interests of a teen. This deliberation should take into account multiple factors in addition to the law, including but not limited to ethical and professional standards, safety concerns, and best practice recommendations from experts.

**How should a subpoena or other legal request for confidential information be handled?**

While both federal and state law allow providers to release information when subpoenaed, there are procedural and substantive standards that must be met before a subpoena is valid. Many subpoenas will not withstand legal challenge. For this reason, when presented with a subpoena, it is always advisable to seek legal counsel before releasing any information.

**If my agency wants to be able to share information with collaborating agencies, what paperwork or protocols does my agency need?**

Most confidentiality laws, including HIPAA, VAWA, and FERPA, allow providers and programs to disclose information to other agencies pursuant to a written authorization. In addition, most of these laws allow for certain disclosures without an authorization in specific circumstances. For example,

HIPAA allows providers to share information with other medical and mental health providers for treatment purposes without need of an authorization. If Project Connect will be encouraging multi-agency collaboration, the Leadership Team should consider whether it would be helpful to provide guidance regarding authorization forms and relevant confidentiality exceptions. The Team and its members may wish to seek legal advice from their own counsel. Some guidance is available on best practices in multi-agency collaboration under VAWA.[36] This guidance does not directly address health care confidentiality law.

[36] The National Network to End Domestic Violence (NNEDV) - *Template Memorandum of Understanding: Partnership Agreement for Community Collaborations*; Julie Kunce Field, Esq., Consultant to NNEDV and Center for Survivor Agency and Justice (CSAJ), Training Materials, *Victim Confidentiality and Privacy: The Challenges of Collaboration.*

**GLOSSARY OF TERMS:**

**Adolescent:** For the purposes of this document, the term "adolescent" is used interchangeably with the term "minor".

**Dating Violence:** The Family Violence Prevention Fund defines dating violence as follows: "Dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional, or sexual." For more information about teen dating violence, see the Family Violence Prevention Fund website, http://www.endabuse.org/content/action_center/detail/754

**Domestic Violence:** "The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction."

**Leadership Team:** The Project Connect Leadership Team is tasked with developing a state action plan for Project Connect. Membership is defined by the Project Connect proposal from the site but should include "the State or regional domestic and sexual violence coalition and a public health leader, including partners from community-based health and violence prevention groups as well as key public health groups such as regional and State women's health and adolescent health coordinators."

**Minor:** A minor is a person under age 18. The age of majority in Arizona is eighteen years. Ariz. Rev. Stat. § 1-215.

**Public Health Programs:** "For the purposes of this initiative, public health programs include State, local, territorial or tribal department of health programs focused on improving maternal, child and adolescent health including: family planning, perinatal health programs, home visitation programs, STI/HIV programs, adolescent health programs and other related public health programs such as injury prevention."

**Reproductive Coercion:** "includes intentionally exposing a partner to sexually transmitted infections (STIs); attempting to impregnate a woman against her will; intentionally interfering with a paretner's birth control, or threatening or acting violent if she does not comply with the perpetrator's wishes regarding contraception or the decision whether to terminate or continue a pregnancy."

*Unless otherwise noted, all definitions are from the FVPF's Request for Proposals for Project Connect funding.*