MINOR CONSENT & CONFIDENTIALITY IN ALABAMA

This guide is dedicated to addressing health provider concerns about **confidentiality laws, minor consent laws,** and **reporting responsibilities** for healthcare providers in an effort to increase access to and use of youth-friendly healthcare in Alabama.

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Alabama Child Health Improvement Alliance
achia.org

Alabama Department of Public Health
alabamapublichealth.gov

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By clarifying minors' consent and confidentiality rights, this guide helps health center staff take this first critical step to ensure access to youth-friendly healthcare in **Alabama.**

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TEEN HEALTH MISSISSIPPI

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A Resource for **ALL** Health Center Staff

Studies have shown that teens usually trust their doctors to maintain their confidentiality, **but many worry that receptionists, technicians, and nurse assistants might break their confidentiality.**[1,2] These statistics may be a contributing factor to Alabama's low rates of contraceptive use and, in turn, high rates of teen pregnancy and teen births, including repeat births to teens.

9th

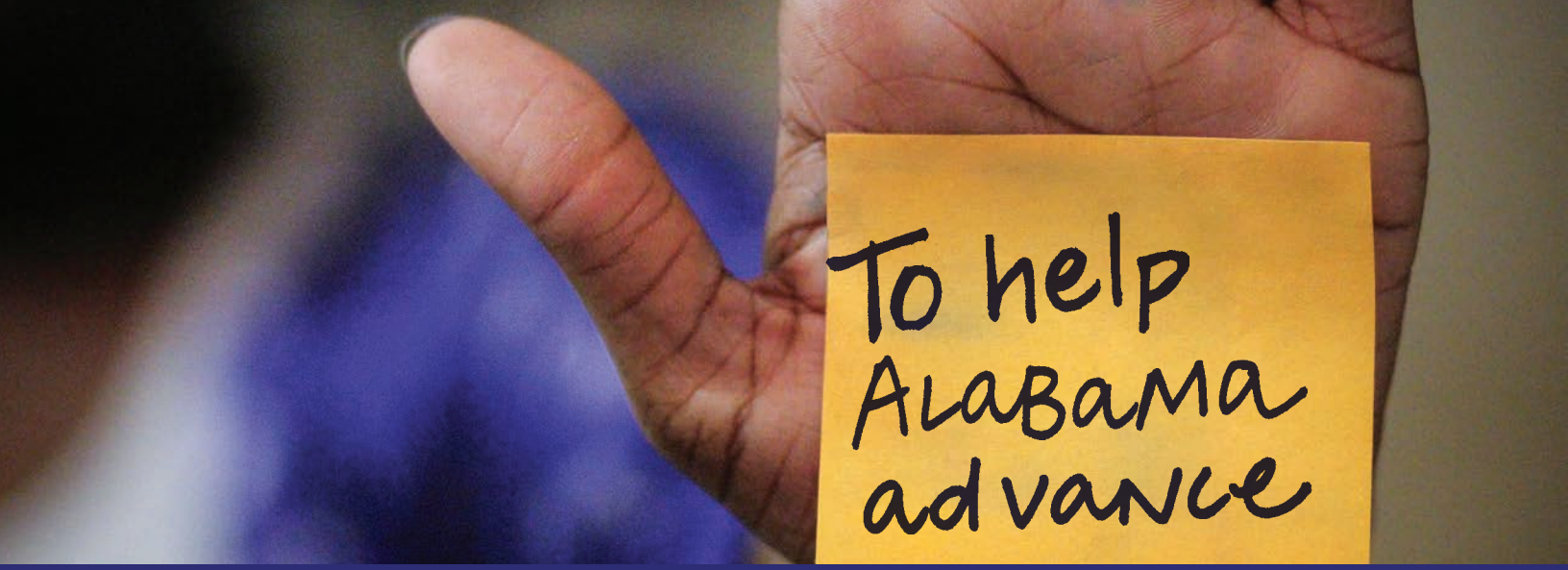
In 2016, Alabama ranked ninth in the nation for teen childbearing, with a rate of 28.4 births per 1,000 teen girls aged 15-19.[3]

46%

In 2015, among those surveyed for the Youth Risk Behavior survey, 46% of Alabama high school students reported ever having sex. Thirty-five percent of Alabama high school students reported being currently sexually active.[4]

70%

70% of Alabama high school students that reported being currently sexually active did not use birth control pills; an IUD or implant; a shot; a patch; or a birth control ring before last sexual intercourse; and 49% did not use a condom.[4]



It is widely known **that teens' concern about confidentiality is the #1 reason they might not seek medical care.**[5] The various confidentiality laws, minor consent laws, and reporting responsibilities can be overwhelming and confusing to healthcare providers, teens, and parents. **This resource is meant to simplify these issues.**

Fewer than 4% of girls aged 15-19 years in Alabama seeking contraceptive services at Title X service sites in 2013 used long-acting reversible contraception (LARC).[6] The importance of confidentiality for teens when accessing contraceptive services, including LARC services, is illustrated by the following statistics from a study on adolescent female family planning clients:[7]

86% 86% of adolescent female family planning clients would be willing to use all of the **confidential** sexual health services offered at local clinics.

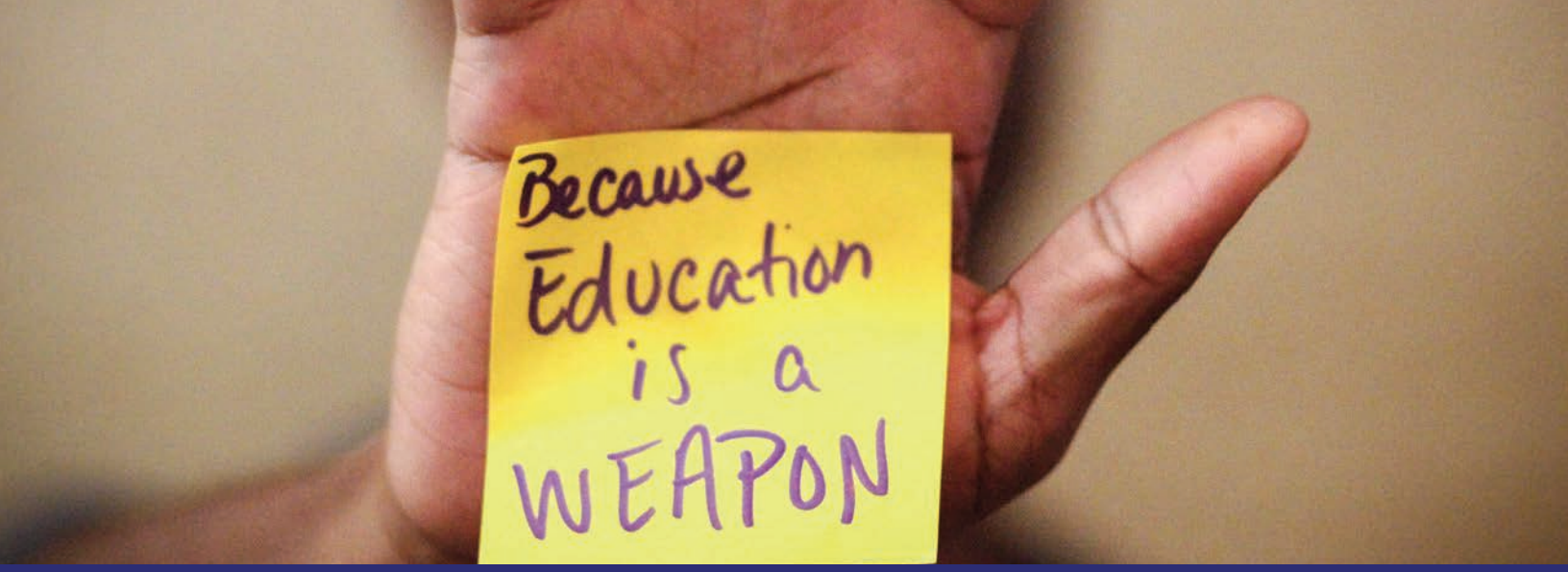
29% 29% would have unprotected sex if their parents were to be notified.

83% 83% would stop using some or all sexual health services if their parents were to be notified.

6% 6% would delay testing or treatment for HIV and other STDs if their parents were to be notified.

57% 57% would stop using prescription contraceptives and begin using condoms instead if their parents were to be notified.

1% **Only 1% would stop having sex** if their parents were to be notified.



AGE OF CONSENT FOR HEALTHCARE **IN ALABAMA**

The general age of consent for healthcare in Alabama is 14 years old.[8]
Title X Law always trumps Alabama State Law.

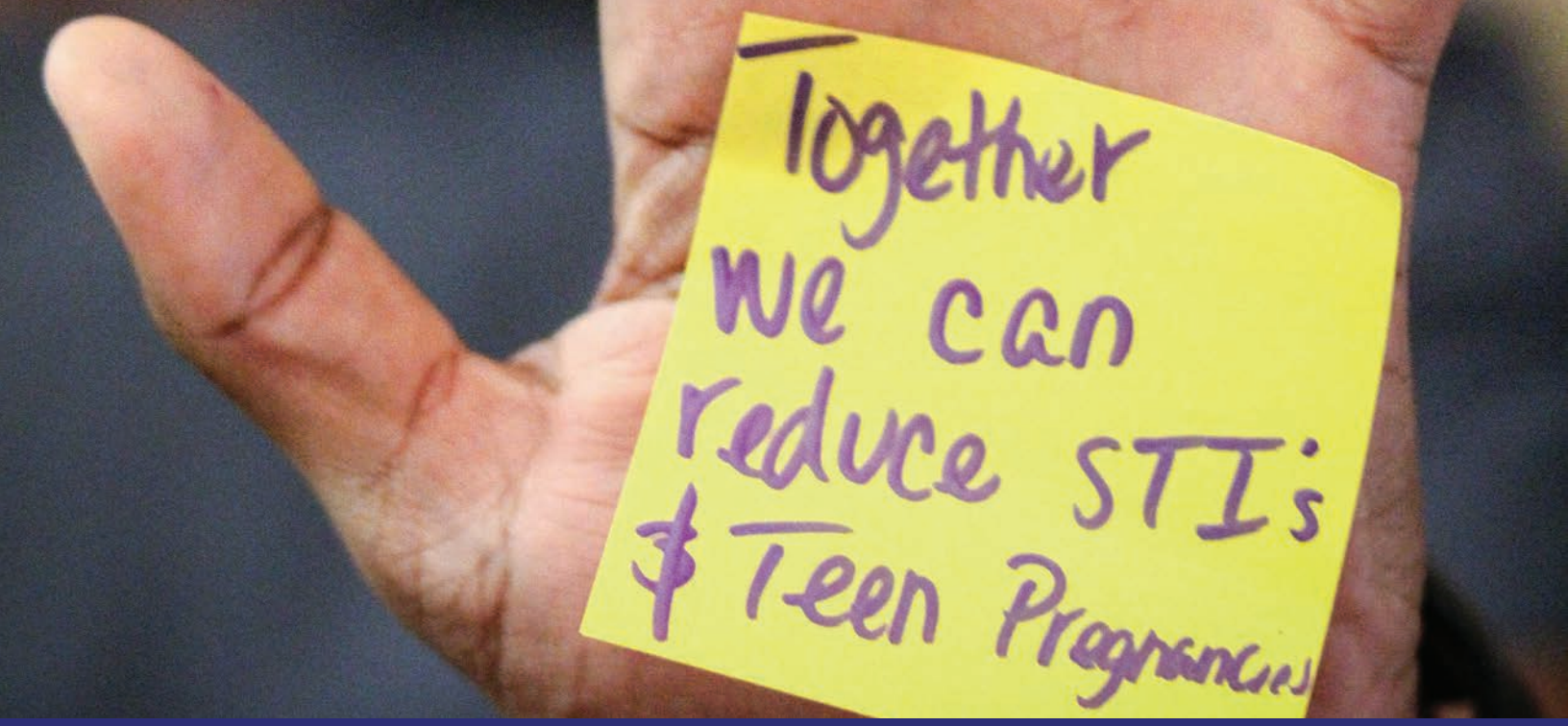
ALABAMA STATE LAW generally requires parental consent or notification before a minor less than 14 years of age may obtain contraceptive services.[9] **HOWEVER,** if a minor is seeking services at a **TITLE X** funded site, Title X providers must allow minors to obtain Title X services on their own consent, even if state law explicitly requires parental consent or notification for such services.[10] (See page 6 for more information about Title X.)

MEDICAID

Minors are allowed to receive family planning services that are paid for by Medicaid based on their own consent and on a confidential basis. Federal Medicaid law contains safeguards against disclosure of confidential information.[11] It also requires that Medicaid cover family planning "services and supplies" for all Medicaid enrollees of childbearing age, including "minors who can be considered to be sexually active." [12] This applies in any setting that provides Medicaid-funded services, not just Title X-funded sites.

Certain minors less than 14 years of age may consent for healthcare in Alabama.[13]

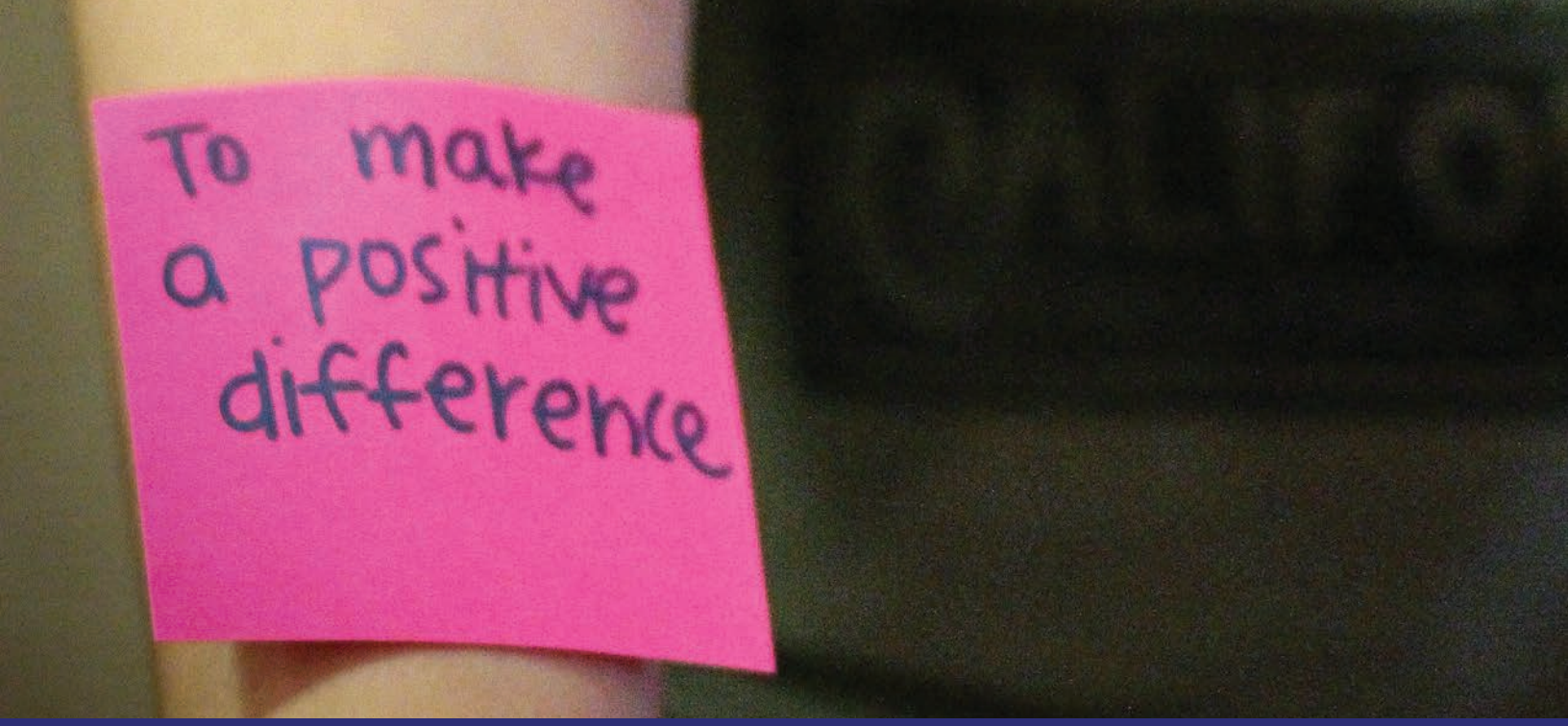
- Under 14 years of age but has graduated high school.
- Under 14 years of age but married.
- Under 14 years of age but formerly married and now divorced.
- Under 14 years of age but pregnant.
- Under 14 years of age but a parent.



ALABAMA MINOR CONSENT LAWS: SEXUAL AND REPRODUCTIVE HEALTH SERVICES

This chart describes the sexual and reproductive health services that minors in Alabama may obtain on their own consent. All Title X-funded sites MUST follow Title X requirements. *How do your clinic's policies line up?*

TYPE OF SERVICE	ALABAMA STATE LAW	TITLE X LAW (ALWAYS TRUMPS STATE LAW)
Contraceptive Services	Minors 14 years of age and older may consent; minors of any age may consent if they have graduated high school, married, married and divorced, or are a parent.[14]	Adolescents may consent to contraceptive services covered by Title X, regardless of age. This includes the pill, patch, ring, and LARC devices (e.g., implant, IUD).[19]
STD Testing & Treatment (not including HIV)	Minors age 12 and older may consent for STD testing and treatment.[15]	Adolescents may consent to STD testing and treatment covered by Title X, regardless of age.[19]
HIV Testing & Treatment	Minors age 12 and older may consent for HIV testing and treatment under Code of Alabama § 22-11A-19.[16]	Adolescents may consent to HIV testing, regardless of age. Title X does not cover HIV treatment.[19]
Emergency Contraception (EC)	Alabama does not currently have any law regarding EC.	Adolescents may consent to contraceptive services covered by Title X (including EC services), regardless of age.[19]
Prenatal Care, Childbirth, and Adoption Services	• Minors of any age may consent to prenatal care and childbirth services.[17] • Minors of any age may consent to medical care for their child.[18]	



ALABAMA MINOR CONSENT LAWS: MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

CONTEXT

Research shows that there are strong relationships between mental and sexual health.[20] Many young people experience mental health challenges and/or substance abuse that may not only influence their sexual risk behaviors and sexual health needs, but impact their overall health and well-being.[21, 22] Access to youth-friendly services for substance abuse and mental health concerns is just as important as for sexual and reproductive healthcare. By promoting access to and use of youth-friendly mental health and substance abuse treatment, healthcare providers can help adolescents cope with the complex realities associated with adolescence.

29%

Approximately 29% of Alabama high school students that were surveyed reported depression symptoms during the previous 12 months and 18% reported that they seriously considered attempting suicide.[23]

50%

A 2013 study found that less than 50% of the adolescents with psychiatric disorders received any kind of treatment in the previous year.[24]

ALABAMA STATE LAW allows a minor of any age to consent to services for problems related to alcohol or drugs without parental consent.[25]

FEDERAL CONFIDENTIALITY RULES for drug and alcohol treatment programs contain protections that apply to minors as well as adults, particularly when minors may consent to their own drug- and alcohol-related care under state law.[26] Careful analysis of the relationship of these rules to Alabama law is required to determine when information may and may not be disclosed to parents in specific treatment settings.

TITLE X SERVICES MUST BE **CONFIDENTIAL**

Adolescents seeking contraceptive services in Alabama may go to **any** Title X clinic for a wide range of confidential contraceptives and related preventive services **without parental consent.** Title X is a federal program enacted in 1970 as part of the *Public Health Service Act* and is devoted entirely to the delivery of contraceptive and other related preventive services. Title X staff members are specially trained to meet the contraceptive needs of their clients, including adolescents.

Title X regulations require that each Title X-funded project must provide a broad range of acceptable and effective family planning methods and related preventive services, including services for adolescents.

CONFIDENTIALITY PROTECTIONS IN TITLE X REGULATIONS:

Title X clinics must have written policies in place that protect confidentiality while also encouraging family participation in the decision of minors to seek family planning services. In addition, Title X providers must comply with any state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

TITLE X REGULATIONS REQUIRE THAT:

"All 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 documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals."[27]

Alabama's Title X-funded health centers provide a wide range of services:

- Pregnancy testing
- Contraceptive services
- Pelvic exams
- Screening for cervical and breast cancer
- Screening for high blood pressure, anemia, and diabetes
- Screening for STDs and HIV/AIDS
- Infertility services (Level 1 and 2)
- Health education
- Referrals for other health and social services
- Reproductive life plan counseling

For more information about Title X clinics, visit www.hhs.gov/opa/title-x-family-planning.

TIPS TO ENSURE **CONFIDENTIALITY**

ADVOCATES FOR YOUTH provides the following recommendations to ensure confidentiality for teen clients: [28]

1. Make sure that all clinic staff members have a clear understanding of Alabama's state laws on informed consent and confidentiality with regards to
   a. Contraceptive services,
   b. STD testing and treatment,
   c. HIV testing and treatment,
   d. Substance abuse treatment, and
   e. Mental healthcare.
2. Emphasize the *protection* of confidentiality.
3. Train all clinic staff members about the importance of guarding teens' confidentiality. Ensure that all receptionists, medical assistants, technicians, and clinical providers understand the importance of maintaining confidentiality, especially for youth patients.
4. When a teenage client is accompanied to the clinic by a parent or guardian, make sure to always have counseling time alone with the teen client.
5. Be willing to treat unaccompanied teens.

HIPAA PRIVACY RULE

The HIPAA Privacy Rule contains detailed requirements for protecting the confidentiality of individuals' health information and includes specific requirements related to the health information of minors.[28] The rule generally allows parents to have access to minors' protected health information, with some exceptions.

When minors are legally allowed to consent to their own care, and have consented to care, or when parents have agreed that the care can be confidential, parents' access depends on state law or other applicable law, such as Title X law. If state or other applicable law contains clear requirements prohibiting, requiring, or permitting disclosure of information to parents, those requirements are controlling. If state or other applicable laws are silent on the question of parents' access, healthcare providers exercising professional judgment have discretion to decide whether to disclose minors' information to parents.

Alabama laws that allow minors age 14 or older to receive healthcare without parental consent (and therefore to give their own consent for those services) are silent on the question of disclosure of the information. Alabama law regarding STD testing and treatment for minors that are 12 and older gives a provider the discretion to inform the parent or guardian of the minor.[29]

Federal laws, such as Title X,[30] Medicaid,[31,32] and the federal confidentiality rules for drug and alcohol treatment programs[33] contain specific protections that allow minors to receive care without disclosure of the information to their parents.

YOUTH-FRIENDLY BEST PRACTICE: **NO- OR LOW-COST SERVICES**

Fear about costs is a major barrier to healthcare for youth. Advocates for Youth provides the following recommendations on costs to improve a health center's youth-friendliness:[34]

1. Offer free or greatly reduced-fee services to adolescents. This can be especially important for STD testing and treatment.
2. Set-up private billing accounts for adolescents who seek confidential services. Arrange for laboratory fees for confidential tests to be billed directly to the clinic or practice. Establish a nominal payment plan with the adolescent. At the same time, bill the adolescent's insurance for provider time, using non-confidential codes, so that information forms sent to the parents will not betray youth's confidentiality.
3. Where permitted by state law, dispense no- or low-cost prescriptions to adolescents.
4. Stock exam rooms (not the waiting room) with baskets of condoms along with signs saying that youth are free to take as many as they feel they need, at no charge.

MEDICAID FAMILY PLANNING WAIVER

The Medicaid Family Planning Waiver allows the state of Alabama to provide Medicaid benefits for family planning and family planning-related services. If your health center accepts Medicaid, clients should be educated as to the benefits of the Medicaid Family Planning Waiver program, Plan First, and the significance to its participants, and the services provided.

WHO IS ELIGIBLE?	COVERED SERVICES
· Women **and men** between the ages of 19-55. · Family income is at or below 146% of the federal poverty level. · Must not have Medicare, Children's Health Insurance Program (CHIP) coverage, or any other health insurance or third-party medical coverage. · Women cannot be pregnant.	· Four (4) annual visits to a Medicaid-accepting provider. · Family planning and family planning-related services such as the IUD, implant, depo, pills, patch, ring, diaphragm, and condoms. · Testing and treatment of sexually transmitted diseases (STDs) and abnormal pap smears. · Covers Human Papillomavirus (HPV) vaccine. · Voluntary sterilization.

Beneficiaries enrolled in the Family Planning Waiver Program may have a prescription for contraceptives and/or medications to treat an STD written by any Medicaid-participating provider filled at their local Medicaid-participating pharmacy.

Health Center staff should assist clients with submitting applications for the Medicaid Family Planning Waiver Program. A Family Planning Waiver Application, a copy of the client's proof of income, a copy of the client's birth certificate or Electronic Verification of Vital Events printout, and a copy of the client's picture ID must be submitted to the Division of Medicaid.

For more information about the Plan First program, information for providers, and other resources, visit www.medicaid.alabama.gov.

Alabama Code - Section 26-14-3 – Mandatory reporting.

(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, members of the clergy as defined in Rule 505 of the Alabama Rules of Evidence, or any other person called upon to render aid or medical assistance to any child, when the child is known or suspected to be a victim of child abuse or neglect, shall be required to report, or cause a report to be made of the same, orally, either by telephone or direct communication immediately, followed by a written report, to a duly constituted authority.

Prepared by the Public Affairs Office for the: Family and Children's Services Division, Office of Protective Services State of Alabama, Department of Human Resources

CHILD ABUSE FAQS

What is child abuse?
Under Alabama law, it is "harm or threatened harm to a child's health or welfare which can occur through nonaccidental physical or mental injury; sexual abuse or attempted sexual abuse; sexual exploitation or attempted sexual exploitation."

What is child neglect?
Under Alabama law, it is "negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing, or shelter: provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it."

Must I report suspected child abuse and/or neglect?
Some people are required, by law, to report suspected abuse or neglect, but anyone is encouraged to make a report if he or she suspects a child is being abused or neglected. Those required, by law, to report include doctors, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, law enforcement officials, pharmacists, social workers, day care workers or employees, and mental health professionals. Also required to report are persons called upon to render aid or medical assistance to any child when the child is known or suspected to be a victim of abuse or neglect.

How can I be certain that a child has been abused or neglected?
Certainty is not required. In most instances, the only way you could be absolutely certain that a child had been abused or neglected would be if the parent or other person admitted it. All that is required is a reasonable suspicion that a child is a victim of abuse or neglect. After investigating the report, the department determines whether abuse and/or neglect occurred.

To whom must I report?
You should make your report to your chief of police or sheriff, or to the Department of Human Resources. When a report is made to a law enforcement official, he must inform the department so that protective services to the child or children involved may be provided.

When must I report?
If you are among those persons required to report child abuse and neglect and you learn of a child whose condition or injuries are not reasonably explainable as accidental, or if you are called on to treat such injuries, you must report immediately by telephone or in person. The law also requires you to follow your oral report with a written one. The Department of Human Resources has a form for your written report.

Alabama Code - Section 13A-6-61 - Rape First Degree

(a) A person commits the crime of rape in the first degree if he or she does any of the following:
  (1) engages in sexual intercourse with another person by forcible compulsion.
  (2) Engages in sexual intercourse with another person who is incapable of consent by reason of being incapacitated.
  (3) Being 16 years old or older, engages in sexual intercourse with another person who is less than 12 years old.

(b) Rape in the first degree is a Class A felony.

Alabama Code, Section 13A-6-62 - Rape Second Degree

(a) A person commits the crime of rape in the second degree if, being 16 years or older, he or she engages in sexual intercourse withanother person who is 12 years old; or older, but less than 16 years old; provided, however, the actor is at least two years older than the otherperson.

(b) Rape in the second degree is a Class B felony.

What must I report?

Both oral and written reports should include the name of the child, his whereabouts, the names and addresses of the parents or guardian, and a description of the child's condition.

Don't delay reporting if you don't have all of this information, as it can be obtained later.

How am I protected?

All persons reporting suspected abuse or neglect (whether required by law to report or not) are presumed to be acting in good faith. They are, by law, immune from legal action, civil or criminal, that might otherwise be taken. Thus, you have full protection in the event a parent or someone else should seek to initiate action against you.

Will I have to testify in court?

That depends on the nature and severity of the case, whether court action is initiated to remove the child from the home, and whether the alleged party is prosecuted on a criminal charge.

The law is specific: "the doctrine of privileged communication shall not be a ground for excluding any evidence regarding a child's injuries or the cause thereof."

What happens to the child?

Generally, Alabama law requires the Department of Human Resources "to seek out, through investigation, complaints from citizens, or otherwise, the minor children...in need of its care and protection and ... aid such children to a fair opportunity in life."

The department works closely with the child and the parents or caretaker through direct counseling or referral to appropriate helping professionals or agencies. The purpose of providing these services is to keep the family unit together, if possible.

If removal of the child from his home is necessary, the department will petition the court for custody and make plans for substitute care of the child.

The department will continue to work with the child and seek to work with the parents to prepare them for the time when the child may be returned to their home or receive continued care elsewhere.

All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973.

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State of Alabama, Department of Human Resources
DHR Pamphlet Series 76-2
Revised 7-88

Accessed 5/13/2021 - https://dhr.alabama.gov/child-protective-services/child-protective-services-faq/

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOUCES

WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

SECTION I – CHILDREN ALLEGEDLY ABUSED OR NEGLECTED

	NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1.	_____	☐ M ☐ F	_____	_____
2.	_____	☐ M ☐ F	_____	_____
3.	_____	☐ M ☐ F	_____	_____
4.	_____	☐ M ☐ F	_____	_____
5.	_____	☐ M ☐ F	_____	_____
6.	_____	☐ M ☐ F	_____	_____

ADDRESS _____
Street Address City State Zip Telephone Number

SECTION II – OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)

	NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

SECTION III – PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT

1. NAME (First, Middle Initial, Last) _____ SEX ☐ M ☐ F ETHNICITY _____ DATE OF BIRTH / AGE _____

_____ _____
Street Address City State Zip Telephone Number Relationship To Children Allegedly Abused/Neglected

2. NAME (First, Middle Initial, Last) _____ SEX ☐ M ☐ F ETHNICITY _____ DATE OF BIRTH / AGE _____

_____ _____
Street Address City State Zip Telephone Number Relationship To Children Allegedly Abused/Neglected

SECTION IV – ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.

_____

_____

_____

_____

Did you see the abuse or neglect when it occurred? ☐ Yes ☐ No If no, how did you find out about it? _____

Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

	Name	Address	Telephone #	Relationship to Children
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

SECTION V - OTHER PERTINENT INFORMATION

_____

SECTION VI - REPORTER

_____
Name Address Telephone Number Title/Agency/Relationship To Children

Did you verbally report the allegations to the Department of Human Resources or law enforcement? ☐ Yes (specify to whom in section below) ☐ No

_____ _____ _____
Name Name of County DHR, Police Department, or Sheriff's Department Date Reported

Signature _____ Date _____

For DHR Use Only County _____ Case #_____ Date Report Received _____

EXPLANATION OF CERTAIN PROVISIONS OF THE CHILD ABUSE/NEGLECT REPORTING LAW

(Code Of Alabama 1975, Sections 26-14-1 through 26-14-13)

In order to protect children whose health and welfare may be adversely affected through abuse and neglect, this law provides for the reporting of such cases to appropriate authorities. The law also contains **immunity** provisions so that any person making a report pursuant to the statute is immune from any civil or criminal liability that might otherwise be incurred or imposed.

The following institutions and persons are **required by law** to report **known or suspected** child abuse or neglect **under a penalty of a misdemeanor, fine or sentence**: hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers. law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, or any other person called upon to render aid or medical assistance to a child when that child is known or suspected to be abused or neglected. In addition, any other person may make a report if that person has reasonable cause to suspect that a child is being abused or neglected.

INSTRUCTIONS

Print or type all known information.

SECTION I - CHILDREN ALLEGEDLY ABUSED OR NEGLECTED

Enter identifying information (name, sex, ethnicity, date of birth or approximate age) for each child in the family who is suspected to be abused or neglect. If the report is for more than one (1) child and they are not all members of the same family, a separate report (1593) must be completed. This includes if the children live in separate households or are a separate family within the same household.

Enter the child(ren)'s address and telephone number.

SECTION II - OTHER PERSONS LIVING WITH THE CHILDREN

Enter identifying information (name, date of birth or approximate age, ethnicity, and relationship) for each person living in the home with the child(ren) named in Section I.

SECTION III - PERSON(S) ALLEGEDLY RESPONSIBLE FOR ABUSE OR NEGLECT

Enter identifying information (name, sex, ethnicity, date of birth or approximate age, and relationship to the child(ren) named in Section I) for each person believed to be responsible for the suspected abuse or neglect.

SECTION IV - ABUSE OR NEGLECT ALLEGATIONS

Describe the alleged abuse or neglect; how it affected the child (physical injury; behavior exhibited by the child due to the suspected abuse/neglect); and provide the date(s) the abuse or neglect occurred, if known.

Provide information on how you became aware of the suspected abuse or neglect.

Enter the name, address, telephone number and relationship of anyone who may have knowledge of the abuse or neglect or the child's/family's situation. If the child(ren) received treatment or evaluation by a doctor or hospital due to the abuse or neglect, provide identifying information on the doctor or hospital (if not the reporter).

SECTION V - OTHER PERTINENT INFORMATION

Enter any other information which may be helpful (e.g., prior abuse/neglect; name of child's school; parents' employment or working hours; safety concerns for DHR staff who visit the child/family).

SECTION VI - REPORTER (Information is confidential and not released unless required by a court order)

You are requested to enter your name, address, telephone number and agency or relationship to the children identified in Section I. Indicate whether you made a verbal (telephone or in-person) report to either the local Department of Human Resources or a local law enforcement agency. If a verbal report was made, identify the specific person, agency, and date the report was made. Sign and date the form.

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ABOUT US

Alabama Child Health Improvement Alliance

Our mission is to improve health outcomes by fostering a culture of continuous quality improvement through partnerships with practitioners, payers, families and organizations that deliver care to Alabama children.

- ACHIA supports pediatric and family medicine practices in improving the care delivered to infants, children and adolescents.
- ACHIA supports practice-based improvement with faculty experts in targeted content areas, quality improvement coaching to implement workflow changes, technical assistance in collecting and interpreting quality improvement data, as well as information about coding the level of care delivered.

Alabama Department of Public Health

The mission of the Alabama Department of Public Health is to promote, protect, and improve the health of individuals and communities of Alabama.

- The ADPH Family Planning Program promotes the well-being of families, responsible behavior, and healthy mothers and babies. Our goal is to prevent unintended pregnancies through education and contraceptive services, allowing for the planning and timing of pregnancies.
- There are 81 ADPH Family Planning-Title X clinics throughout Alabama offering family planning services. We provide a wide range of confidential and professional family planning services to both females and males of all ages. These services are provided regardless of age or income.

University of Alabama at Birmingham Leadership Education in Adolescent Health

- UAB LEAH is committed to improving the health status of adolescents, particularly those in the southeastern region of the U.S. through its interdisciplinary leadership education of adolescent health professionals in a model center of excellence in training, research and service that is adolescent-centered/family-involved, culturally competent, and community-based.
- UAB LEAH is a Maternal and Child Health Bureau-funded training program. The information or content and conclusions in this document are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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