

Teens + Taking Charge of Your Health Care

Until now...

Your parents probably have made most of the decisions about your health care. But as you get older, you get to take on a bigger role. **The fact is: taking care of your own health care is an important part of becoming an adult.**

Sometime between the 18th and 21st birthdays, most teens are ready to switch doctors. You, too, will probably stop seeing a pediatrician, who specializes in care for kids, and start seeing a doctor who practices medicine for adults.

**This change
STARTS NOW.**



Keep this booklet

This booklet is like your personal “guide to health care.” Keep it so you can review it once in a while over the next few years. It could help you a lot as you begin to make your own health decisions.

What does it really mean for you to take charge of your health care? Keep reading to learn all about it.

Taking charge means you need to:

- Know all about your health, including any physical or mental health conditions you may have.
- Be responsible for your health care.
- Use the latest technology — like Mayo's Patient Online Services if it's available for you. This online tool is a great way to make appointments, check on your health info and order medication refills.
- Move from pediatric to adult health care when the time comes.

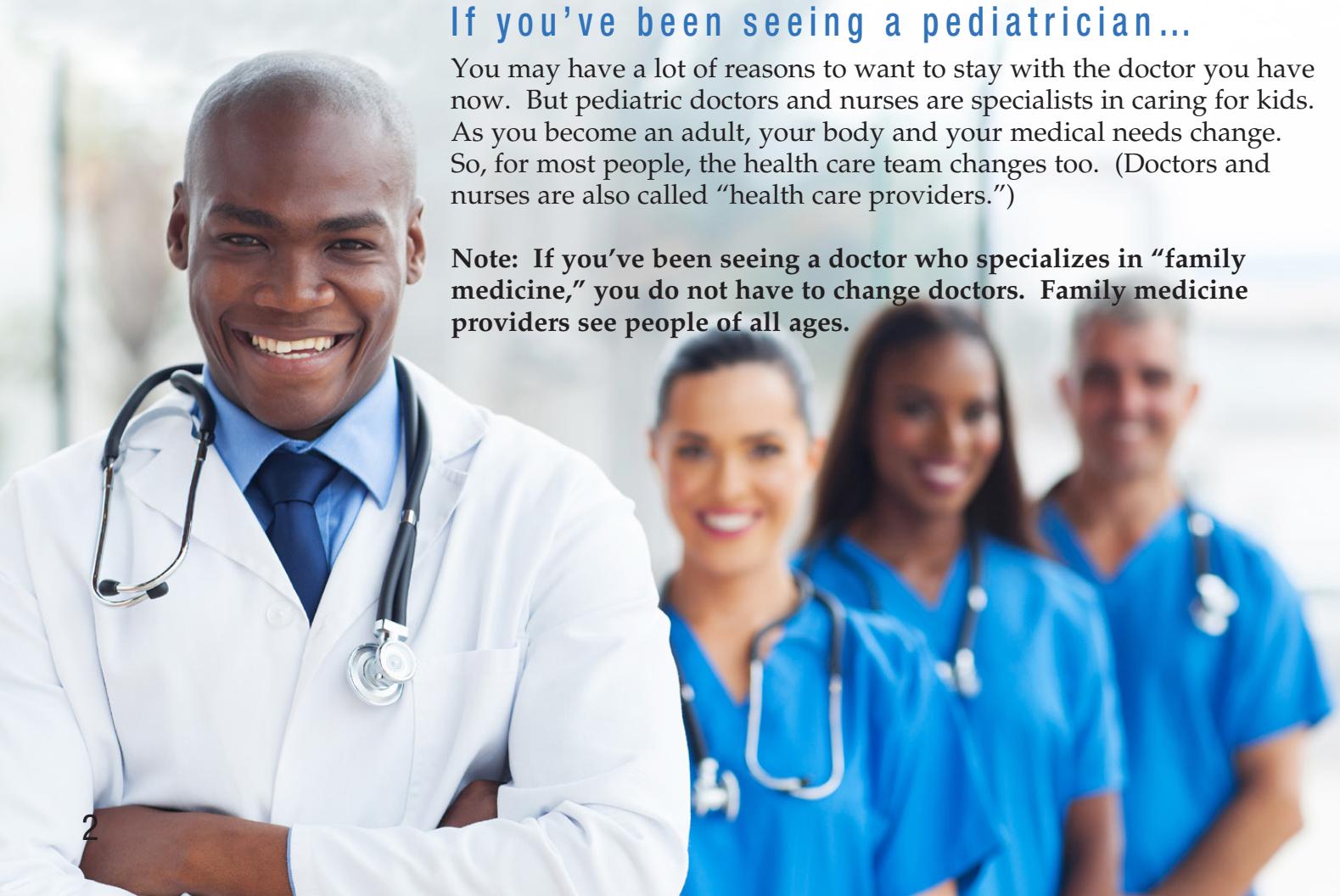
Why do you need a doctor at all?

Whether you plan to go to college, join the military or get a job, at some time, most people need a physical exam. Also, some day, you will probably need to prove that your vaccinations (immunizations) are up to date. And you may need medication if you become sick. These are all things that your doctor can do for you.

If you've been seeing a pediatrician...

You may have a lot of reasons to want to stay with the doctor you have now. But pediatric doctors and nurses are specialists in caring for kids. As you become an adult, your body and your medical needs change. So, for most people, the health care team changes too. (Doctors and nurses are also called "health care providers.")

Note: If you've been seeing a doctor who specializes in "family medicine," you do not have to change doctors. Family medicine providers see people of all ages.



Start with these steps...

Phase 1: Learn about your health

- Learn about your health needs, including any medical or mental health conditions and allergies you may have.
- Know your medical history — the “when/where/why” about surgeries, hospitalizations or visits to the emergency department.
- Ask for information about any health conditions that run in your family.
- Learn about any medications you take.
- Know how to keep yourself healthy. If you have medical conditions you need to manage, know what can trigger a health problem.
- Know how to reach your doctor at all times of the day.
- Ask questions at your appointments. Be honest. Take notes as needed; a lot of people do.

Phase 2: Begin to take charge of your medical care

- Do all of phase 1 tasks.
- Make your own doctor’s appointments.
- Take your insurance card and know your Mayo Clinic number when you go to the doctor.
- Refill prescriptions when needed.
- Sign up and use Mayo Clinic’s Patient Online Services. Online, you can send messages to your care team, order prescription refills and see test results as needed.
- Know where to get copies of your medical records (immunizations, recent appointment notes). If you don’t have hard copies now, you can get the information online. When or if you move away, you’ll need to give that information to your new doctor.



Phase 3: Begin to transition to an adult provider

- Do all of phase 1 and 2 tasks.
- Learn about insurance and how it works. See pages 10-11 for more info.
- Make the change to an adult health care provider when the time is right.

You have new rights now

Beginning in your teen years, you have some new rights regarding your health care. You have the right to:

- Go online to check out your medical records. See pages 6-7 for more about this.
- Talk to your doctor privately, without your parent or guardian in the room.
- Expect confidentiality when you talk to your health care providers. There are some exceptions. Ask your doctor or nurse for more information if needed.

A lot of new topics come up during the teen years.

You can feel completely comfortable in talking to your health care provider about all of these topics...



- ✓ Diet and exercise
- ✓ Safety and driving
- ✓ Concerns about family
- ✓ Peer pressure
- ✓ Dating and relationships
- ✓ Birth control
- ✓ Sexuality and sexual behavior
- ✓ Depression
- ✓ Smoking and drugs



Your health is personal

Maybe you have questions about how your body is changing. Or maybe you wonder about your emotions...

Talk to your doctor if you:

- Have questions about changes in your mood or your body.
- Want to know more about some health issue that kids are talking about a lot.
- Are worried or wondering about something that's going on in your life.

Your doctor may be able to answer your questions. He or she may also suggest that you talk to another member of the health care team for some topics.

If you don't understand something, ASK.

- "Where can I get some more information about that?"
- "What's the truth about this?"
- "I'm not sure what you mean."
- "Would you explain that again?"
- "Tell me more about that."

Doctors and nurses know a lot of information on a huge range of health topics. Chances are that you won't be able to shock them or stump them.



Want to know more about your medical records?



You have the right to information about the care you get at Mayo Clinic.

Between ages 12 and 17

Did you know that you can create your own account on Mayo Clinic's website? It's called a Patient Online Services account. There, you can:

- ✓ See a list of your upcoming appointments.
- ✓ Read your doctor's notes after appointments.
- ✓ See a list of your vaccinations and any allergies you have.
- ✓ See a list of your medications and the results of any lab tests you've had.
- ✓ Send messages to your doctor or to a member of his or her team. Those messages become part of your medical record.

If you have a Patient Online Services account, your parents or guardians can check on information about your vaccinations and allergies. And they can send messages to your health care providers.

To learn more, go to www.mayoclinic.org and look for "Log in to Patient Account" or "Patient Online Services."

When you turn 18

At 18, you are legally an adult. You have the right to all of the information listed on page 6. You can also:

- ✓ Ask for and give permission for medical treatment.
- ✓ Control who has access to your medical information. In other words, even if your parent or guardian pays for your health care, they can't see what care you are getting.

When you turn 18, your health care provider can't share your medical information with anyone, including your parents, without your written permission. If you decide you want your doctors to share information with your parents or other trusted adults, ask for the "release of information" forms.



Confidentiality

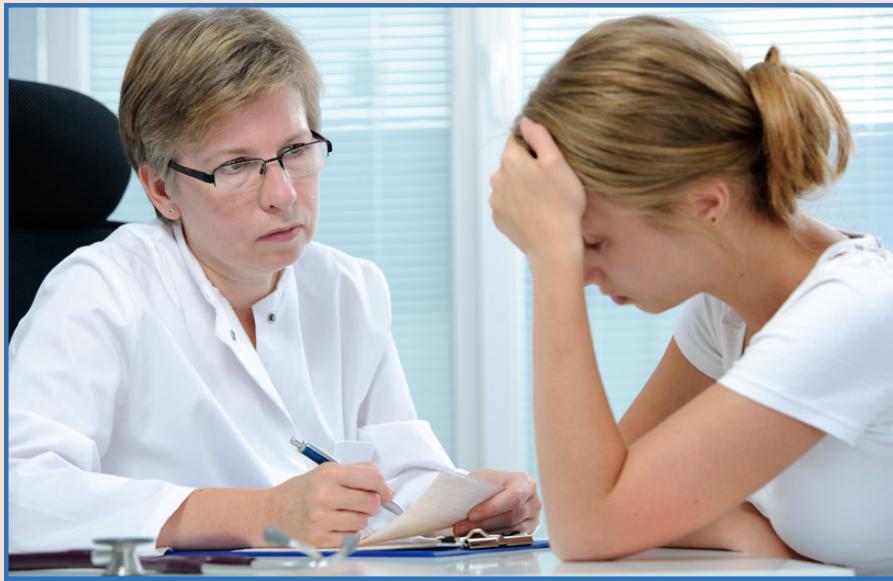
...can cause some conflict between parents, young adults and health care providers.

If your parents have been very involved in your health care, this change can be hard for everyone. **But it doesn't have to be. Tell your parents that you are thankful for their support.** And tell them that you're ready to take charge of your own health care choices. Explain what you can do and how they can help you, as needed.

Think about your future

At some time, you'll need to know some details about your health care plan.* For example...

→ You need to know which insurance plan you have and which doctors you should go to. If you have an ongoing medical condition, you may have to carefully consider your health insurance needs. Ask about coinsurance and copayments too. Keep a copy of your insurance card with you at all times.



→ You need to stay up to date about changes in health insurance. Laws change. Ask your insurance company for updates as needed.

→ If you move away from home and you're still on your parent's insurance plan, remember: some insurance plans don't have network doctors in certain parts of the country. Think about where you're going to get health care. Also:

- Think about whether you should get your own doctor in your new town. If you'll be at college, you'll spend more time there than you will at home over the next few years.
- Know where you can go for health care. If you're at college, figure out where the campus health clinic is. The staff there can help you with sore throats and other minor illnesses.
- Find a nearby urgent care center. If you don't go to college, this is where you'd go if you have a minor illness. If you do go to college, this is where you'd go when the campus health clinic is closed.
- Know where the nearest hospital is and where the emergency entrance is.

* See also pages 10-11 for information about insurance plans and a glossary of insurance terms.

Final thoughts...

Your health care team wants you to have this material so you can begin to ask questions and learn a bit more at each of your health care visits.

If you have any questions after you read this, you can ask your parents or guardian. Or, of course, you can ask a member of your Mayo Clinic health care team. We're here to help you!



Appendix:

Common health insurance language

Provider: This refers to “health care provider.” A provider is a person or company that gives (provides) services to someone. Examples of providers include a doctor, nurse practitioner, physician’s assistant, nurse, social worker, psychologist, physical therapist, speech therapist, and pharmacist. If you have a complex medical condition, you could also have a doctor or nurse as a case manager.

Health care team: This refers to the people who take care of you: doctors, nurse practitioners, nurses, physician’s assistants, social worker, psychologist, physical therapist, speech therapist, and pharmacist.

PCP (primary care physician): A primary care physician is usually the first doctor a person sees for an illness. This person is often called a “family doctor” or a “general practitioner.” Usually, he or she treats people or sends them to specialists or admits them to a hospital for more care.

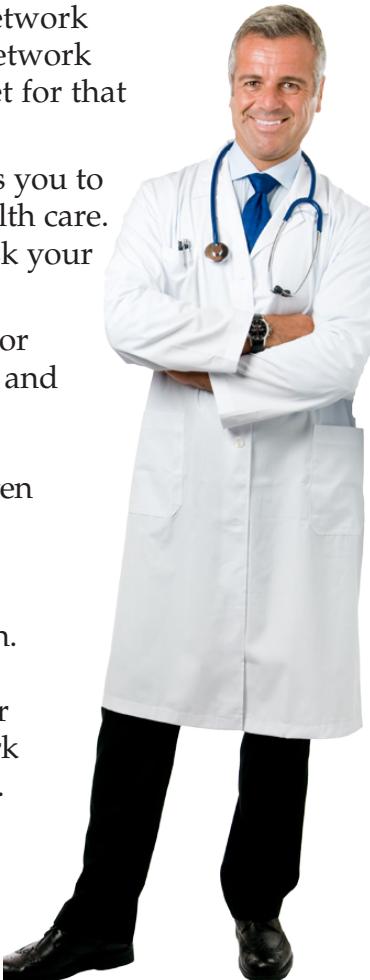
Insurance plan: An insurance plan is a service you can buy to help you pay for your medical care. For example, if you get into a car accident, you could have bills that total \$5,000. But if you have insurance, you may only have to pay \$500 out of your own pocket for those bills. Insurance is usually paid for monthly, like paying for a cell phone plan.

Types of insurance plans:

- PPO (Preferred Provider Organization): This plan has a list, or network, of “preferred providers.” In most cases, you may see any provider in the network and your costs would be the same. You can see a doctor outside of the network too (called “out-of-network providers”), but you’d pay more out of pocket for that provider’s care.
- HMO (Health Maintenance Organization): An HMO is a plan that requires you to choose a primary care doctor. This doctor manages all or most of your health care. If you want to see someone other than your primary doctor, you have to ask your primary doctor to send you to the new person. This is called a referral.
- POS (Point of Service): A POS plan allows members to choose coverage for services when they need them. This plan combines the features of a PPO and an HMO.

In-network vs. out-of-network providers: Insurance companies often have lists, or groups, of health care providers. These lists are called “networks.”

A health care provider who is in-network is on the list of approved providers selected by the insurance company to give care for members of that insurance plan. The health care plan usually pays more (a larger percentage of most medical bills) when you use one of the providers in your network. This means that you (or your parents) have to pay less money out of your own pockets when you see in-network providers. The money you pay out of pocket is called coinsurance or copayments.



Premium: The premium is the amount you pay, usually every month, to have health insurance. Even if you don't see a doctor that month and you don't file a claim for health insurance, you need to pay to have health insurance. It's sort of like making a car payment every month. You make payments so you can have the car in your driveway — even if you don't drive it that month.

Claim: A claim is a bill for health care services you received. Your health care provider sends a bill to your insurance company for payment. If you don't have health insurance, the claim goes to you (or your parents) to be paid.

Explanation of benefits (EOB): An EOB is a statement mailed by an insurance company to the person paying for medical care. (It may go to your parents if they are paying for your health care insurance.) An EOB explains how much of the medical bill the insurance company plans to pay. It also notes how much you (or your parents) are expected to pay. (See also deductible.)

Deductible: Many insurance plans have a certain dollar amount that you have to pay before your insurance begins to pay. The deductible is an annual amount. This amount differs depending on the insurance plan you choose.

Coinsurance and copayment:

Most insurance companies have a certain dollar amount that you are expected to pay for your health care. Depending on your insurance plan and on the kind of provider you use, you usually pay one of these amounts:

- **Copayment.** A copayment is a fixed dollar amount, such as \$10 or \$20, that you pay. For example, copayments are often applied to visits to primary care providers.
- **Coinsurance.** Coinsurance is a percentage of the medical bill that you are expected to pay. A common insurance policy offers "80/20" coverage. If you used an in-network provider, the bill may show a "provider discount" (or similar description). After that amount is subtracted, you pay 20% of the balance and the insurance company covers the rest (80%).



Some other issues also affect how much you pay for your care:

- If you go to an out-of-network provider, you may have to pay a higher copayment or coinsurance. Or, for some care, you may not have any insurance benefits.
- If you get medical care that the insurance company thinks you didn't need, you may have to pay for all of the medical charges. That care is called "not medically necessary."

Out-of-pocket maximum (OPM): The out-of-pocket maximum is the highest amount of money you typically are expected to pay "out of your own pocket" for your health care in that plan year. The OPM is an annual amount. This amount differs depending on the insurance plan you choose.

Lifetime maximum: The lifetime maximum is the highest amount of money you typically are expected to pay "out of your own pocket" for your health care while you are covered by that insurance company.

BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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