"Yes they have the right to know, but...":  

Young adult women managing private health information as dependents

**Brief Bio:** Gemme Campbell's research focuses on the intersection between family communication and health communication. Specifically, her research has explored uncertainty and information management processes in the areas of public health policy, genetic disease risk, and family communication environments. Her most recently published work in *Health Communication* focused on how health care policy potentially complicates how young adults and parents manage private health information. Her current research projects explore how the family communication environment affects family communication about health history and hereditary disease risk, as well as how families use storytelling to make sense of hereditary risk to inform medical decision-making.

**Brief Abstract:**

This study explored how young adult women manage privacy regarding their health information as dependents on a parent's insurance policy. Under current and proposed health care reform in the United States, young adults between the ages of 18 and 26 years old can remain on a parent's policy as a dependent, which can improve young adult's access to health care services. Although dependent expansion provisions can improve coverage for young adults, it may also threaten their privacy by giving a parent access to adult-child's private health information. Using Communication Privacy Management, this study investigated how dependent young adult women conceptualize and negotiate information ownership with parents in a forced disclosure situation. Results revealed young adult women either felt they alone should own and control their health information or believed a parent as the policy hold should have access to the information. However, all preferred to be in control of the disclosure and used core and catalyst criteria to manage the privacy dilemma current health care policy creates. Specifically, the threat of a parent seeing an adult-child used a stigmatized health service motivated young adult women to engage in deception, pay out of pocket for services covered by insurance, and put off or avoid health care. Results of this study complicate assumptions about privacy management and demonstrate how health care policy affects family communication.