

Confidentiality

This module is designed to help service providers develop an understanding of confidentiality and release of information practices in their own and in partnering agencies. It also can assist them in identifying barriers that confidentiality issues can create for sexual violence victims with disabilities and ways to address those barriers.¹

Key Points

- Maintaining confidentiality is a key to developing trust with victims of sexual violence.
- Information should not be released (except in cases requiring mandatory reporting) without a client's informed, written consent.
- Mandatory reporting situations require a breach of confidentiality in cases of abuse, neglect or emergency situations.
- Release of information forms should be time-limited and specific.
- Special conditions regarding release of information and informed consent exist for minors and some incapacitated adults with cognitive disabilities.²

B6. Confidentiality

Purpose

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Objectives

Those completing this module will be able to:

- Describe how confidentiality can impact services provided to victims of sexual violence;
- Define confidentiality versus privileged communication in working with sexual violence victims;
- Identify their agency's policies and practices regarding confidentiality, mandatory reporting and privileged communication;
- Discuss recommended policies for the release of information, including procedures when the victim is a minor or an adult who is incapacitated and not capable of consenting to the release;³ and
- Understand confidentiality in the context of collaborative partnerships.

Part 1: CORE KNOWLEDGE

What is confidentiality?

For the purposes of this module, maintaining client “confidentiality” means not sharing any identifying or personal information or any information shared with you/your agency unless there is a court mandate or the client has given informed consent to release the information. A confidential communication is one made with the expectation that it will not be widely repeated or shared or otherwise accessible to the general public.⁴

Victims of sexual violence are expected to share very personal, often traumatic information about their experiences in order to receive medical, emotional and legal support. It is critical for victims to be able to trust that the information shared will be kept in confidence as appropriate and allowable by law. To this end, not only do service providers need to consider how to best maintain client confidentiality with parties outside of their agencies, but they also should understand to what extent client information can and should be shared within their own agencies. For example, when a victim discloses a sexual assault to a service provider, what information does the provider’s supervisor need in order to provide case supervision? What, if anything, do other staff members need to know about the victim (e.g., so that they can appropriately respond to her on the 24-hour hotline or accompany her to court)?⁵

Why is confidentiality important to victims of sexual assault?

Victims are often very reluctant to disclose that they have been sexually assaulted, to report the crime to law enforcement and to seek services because they fear the consequences of others finding out about the assault. They may fear, for example, that their family and friends will reject them and the community will blame them. They may be afraid that the offender and his family and friends will retaliate against them.

Given these concerns, it is imperative that service providers who interact with victims of sexual assault have policies in their agencies to protect the confidentiality of their communications with victims. It is also important that agencies publicize and are compliant with their confidentiality practices so that victims seeking their services know the extent of privacy they can expect.

FYI—Obtain and review a copy of your agency’s policies regarding confidentiality. Since, in most professions, it is unethical to breach client confidentiality, you must understand and follow the practices of your profession and your agency.

Are there confidentiality concerns for specific populations?

Two specific populations face additional confidentiality concerns: victims who are considered by state law to be incapacitated and victims living in rural communities.

Victims with disabilities who are incapacitated may have concerns in addition to the ones mentioned above, since the reporting of a sexual assault can have immediate repercussions that can impact all aspects of their lives. If the offender is the caregiver, for example, the intended consequence of a mandatory report would be to prevent further victimization through the removal of the offender from the home. An unintended consequence could be that the victim, unable to care for herself, is placed in an assisted living facility. (See *Sexual Violence 101. West Virginia Laws on Sexual Assault and Abuse* and *Sexual Violence 101. Mandatory*

Reporting.)

Victims living in rural areas face the reality that they may not be able to report the incident or seek services without interacting with friends and acquaintances who work in the advocacy, medical and criminal justice systems. These same friends and acquaintances may also know the offenders and even tolerate their behavior. Because of this familiarity, victims may feel that they will not receive fair and unbiased help. For many victims, their unfounded feelings of self-blame, fear of “everyone knowing their business,” and/or concern about how their family will be affected by the sexual assault overrides their desire to hold the offender accountable or to seek support services.

When victims who are incapacitated or who live in rural areas seek services, it is helpful to discuss with them what they perceive as potential challenges to maintaining confidentiality in their community and identify ways they can deal with these challenges.

What is privileged communication?

“Privileged communication” means client communications that are protected by law for specified professionals who are not required to release information without the written consent of the client, even with some court mandates. State and federal laws establish these legal privileges.

FYI—There is no “master list” indicating which agencies and professionals in the state have privileged communication. Some professions in general have privileged communication; some communications are privileged based upon the licenses and certifications of the individual. Because of space constraints, this very brief introduction to privileged communication is not intended to answer the question for you as to whether or not you have privileged communication in your work. It is included in this module since having—or not having—privileged communication impacts when information can be maintained confidentially. If you are unsure whether or not someone in your profession, position or license status is legally protected and has privileged communication with clients, it is imperative that you seek clarification from your supervisor.

Do mandatory reporters have privileged communication?

Mandatory reporters are required by law to report cases of abuse, neglect or emergency situations involving minors and adults who are incapacitated. No privileged communication exists for mandatory reporters in these circumstances. (Related mandatory reporting issues are discussed below. Also see *Sexual Violence 101. Mandatory Reporting.*)

When *can* client information be released versus when *must* client information be released?

Every agency should have a written policy regarding the release of confidential client information. In most cases, confidential information should be released:

- Upon obtaining a signed, written release by/on behalf of the client;
- If you are a mandatory reporter and circumstances indicate a situation that warrants a report of abuse, neglect or an emergency situation; or

- If a court mandates the release of information.

When is a written release of information needed? What should be included in the release?

In general, personal identifying client information should not be released without the informed, written consent of the client (or the guardian, if one exists, if the client lacks competency to give consent). (See *Disabilities 101. Guardianship and Conservatorship*.) Informed consent means that the person agreeing to the release understands what they are releasing, to whom and when.

Specifically, a written release should indicate:

- Who is releasing the information and with whom the information is to be shared;
- What information is to be shared and how it will be used (e.g., to obtain victim compensation benefits, investigate the case, or prove or disprove the case during court proceedings);
- How the information is to be released (e.g., by e-mail, phone, fax, mail or in person), with recognition that e-mail and fax may be more likely to be intercepted by others who may not be included on the release;
- A reasonable time limit for the release of information (e.g., 15 to 30 days), indicating the dates and times for the release and the expiration of the release;
- Potential risks related to releasing information (e.g., that the agency releasing the information and the client may not be able to control what happens to the information once it has been released, and that the agency or person receiving the information may be required by law or practice to share it with others); and
- The dated and witnessed signature of the client/guardian.

A *Sample Release of Information Form* at the end of this module includes all of the above components.

Asking clients to sign a blank release form unfairly reserves the right to seek/release information about them in the future without their knowledge or additional permission. Therefore, any policies that request clients to sign a blank release form—which would enable an agency to contact an undesignated entity at any time in the future—would not meet the criteria for informed consent.

What if the person is a minor? What if the person is an adult who is incapacitated and does not understand what she is signing?

Minors are typically unable to legally provide informed consent. Therefore, when the client is a minor, the written release of information should be signed by the minor where possible and the non-abusive parent or guardian of the child. Emancipated minors, however, can make most of their own decisions and do not need a signature of their parent or guardian.⁶ With adults who are incapacitated, the issue is whether they are competent to give consent. If a client is not capable of providing consent to release information, the written release should be signed by the client where possible and the non-abusive guardian, if that person exists. In West Virginia, a person is legally considered to be competent unless a court has determined otherwise. (See

Disabilities 101. Guardianship and Conservatorship.)

These are general guidelines; however, if your agency receives any funding under the Violence Against Women Act, these are mandatory practices for funding compliance.

FYI—Talk with your supervisor to determine if your agency receives funding under the Violence Against Women Act. Obtain a copy of your agency’s client release of information form and review it for compliance purposes.

Are written releases of information necessary for multidisciplinary teams that review client cases?

Each worker on the team must follow their agency’s policy for confidentiality and the release of *identifying* information. If, for example, you wanted to discuss a specific client’s case at a multidisciplinary meeting in order to improve the service delivery system, that client would need to sign a release of information form for that specific meeting for each person participating in the discussion.

Non-personal identifying information can be released as long as you can ensure that, once all of the aggregate data is compiled, the victim cannot be identified. For example, if at a team meeting you discussed the importance of having a private waiting area at the hospital for victims because of feedback you have received, that feedback probably could not be traced back to a specific victim. However, if you said that a victim that you worked with last month told you that the hospital had difficulty obtaining an interpreter for her and she had to wait in the general waiting room with her seven children, there would be the potential that others in your meeting could trace that situation back to a specific client. That would be a breach of confidentiality.

What are the mandatory reporting requirements related to releasing information?

West Virginia law determines who is required to report suspected cases of abuse, neglect or an emergency situation involving adults who are incapacitated and minors. It also defines the criteria for those categories. (See *Sexual Violence 101. Mandatory Reporting.*)

- Mandatory reporters in cases of suspected mistreatment of adults who are incapacitated include medical, dental and mental health professionals, Christian Science practitioners, religious healers, social service workers, law enforcement officers, humane officers, state or regional ombudsmen, or any employee of a nursing home or other residential facility.⁷
- In cases of the mistreatment of a minor, mandatory reporters include medical, dental or mental health professionals, religious healers and members of the clergy, Christian Science practitioners, social service workers, school teachers and other school personnel, child care or foster care workers, humane officers, emergency medical services personnel, peace officers or law enforcement officials, circuit court judges and family court judges, employees of the Division of Juvenile Services and magistrates.⁸

Even if your position does not fall into one of these mandatory reporter categories, you should always consider the safety of any victim in an emergency situation and the need to report if there is a threat of imminent harm to them or a third party.

If you are a mandatory reporter, you do not need a release of information from the victim.

However, if your agency receives Violence Against Women Act funds, you are required to make a reasonable attempt to notify the victim of the report. If it would be dangerous to do so, it could be reasonable not to inform the victim. Best practice would be to support the victim in making a self-report. Not only can self-reporting begin the process to help the victim regain control in her life, but the likelihood of holding an offender accountable may increase if the victim is willing to be involved in the investigative process.

What should you do if a release of information is court-ordered?

It is important for you to talk with your supervisor and discuss your agency's procedures if a victim's records are subpoenaed. In West Virginia, certain entities and professions have privileged communication. For example, sexual assault advocates do not have privileged communication (as of the time of this writing, 8/2010), but advocates working within domestic violence shelters and dual programs do. That privilege is "qualified" and in some cases the records may be subject to *in camera* review by the court (meaning the judge will review the information in question in her/his private chambers without a jury and come to a decision about its release). Therefore, if a client's case record is subpoenaed, a determination must be made as to if or how the information should be provided. This determination should be made with your supervisor in conjunction with the local court.

FYI—If you will not be completing *Part 2: Discussion* in this module with your partnering community agencies, it may be useful to review the discussion questions with your supervisor to ensure your understanding of your agency's policies and procedures regarding confidentiality.

What about the confidentiality of victims' medical records?

Most sexual assault victims with disabilities will have had prior interactions with health care professionals. In 1996, the Health Insurance Portability and Accountability Act (HIPAA) established laws protecting the privacy of certain health information. HIPAA, among other provisions, limits the release of medical information, gives patients the right to a copy of their own health records, allows patients to learn what information was disclosed and how their information may be used, and essentially gives patients more control over their health information. HIPAA covers the dissemination of medical information, both written and oral. If, in your work with sexual violence victims with disabilities, you will have access to or become knowledgeable of a victim's medical information, you should learn more about how HIPAA regulations protect the confidentiality of certain health information. Additional information on HIPAA and protected health information can be found at www.cdc.gov.

Where can I find more information on confidentiality issues?

The Victim Rights Law Center (VRLC) created a resource, *Beyond the Criminal Justice System: Using the Law to Help Restore the Lives of Sexual Assault Victims, A Practical Guide for Attorneys and Advocates*, to assist in meeting the legal needs of sexual assault victims. Two chapters will assist you in examining the issues of confidentiality and informed consent. Chapter 3, "Privacy: a Pre-Eminent Concern for Sexual Assault Victims," includes sections on victim credibility, unexpected consequences of an authorized release, the difference between confidentiality and privilege, victims' privacy concerns, and special vulnerabilities—mental health and mandatory reporting. Chapter 12, "Representing Sexual Assault Victims with Disabilities," provides additional information, including initial considerations when working with

victims with disabilities, privacy issues, ensuring privacy and informed consent when there are multiple service providers, maintaining confidentiality, and HIPAA issues. Contact VRLC through <http://www.victimrights.org/> to find out how to obtain this resource.

Test Your Knowledge

Refer to the pages in this module as indicated to find the answer to each question.

1. What does it mean for a service provider to maintain client confidentiality? *See page B6.2.*
2. What are reasons that confidentiality may be important to victims of sexual assault? *See page B6.2.*
3. What confidentiality concerns are specific to victims who are considered by state law to be incapacitated and victims living in rural communities? *See pages B6.2–B6.3.*
4. What is privileged communication? *See page B6.3.*
5. What situations warrant a release of client information? *See pages B6.3–B6.4.*
6. What should be included in a written release of information? *See page B6.4.*
7. What if the client is a minor or an adult who is considered by state law to be incapacitated and cannot give consent to release information? *See page B6.4.*
8. What should service providers do if a release of victim information is court-ordered? *See page B6.6.*
9. How does the Health Insurance Portability and Accountability Act (HIPAA) impact the confidentiality of a victim's medical records? *See page B6.6.*

Part 2: DISCUSSION

Projected Time for Discussion

2 hours

Purpose and Outcomes

This discussion is designed to help participants apply the information presented in *Part 1: Core Knowledge* in this module to their collaborative work with sexual violence victims with disabilities. The discussion could be incorporated into forums such as agency staff meetings, orientations and continuing education programs, as well as multi-agency meetings or trainings. Anticipated discussion outcomes include an increased understanding of confidentiality barriers and challenges experienced by victims with disabilities and victims in rural areas; identification of ways to enhance confidentiality through agency policies and procedures; and increased knowledge of confidentiality and mandatory reporting requirements that impact victim safety.

Refer to the learning objectives at the beginning of this module for specific outcomes for this module on confidentiality.

Preparation

- Ensure that the meeting is held at an accessible location. Ask participants prior to the meeting if they need any accommodations—if so, work with them to secure accommodations.
- Select a facilitator for the discussion. The facilitator should be familiar with confidentiality issues as they relate to victims of sexual violence.
- Select a note taker.
- Prior to the meeting, participants and the facilitator should review and bring to the meeting a copy of the *Sample Release of Information Form* included in this module.
- Participants should review and bring to the meeting copies of the confidentiality policy and release of information form used by their respective agencies.
- Bring the following supplies and materials to the meeting: flipcharts and colored markers, sufficient copies of participant materials, office supplies (tape, pens, paper, etc.) and a clock/watch to monitor time. Optional items include name badges or table tents.

NOTE: This toolkit was developed to assist communities in addressing gaps in services to sexual assault victims with disabilities. It is anticipated that in discussing the issue of confidentiality, agencies may find that their policies and forms may need to be revised. Partners are encouraged to engage in an open discussion in an effort to develop procedures that best meet the needs of victims and adhere to existing laws.

Suggested Activities and Questions

1. **Invite participants to identify discussion ground rules to promote open communication.** Utilize the following principles: *(10 minutes)*
 - An environment of mutual respect and trust is optimal. Everyone should feel comfortable expressing their opinions and feelings about the various topics.
 - Avoid personalized comments that are negative as they can lead to defensiveness and confrontation among participants and ultimately may shut down dialogue.
 - Be clear about what information discussed during this meeting is confidential and what the expectations are for confidentiality in the context of this partnership.
2. **Ask a representative from each partnering agency to share their agency's confidentiality policy and practices** and whether or not agency staff are mandatory reporters and/or have privileged communication. *(10 minutes)*
3. **Discuss the following questions:** *(up to 35 minutes)*
 - a. Why is confidentiality a concern for:
 - Victims of sexual violence?
 - Victims of sexual violence with disabilities?
 - Victims of sexual violence in rural areas?

Discuss these questions separately, as it is important to note that special concerns exist for each one. The depth of your discussion will impact your level of understanding of the reluctance of victims to disclose and the challenges you face as service providers in bridging those challenges.

- b. What are some potential unintended consequences related to client confidentiality and providing services to victims with disabilities who do not have the capacity to consent to sexual intercourse?
 - c. Are there ways that services can be provided to victims with disabilities without resulting in the unintended consequences?
- 4. Ask a representative from each partnering agency to share their agency's release of information form.** Ask the group to review the *Sample Release of Information Form* provided with this module. Then **discuss the following questions:** (*up to 35 minutes*)
- a. Inherent in signing a release of information form should be that individuals understand what they are giving permission to and recognize the intended and potential unintended consequences of releasing information. This is "informed consent." What challenges do service providers face when obtaining informed consent with victims with different types of cognitive disabilities?
 - b. How is consent obtained when the victim has a guardian? What if the guardian is the suspected offender?
 - c. What procedures do your agencies have in place for training staff on the issues of informed consent, consent through guardians, and consent when the guardian is the offender?
 - d. What components of the *Sample Release of Information Form* provide specific protection for victims with disabilities?
- 5. Ask participants to review the following scenarios individually and then as a large group discuss the questions posed in each scenario:** (*20 minutes*)

Scenario 1

You are assisting 24-year-old Jason in filing a Crime Victims Compensation Fund claim for injuries sustained in a sexual assault. You need the medical expenses from his doctor to complete the form. Jason does not seem to have the capacity to understand the purpose of the Crime Victims Compensation Fund. You are concerned that his lack of understanding prevents him from giving his informed consent to release the medical information to you. He is, however, willing to sign the release of information form. What do you do?

Scenario 2

Ann is blind and lives alone in a rural community. She was sexually assaulted by her family physician during her annual physical exam yesterday and now has extreme pain when urinating. The physician is well known and loved in the community. Ann wants to report the assault, but fears her credibility and reputation will be challenged—both at the local hospital and throughout the criminal justice system. How can you, as a local service provider, help her?

Answers:

Scenario 1: According to West Virginia law, unless a court has determined that Jason is not able to make health care decisions on his own behalf, he is considered competent to sign the form. Therefore, you should accept that he can consent and proceed with the request for the release of information. You should make every effort, in multiple meetings, to explain in basic language to Jason the purpose of the form and the Fund. You should also keep him informed on the progress of the request for the release. (See *Disabilities 101. Guardianship and Conservatorship.*)

Scenario 2: While validating Ann’s concerns regarding reporting the assault, you can stress that it is critical to address her immediate medical needs. To avoid people who might know her in her community, you could discuss the possibility of going to a hospital in a neighboring county for care (including addressing how she will get to/from the hospital and any available accommodations). You can also tell her that, in West Virginia, she can have a forensic medical examination conducted and a sex crime kit collected (typically within 96 hours of a sexual assault) without immediately reporting the incident to law enforcement (as long as she is not incapacitated). Evidence collected can be stored for up to 18 months, giving her more time to decide about whether to report to law enforcement and to build a support network. (After that 18 month period, she can still report, but evidence that was collected through the forensic medical exam will have been destroyed.) Additionally, you can help her explore other options, such as reporting the assault to the state medical licensing board. (See *Sexual Violence 101. West Virginia Laws on Sexual Assault and Abuse, Sexual Violence 101. Mandatory Reporting, Sexual Violence 101. Sexual Assault Forensic Medical Examination and Disabilities 101. Accommodating Persons with Disabilities.*)

6. **Closing.** Ask each participant to write down how the information gained from this module discussion will:

- Change the way they interact with individual clients;
- Change the way they partner with other agencies to assist clients; and
- Promote change in their agency’s policies, practices or training programs.

Then facilitate a large group discussion on this topic. (10 minutes)

Project partners welcome the non-commercial use of this module to increase knowledge about serving sexual violence victims with disabilities in any community, and adaptation for use in other states and communities as needed, without the need for permission. We do request that any material used from this toolkit be credited to the West Virginia Sexual Assault Free Environment (WV S.A.F.E.) project, a partnership of the West Virginia Foundation for Rape Information and Services, the Northern West Virginia Center for Independent Living and the West Virginia Department of Health and Human Resources (2010). Questions about the project should be directed to the West Virginia Foundation for Rape Information and Services at www.fris.org.

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Sample Release of Information Form

Created by Julie Field, J.D., Consultant

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom and

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following specific information with: (name below)

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
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The information may be shared: in person by phone by fax by mail by e-mail

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

Please note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].

That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

Expiration should meet the needs of the victim, which is typically no more than 15 to 30 days, but may be shorter or longer.

This release expires on Date: _____ Time: _____

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: _____ **Date:** _____ **Witness:** _____

Reaffirmation and Extension
(if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid and I would like to extend the release until
(New Date) _____ (New Time) _____

Signed: _____ **Date:** _____

Witness: _____

¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” are generally used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²As per *WVC§9-6-11*.

³As per *WVC§9-6-9*, “incapacitated adult” means any person who by reason of physical, mental or other infirmity is unable to independently carry out the daily activities of life necessary to sustaining life and reasonable health. For an online reference to the state code, see <http://www.legis.state.wv.us/WVCODE/Code.cfm>. Note the occasional use of legal terms in this module that deviate from “person first” language (which places the focus on the person, not the disability). While these legal terms would not be our choice of language, they currently define the law and influence charging decisions nonetheless. First responders are urged to avoid use of terms such as “incapacitated adult” in their interactions with victims, as their use could increase a victim’s reluctance to seek assistance with safety, healing and justice. (See *Disabilities 101. Person First Language*.)

⁴Victim Rights Law Center, *Beyond the criminal justice system: Using the law to help restore the lives of sexual assault victims* (Boston, MA and Portland, OR: 2007). This and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested that you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

⁵Although males and females are both victimized by sexual violence, most reported and unreported cases are females (see the endnotes in the *Toolkit User’s Guide* for a full citation). Therefore, in this module, victims are often referred to as female.

⁶*WVC§49-7-27*: A child over the age of sixteen may petition a court to be declared emancipated. The parents or custodians shall be made respondents and, in addition to personal service thereon, there shall be publication as a Class II legal advertisement in compliance with the provisions of article three (3), chapter 59 of this code. Upon a showing that such child can provide for his physical and financial well-being and has the ability to make decisions for himself, the court may, for good cause shown, declare the child emancipated. The child shall thereafter have full capacity to contract in his own right and the parents or custodians shall have no right to the custody and control of such child or duty to provide the child with care and financial support. A child over the age of 16 years who marries shall be emancipated by operation of law. An emancipated child shall have all of the privileges, rights and duties of an adult, including the right of contract, except that such child shall remain a child as defined for the purposes of articles five (5) and five-a (5a.) of this chapter.

⁷See *WVC§9-6-9*.

⁸From the West Virginia DHHR website on reporting child abuse and neglect, http://www.wvdhhr.org/bcf/children_adult/cps/report.asp. Also see *WVC§49-6A-2*.