



Center for
Adolescent Health
& the Law

State Minor Consent Laws: A Summary

3rd Edition



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The first edition of this monograph, *State Minor Consent Statutes: A Summary* (1995), was produced under the auspices of the National Center for Youth Law in San Francisco, California. The initial research for the second edition of the monograph was completed while the Center for Adolescent Health & the Law was a project of Advocates for Youth in Washington, DC. The second edition was published in 2003 by the Center for Adolescent Health & the Law and was co-authored by Abigail English and Kirsten Kenney, with extensive assistance from Madlyn Morreale and Amy Stinnett.

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State Minor Consent Laws: A Summary 3rd Edition, summarizes the laws in each of the 50 U.S. states and the District of Columbia that allow minors to give their own consent for health care. A brief overview of the laws in each jurisdiction is provided. The laws summarized for each jurisdiction are divided into two groups: laws that are based on the status of the minor; and laws that are based on the type of health care the minor is seeking.

When a law was found that expressly allows a minor who has a certain status or who is seeking a specific type of care to give his or her own consent, that law was summarized. In addition, when the provisions of some other law are particularly relevant to understanding or applying the consent laws, a reference to that other law was included whenever possible.

When no law was found expressly authorizing minors to give their own consent for care, the reader is referred to the *Introduction*, which contains discussion of the broad legal framework that is relevant to consent and confidentiality in adolescent health care. The *Introduction* also includes discussion of the specific implications for delivering services when the law in a particular state does not contain an express authorization for a minor to consent.

For each state, the overview of the laws is followed by a chart in which a “✓” is used to indicate for each topic whether a relevant law was found and whether minors are authorized to consent. In some instances, a “✓” is included even if there is not an explicit statute authorizing minors to consent based on the particular status or type of care but that authority can be informed by other laws. The purpose of the chart is to provide a quick view of whether the state has a large number of minor consent laws and related provisions, or whether the frequency of these laws in the state is sparse, as well as an indication of the circumstances in which minors can consent for their own care. Citations of the laws found are included in the chart, along with cross references to the *Introduction* and to other relevant laws in the state.

Appendix A contains a table that indicates for each state and each status and service category whether there is a basis for minors to give their own consent for care. Appendix A does not include all the details that are contained in the summaries and should not be relied on in lieu of the summaries. Appendices B, C, and D, respectively, contain information about general resources on consent and confidentiality, the HIPAA Privacy Rule, and abortion.

In preparing the monograph, comprehensive research was done to identify the laws in each state that allow minors to give their own consent for health care (or that specifically limit their ability to consent). This research was conducted using the online legal databases of Lexis and Westlaw, supplemented by searches of other Internet sources, printed library materials, and direct inquiries to knowledgeable experts. The information was verified using Lexis and Westlaw during August 2009 and changes in state laws that took place through the end of that month were included. In addition, the information was cross-checked against other published and unpublished materials detailing state minor consent laws.

Prior to publication of the second edition of the monograph, the U.S. Department of Health and Human Services issued broad federal medical privacy regulations (known as the HIPAA Privacy Rule). In delineating the scope of protection for the privacy of minors’ health information, the HIPAA Privacy Rule relies heavily on the state minor consent laws and other laws. Therefore, the minor consent laws for each state were reviewed to determine whether they contain specific provisions relevant to the confidentiality or disclosure of information about the services for which minors may give consent. Whenever such provisions were found, they were included in the summary. State medical privacy laws that specifically reference or rely on the minor consent laws also were cited and summarized whenever possible. However, the monograph does not contain comprehensive information about all state laws pertaining to medical privacy and confidentiality of health information. The reader is referred to other sources for such information.

For most states, a variety of other laws were identified that have direct relevance to consent and confidentiality in the delivery of health services for adolescents who are minors. These laws addressed such topics as the right of a health care professional to rely in good faith on information about a minor’s status, financial responsibility for care when a minor may consent, and authorization for minors to receive sexual assault services without parental consent. A comprehensive search of every state’s laws for these provisions was not conducted, but whenever these provisions were identified they were included in the summary.

State Minor Consent Laws: A Summary, 3rd Edition, is part of an ongoing series of publications and written materials, including journal articles, book chapters, fact sheets, issue briefs, and charts on consent and confidentiality published by the Center for Adolescent Health & the Law.

INTRODUCTION

Introduction

This introduction provides background information on the laws that form the legal framework for consent and confidentiality in adolescent health care. It is not intended as a comprehensive analysis of all relevant laws, rather as a preliminary guide to the context in which the state minor consent laws that are the subject of this monograph exist. A list of relevant background references is included at the end of this introduction, and several appendices are at the end of the monograph, both of which amplify the information provided in the introduction.

The Legal Framework

The legal framework for consent and confidentiality in adolescent health care includes both state and federal laws. These laws are embodied in constitutional doctrine, statutes enacted by Congress and state legislatures, regulations promulgated by administrative agencies at all levels of government, and cases decided by courts. Notable for determining the consent requirements for adolescents to receive health care are the statutes known as “state minor consent laws” that are the subject of this monograph. Of similar importance for the confidentiality of adolescents’ health information are the federal medical privacy regulations known as the “HIPAA Privacy Rule.” Many other laws have great significance in specific circumstances as well, such as statutes providing for the emancipation of minors, court decisions delineating the mature minor doctrine, regulations protecting adolescents’ confidentiality in family planning and substance abuse programs, and court decisions interpreting the constitutional right of privacy.

Consent for Health Care

When an adolescent seeks health care, consent for the care must be given by someone with the appropriate legal authority. Adolescents who are over the age of majority are adults and can give their own consent for health care. For an adolescent who is under the age of majority the consent of a parent or a legal guardian is generally required. However,

numerous exceptions to this basic rule allow care to be provided without the consent of a parent.

Depending on the specific circumstances, consent for a minor’s care may be provided by a legal guardian, a court, or even a foster parent or other adult caretaker. Also, in emergencies, care may be provided without the prior consent of a parent, although the health care provider is usually required to inform the parent as soon as possible. For the purpose of this monograph, the most relevant exceptions to the requirement of parental consent are those that allow minors to give their own consent for care.

Minor Consent

The laws that authorize minors to give their own consent for health care are mostly state laws. Beginning in the middle of the 20th century, states began to enact specific statutes to enable minors to obtain care without parental consent. Over the next half century, every state enacted some of these statutes, which are generally grouped into two broad categories: laws that are based on the status of the minor; and laws that are based on the type of care they are seeking. The summaries in this monograph are organized based on these two broad classifications.

Within each of these broad categories some of the laws contain additional variations. For example, a law may contain one or more of the following elements: an age limit, a limit on the range of specific services covered, or enumeration of the providers or sites that may deliver the care. In addition, a law may contain a statement that a physician or other health care professional may rely in good faith on representations made by the minor that he or she is legally allowed to consent. Also, a law may specify whether the parent or the minor is financially responsible for payment when the minor consents. Finally, a law may include specific provisions regarding whether information about the care for which the minor consents may be disclosed to parents or guardians.

Mature Minor Doctrine

The concept of the “mature minor” is familiar to many health care professionals who treat adolescents, but its origin and meaning are not always well understood. The mature minor doctrine developed as part of the common law in court decisions. Generally, according to the mature minor doctrine, a physician is not liable for providing care without parental consent when the care is within the mainstream of medical opinion, is not high risk, and is provided in a non-negligent manner, as long as the minor is an older adolescent who is capable of giving informed consent to the care and does consent.

The doctrine has been expressly accepted or favorably discussed by courts in several states. Many fewer states have expressly rejected the doctrine’s validity. The doctrine is sometimes relied on as a justification for accepting the informed consent of mature minors for health care, even in states where courts have not expressly accepted the doctrine.

The concept of the mature minor has also been acknowledged, although without much specific definition, in U.S. Supreme Court cases ruling on requirements for parental notification or consent for a minor to obtain an abortion. It is also often mentioned in court cases addressing the right of a minor to obtain an abortion without parental consent or notification through a state’s judicial bypass procedure.

Only a few states have incorporated the mature minor doctrine into a statute. A small number of states have enacted statutes that, for example, allow minors to give their own consent for care if they have “sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures,” using that or similar language. In states where they exist, those statutes are summarized under the heading of “General Medical Care” in this monograph.

Consent by Minors Based on Their Status

Every state has enacted one or more statutes allowing minors to consent for health care based on their status. The most common status categories in

which states have laws expressly allowing minors to consent for health care are: emancipated minors; minors who are living apart from their parents; minors who are married; minors who are pregnant; and minors who are parents. In addition, there are other categories in which a small number of states have laws allowing minors to consent for health care such as minors who are in the military or minors who are incarcerated.

Emancipated minors are widely considered to have attained full or partial adult status and to be authorized to consent for their own health care. The concept of an emancipated minor originated in the common law and dates back to Colonial times. Historically, the criteria for recognizing a minor as emancipated were marriage, military service, or living apart from parents and being self-supporting. Although the concept of the emancipated minor was originally developed by the courts, numerous states have enacted statutes recognizing emancipated minors and establishing procedures for determining that a minor is emancipated. Some of the early statutes were designed primarily to allow a minor to conduct specific transactions, such as buying and selling real property or entering into contracts. Statutes enacted more recently often specify that a legally emancipated minor, who has met the statutory criteria for emancipation and received a court declaration of emancipation, may consent for health care. At least 37 states have enacted statutes that expressly authorize emancipated minors to consent for health care or specify that emancipated minors have adult status. In other states, however, minors who meet traditional criteria for emancipation should also be recognized as able to consent for health care. This monograph provides information for each state about whether it has a statute that authorizes emancipated minors to consent for health care or specifies that they have adult status.

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Minors who are living apart from their parents may be expressly authorized to consent for their own health care, even if they do not meet the criteria for legal emancipation and have not received a court declaration of emancipation. At least 26 states allow minors who are living apart from their parents to consent for their own health care either because an explicit statute authorizes them to do so or because the state allows minors to consent for general medical care. Some of the statutes that authorize minors who are living apart to consent include one or more additional specific criteria such as an age limit or a requirement that the minor be independent of parental support. However, several of the statutes also contain specific criteria designed to broaden access for these young people, such as a statement that the minor may consent regardless of the source of his or her income, regardless of the length of time he or she has lived apart from parents, or regardless of whether the young person is living apart from parents with or without parental permission. This monograph provides information for each state about whether it has a statute that authorizes minors who are living apart from their parents to consent for health care.

Minors who are married are generally considered to be emancipated. At least 44 states have enacted statutes that expressly allow married minors to consent for their own health care or specify that married minors are emancipated or have adult status. However, even in a state that has not enacted such a statute there is a strong basis for allowing married minors to consent. Marriage is one of the criteria for emancipation under both the common law and under many emancipation statutes. It would be reasonable, therefore, to consider married minors as emancipated and legally able to consent for their own health care. This monograph provides information for each state about whether it has a statute that authorizes minors who are married to consent for health care or specifies that they are emancipated or have adult status.

Minors who are parents are often expressly authorized to consent for their own health care or for health care for their children. A total of at least 37 states have enacted statutes that allow minors who

are parents to consent for health care for themselves or their children or both. Even in the absence of a statute, minors who are parents may be able to consent for health care for themselves on some other basis: because they are emancipated, or living apart from their parents, or married, for example. Also, even in the absence of a statute, on the basis of constitutional and common law principles, minors who are parents would be able to consent for health care for their children unless they were unable to give informed consent. This monograph provides information for each state about whether it has a statute that authorizes minors who are parents to consent for health care for themselves or their children.

Other groups of minors may be authorized to consent for health care. For example, *minors in the military* would be considered emancipated under traditional legal criteria for emancipation. Some states have enacted statutes expressly authorizing minors in the military to consent for health care. Even in the absence of such a statute, it would be reasonable to consider a minor in the military as emancipated and legally able to consent for their own health care. For states that have a statute authorizing minors in the military to consent for health care, this monograph provides that information. A small number of states have statutes that expressly authorize *minors who are incarcerated* to consent for health care. This monograph includes that information for a few states that have such statutes.

Consent by Minors Based on Services They Are Seeking

Every state has enacted one or more statutes allowing minors to consent for specific types of health care. The most common categories of care for which states have laws expressly allowing minors to consent are: emergency care; general medical care; family planning services or contraceptive care; pregnancy related care; STD/VD care; reportable disease care; HIV/AIDS care; drug or alcohol care; and outpatient mental health services. In addition, many states allow

older minors (e.g., age 17) to consent to donate blood. Also, a small number of states allow minors to consent for other categories of services, such as care related to a sexual assault, bone marrow transplantation, or “do not resuscitate” orders.

In virtually every state, minors are able to receive *emergency care* without the prior consent of a parent. A few states expressly authorize minors to give their own consent for emergency care. At least 37 states have statutes that expressly authorize minors to consent for emergency care or expressly allow care to be provided in emergencies without prior parental consent. Notice to parents as soon as possible after care has been provided is usually required. Sometimes other specific limiting criteria apply. This monograph provides information for each state about whether it has a statute that authorizes minors to receive emergency care without parental consent. Even in the absence of such a statute it would be reasonable to conclude that emergency care could legally be provided without prior parental consent in situations when an adolescent’s life or health is seriously endangered without the care.

Some states expressly authorize minors to consent for *general medical care*. Some of the statutes are those that are based on the status of the minor, which would only authorize minors who have attained that status to give their own consent. As discussed above, in “Consent by Minors Based on Their Status,” almost every state expressly authorizes at least some minors to consent for care based on a status such as emancipation, living apart from parents, or marriage. In addition, at least 16 states have authorized minors to consent for health care based on their age or specific criteria of maturity. This monograph provides information for each state about whether it has a statute that authorizes minors to consent for general health care.

Numerous states expressly authorize minors to consent for *family planning services or contraceptive care*. Some of these statutes specify “family planning” or “contraceptive” services, while others specify “pregnancy related care” or services to “prevent pregnancy.” A few of the statutes

include other qualifying criteria, such as a judgment by the health care professional that the minor would suffer harm without the services. At least 35 states have statutes that expressly authorize minors to consent for family planning services or contraceptive care or allow minors to consent for general medical care. Even in the absence of such a statute, however, there may be a basis for minors to consent for family planning services or contraceptive care, based on the constitutional right of privacy or the fact that services are being provided at a site funded under the federal Title X Family Planning Program or are being paid for by Medicaid. This monograph provides information for each state about whether it has a statute that authorizes minors to consent for family planning services or contraceptive care. See below for a discussion of “Special Considerations for Family Planning, Contraception, & Pregnancy Related Care.”

Whether minors may obtain *abortion services* without the consent of a parent has been the subject of extensive and repeated legislation and litigation. A large majority of states have enacted statutes requiring either parental consent or parental notification for minors to obtain an abortion. Most of these statutes include a judicial bypass procedure, an emergency exception, and/or an exception for cases of incest or abuse. Some states allow an adult other than a parent, such as a grandmother, an aunt, or an adult sibling to provide consent or receive the required notification. Beginning in 1976, the United States Supreme Court decided a series of cases in which it held, overall, that a state may not grant an arbitrary veto to parents over the abortion decisions of their minor daughters but that under specific circumstances, requirements of parental consent or notification may be constitutional if a state also creates an alternative mechanism for a mature minor to obtain an abortion without involving a parent. This monograph provides information for each state about whether it has enacted a statute requiring parental consent or notification for abortion and if so, whether the statute has been

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enjoined by the courts. References to other sources of information regarding this rapidly changing issue are also provided in Appendix D.

Every state allows minors to consent for *care related to sexually transmitted disease or venereal disease*. All 50 states and the District of Columbia either have a statute expressly authorizing minors to consent or specifying that minors may receive the services without parental consent (in which case, a minor would be able to give his or her own consent) or, in a very small number of states, a different type of statute (such as one addressing consent for general medical care) that allows minors to give their own consent for STD/VD care. Some of the statutes specify the scope of services (e.g., prevention, diagnosis, and/or treatment). Many of the statutes use the term venereal disease rather than sexually transmitted disease. Some states refer to a specific list of STDs or VDs. This monograph provides information for each state about any statutes that allow minors to give their own consent for STD or VD care.

A significant number of states expressly allow minors to consent for *care related to reportable diseases*. These statutes would cover care for reportable STD/VD, but also for other infectious, contagious, or communicable diseases. Some of the statutes specify the scope of services (e.g., prevention, diagnosis, and/or treatment). At least 21 states have enacted such statutes. This monograph provides information for each state about whether it has a statute that authorizes minors to consent for care related to reportable infectious, contagious, or communicable diseases.

Most states allow minors to consent for *care related to HIV/AIDS*. Some states do so in a separate statute that specifically addresses HIV and/or AIDS. Others do so through the statute that authorizes minors to consent for STD/VD care or for reportable disease care, usually by classifying HIV or AIDS as a STD or a reportable disease. A total of at least 46 states authorize minors to consent for HIV/AIDS care either directly or through one of these other laws. Some of the laws limit the type of care for which minors may consent – to testing, for example. This

monograph provides information for each state about any statutes or laws that allow minors to give their own consent for care related to HIV/AIDS.

Almost every state allows minors to consent for *care related to use of drugs or alcohol*. Some of these statutes include limitations such as age limits or restrictions on the type of care that may be provided, such as an exclusion for methadone maintenance. Some statutes focus on either drugs or alcohol; some include both or use terminology such as substance abuse or chemical dependence. At least 49 states have enacted statutes that expressly allow minors to consent for care related to the use of drugs or alcohol or to receive care without parental consent. This monograph provides information for each state about whether it has a statute that authorizes minors to consent for care related to the use of drugs or alcohol.

Numerous states allow minors to consent for *outpatient mental health services*. These statutes contain a variety of limitations with respect to the age of minors who may consent, the type of care that may be provided, the health care professionals who are covered, and the number of visits for which a minor may be seen without the involvement of a parent. At least 34 states have enacted statutes that allow minors to consent for some outpatient mental health services. This monograph provides information for each state about whether it has enacted such a statute.

A few states allow minors to consent for other services, such as care related to *sexual assault*, or for *organ donation or transplantation*. This monograph includes information for states that have such statutes.

Confidentiality & Disclosure

Numerous laws protect the confidentiality of health care information. Many of these laws apply to adolescents who are minors as well as to adults. These laws include the constitutional right of privacy, minor consent laws, medical

records and health privacy laws, evidentiary privileges, and funding statutes, among others. Most significant for this monograph are the state minor consent laws, the HIPAA Privacy Rule, and provisions affecting Title X family planning programs and federal drug and alcohol treatment programs.

Confidentiality & Disclosure Provisions of Minor Consent Laws

In almost every state, the minor consent laws also contain one or more provisions that address confidentiality or the disclosure of information when a minor is authorized to give consent for care. In a few states, either the minor consent laws or the medical privacy laws specify that when a minor has consented to care, information about the care may not be disclosed without the permission of the minor. In some states, a general disclosure provision applies to all of the minor consent laws; in others, a specific disclosure provision is included within one or more but not all of the minor consent laws.

Thus the disclosure provisions are not necessarily consistent among different services even within one state. Most of the disclosure provisions address the circumstances in which a health care provider may disclose information to a parent when a minor has consented to the care. These disclosure provisions are of particular importance in light of the HIPAA Privacy Rule. This monograph includes information that we were able to identify for each state about confidentiality and disclosure provisions that are included in or based on the state's minor consent laws.

The HIPAA Privacy Rule

The most important legal development in the past decade affecting the confidentiality of adolescents' health care information is embodied in the federal medical privacy regulations, the HIPAA Privacy Rule, issued under the Health Insurance Portability and Accountability Act of 1996. The Rule creates new rights for individuals to have access to their protected health information and to control the disclosure of that information in some circumstances. It contains specific requirements that affect medical records and information pertaining to the care of minors. The HIPAA Privacy Rule

provides that, in general, when minors legally consent to health care or can receive it without parental consent, or when a parent has assented to an agreement of confidentiality between the minor and the health care provider, the parent does not necessarily have the right to access the minor's health information. Whether a parent may do so depends upon "state or other applicable law."

Thus, a health care provider must look to state laws or other laws to determine whether they specifically address the confidentiality of a minor's health information. State or other laws that explicitly require, permit, or prohibit disclosure of information to a parent are controlling. If state or other laws are silent on the question of parents' access, a health care professional exercising professional judgment has discretion to determine whether or not to grant access. The relevant sources of state or other law that a health care provider must consider include state minor consent laws, state medical privacy laws, the federal confidentiality rules for the federal Title X family planning program, the federal confidentiality rules for drug or alcohol programs, and court cases interpreting both these laws and the constitutional right of privacy.

Special Considerations for Family Planning, Contraception, & Pregnancy Related Care

Special considerations pertain to consent and confidentiality questions related to family planning, contraception, and pregnancy care for minors. The most important considerations pertain to court decisions based on the constitutional right of privacy and the confidentiality requirements that are part of the federal Title X family planning program and Medicaid.

The U.S. Supreme Court has held that the constitutional right of privacy extends to minors as well as adults and that it encompasses minors' reproductive decisions. The Supreme Court has also explicitly recognized that minors' access to contraceptives falls within the ambit of the constitutional right of privacy. Moreover,

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courts have not found that parental consent for minors to obtain contraceptives is required and have struck down statutes that attempted to require parental consent for contraceptives in several cases. Therefore, even in the absence of a statute authorizing minors to consent for family planning services or contraceptive care, if there is no valid statute or case prohibiting them from doing so, it would be reasonable to conclude that minors may give their own consent for these services.

In every state, at sites that receive funds under the federal Title X Family Planning Program, minors are legally able to obtain family planning services and contraceptive care without parental consent or notification. Title X specifies that family planning services must be available without regard to age and includes detailed confidentiality rules. Title X encourages, but does not require, family participation. The Medicaid program also requires that confidential family planning services be available to adolescents as well as adults who are eligible for Medicaid.

Special Considerations for Drug and Alcohol Care

A set of detailed federal confidentiality regulations is applicable to facilities that meet a definition of federal drug or alcohol treatment programs. These rules do not contain provisions that determine whether or not a minor may consent to services in the programs. However, they do provide that if a minor is allowed to consent to services under state law, specific confidentiality protections contained in the federal rules apply. Almost every state allows minors to give their own consent for drug or alcohol care. In some states, the minor consent laws also contain confidentiality or disclosure provisions. For example, some state laws authorizing minors to consent for care related to drug or alcohol problems also provide that parents should be given information about the care. Such provisions must be analyzed in light of the federal drug and alcohol confidentiality rules to determine whether they are valid. Special care must be taken to understand the relationship between these laws and the federal drug and alcohol confidentiality rules.

Conclusion

Throughout the summaries of the laws in specific states, references are made to this introduction because it is important for those laws to be understood in the context of the overall legal framework. In particular, when a state does not have a law that expressly addresses a particular issue, understanding the background context may help to illuminate or reveal ways in which minors may be able to consent for their own care, or the confidentiality of their information may be protected.

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Weiss C, Dalven J. Protecting Minors' Health Information under the Federal Medical Privacy Regulations. New York: ACLU Reproductive Freedom Project, 2003. Available at: http://www.aclu.org/FilesPDFs/med_privacy_guide.pdf.

Special Consideration for Family Planning, Contraception, and Pregnancy Related Care⁵

42 U.S.C. § 300 et seq.

42 C.F.R. Part 59.

Guttmacher Institute. Contraception (website). <http://www.guttmacher.org/sections/contraception.php?scope=U.S.%20specific>.

Guttmacher Institute. Pregnancy (website). <http://www.guttmacher.org/sections/pregnancy.php?scope=U.S.%20specific>.

Office of Population Affairs, U.S. Department of Health & Human Services. Family Planning (website). <http://www.hhs.gov/opa/familyplanning/index.html>.

¹ These sources are included as general background for the subject matter discussed in the Introduction, not as legal authority for specific statements.

² Additional background references on consent are provided in Appendix B.

³ Additional background resources on confidentiality are provided in Appendices B and C.

⁴ Additional background resources on the HIPAA Privacy Rule are provided in Appendix C.

⁵ Additional background resources on studies of confidentiality in family planning programs are provided in Appendix B. Additional background resources on abortion and minors are provided in Appendix D.

INTRODUCTION

Special Considerations for Drug and Alcohol Care

42 U.S.C. § 290dd-2.

42 C.F.R. Part 2.

Legal Action Center. Confidentiality and Communication: A Guide to Federal Drug and Alcohol Confidentiality Law and HIPAA. New York: Legal Action Center, 2006. Available at: <http://lac.org/index.php/lac/230>.

STATE SUMMARIES

ALABAMA

Overview of Alabama Laws

The age of majority in Alabama is 19. However, Alabama law authorizes minors to consent for health care in numerous situations. Emancipated minors, married minors, pregnant minors, and minor parents are generally allowed to consent for their own health care. Minor parents are allowed to consent for health care for their children. Also, minors who are age 14 or older or have graduated from high school are allowed to consent, enabling minors whose status is not covered by another statute, or who are seeking a service that is not covered by a specific statute, to consent to their own care. Although Alabama does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Parental consent is required for abortion, but the law provides for a judicial bypass option and other exceptions. Minors are allowed to consent for diagnosis and treatment of pregnancy, STDs (“venereal disease”), and reportable diseases, for HIV/AIDS testing and treatment, for care related to drug dependency and alcohol toxicity, and for mental health services in several specified circumstances. Minors are also allowed to consent for donation of blood and bone marrow. Physicians may rely in good faith on minors’ representations that they are allowed to give consent. Some of the laws allowing minors to consent for care also allow the health care professional to disclose information to parents.

Checklist of Alabama Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ala. Code § 26-1-1
Emancipated Minor	✓	✓	Ala. Code §§ 26-13-1, 26-13-5
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	Ala. Code §§ 22-8-4, 22-8-5
Pregnant Minor	✓	✓	Ala. Code § 22-8-4
Minor Parent	✓	✓	Ala. Code § 22-8-5 Authorizes consent for self and child
Type of Care			
Emergency Care	✓	✓	Ala. Code § 22-8-3 See General Medical Care
General Medical Care	✓	✓	Ala. Code § 22-8-4
Family Planning & Contraceptive Care		✓	See detailed summary and Introduction See General Medical Care
Pregnancy Related Care	✓	✓	Ala. Code § 22-8-6
Abortion	✓		Ala. Code §§ 26-21-1 through 26-21-8 Ala. Op. Att’y Gen. No. 2001-072 Ex Parte Anonymous, 531 So.2d 901 (Ala. 1988) See detailed summary
STD/VD Care	✓	✓	Ala. Admin. Code r. 420-4-1-.03 app.1 Ala. Code §§ 22-8-6, 22-11A-19
Reportable Disease Care	✓	✓	Ala. Admin. Code r. 420-4-1-.03 app.1 Ala. Code § 22-8-6
HIV/AIDS Care	✓	✓	Ala. Admin. Code r. 420-4-1-.03 app.1 Ala. Code §§ 22-11A-51, 22-11A-52
Drug/Alcohol Care	✓	✓	Ala. Code § 22-8-6
Outpatient Mental Health Services	✓	✓	Ala. Code §§ 22-8-4, 22-8-6
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ala. Code § 22-11A-19
Other			
Blood Donation	✓	✓	Ala. Code § 26-1-3.1
Bone Marrow Donation	✓	✓	Ala. Code § 22-8-9
Good Faith Reliance	✓		Ala. Code § 22-8-7
Payment for Medical Services	✓		Williams v. Baptist Health Sys., 857 So. 2d 149 (2003)

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/alabama/>.

Summary of Alabama Laws⁴

Minor Status

Age of Majority	<i>Ala. Code § 26-1-1</i> provides that the age of majority is 19.
Emancipated Minor	<i>Ala. Code §§ 26-13-1</i> and <i>26-13-5</i> provide that court-ordered emancipation gives the minor, over the age of 18, the general right to do and perform all acts that the minor could lawfully do if age 19. The statutory criteria for court-ordered emancipation are contained in <i>Ala. Code § 26-13-1</i> , and the process is called a petition for relief for minor children from disabilities of nonage.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. <i>See General Medical Care</i> . For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Ala. Code § 22-8-4</i> provides that any minor who is married or divorced may consent for any legally authorized medical, dental, health, or mental health services for himself or herself and the consent of no other person is necessary. <i>Ala. Code § 22-8-5</i> also provides that any minor who is married or divorced may consent for any legally authorized medical, dental, health, or mental health services.
Pregnant Minor	<i>Ala. Code § 22-8-4</i> provides that any minor who is pregnant may consent for any legally authorized medical, dental, health, or mental health services for herself and the consent of no other person is necessary. <i>See Abortion</i> .
Minor Parent	<i>Ala. Code § 22-8-5</i> provides that any minor who has borne a child may consent for any legally authorized medical, dental, health, or mental health services for himself or herself or for his or her child.

Type of Care

Emergency Care	<i>Ala. Code § 22-8-3</i> provides that any legally authorized medical, dental, health, or mental health services may be provided to minors of any age without the consent of a parent or legal guardian when, in the judgment of the physician, an attempt to secure consent would result in delay of treatment that would increase the risk to the minor's life, health, or mental health.
General Medical Care	<i>Ala. Code § 22-8-4</i> provides that any minor who is age 14 or older or has graduated from high school may give effective consent for any legally authorized medical, dental, health, or mental health services and the consent of no other person is necessary. For provisions allowing certain minors to consent for general medical care, <i>see Emancipated Minor, Minor Parent, Pregnant Minor, and Married Minor</i> . For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See General Medical Care</i> .
Pregnancy Related Care	<i>Ala. Code § 22-8-6</i> provides that any minor may consent for any legally authorized medical, health, or mental health services to determine the presence of or to treat pregnancy and the consent of no other person is necessary. <i>See Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion

Ala. Code §§ 26-21-1 through 26-21-8 provide that the written consent of one parent or a legal guardian is required for an abortion to be performed on an unemancipated minor under age 18. The law includes a judicial bypass and a medical emergency exception. Additionally, *Ala. Code* § 26-21-3 provides that if the minor's pregnancy was caused by sexual intercourse with the minor's natural father, adoptive father, stepfather, or legal guardian, then parental consent is not required, but physician is required to send written notice to the minor's mother by certified mail. In *Ex Parte Anonymous*, 531 So.2d 901 (*Ala.* 1988), a court found the statute constitutional as applied to a minor who is in the custody of the state and has no parent available from whom consent can be obtained. For an opinion of the Alabama Attorney General finding that the use of mifepristone (RU-486) is included in the definition of abortion as a means of terminating a pregnancy and is thus subject to the law requiring parental consent or a judicial waiver of the consent requirement, see *Ala. Op. Att'y Gen. No. 2001-072*. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

Ala. Code § 26-21-3(d) provides that consent of a parent or guardian is not required for an emancipated minor to receive an abortion, but she is required to show proof of her emancipation before the procedure.

STD/VD Care

Ala. Code § 22-8-6 provides that any minor may consent for any legally authorized medical, health, or mental health services to determine the presence of or to treat venereal disease and the consent of no other person is necessary. *Ala. Code* § 22-11A-19 provides that, notwithstanding any other law, a minor age 12 or older who may have come into contact with any sexually transmitted disease (as designated by the State Board of Health), including HIV, may consent for medical care related to the diagnosis or treatment of such disease. For a listing of diseases designated by the State Board of Health as sexually transmitted diseases, see *Ala. Admin. Code r. 420-4-1-.03 app. 1*. See *Confidentiality & Disclosure* regarding the discretionary authority of the medical provider or facility to disclose information.

Reportable Disease Care

Ala. Code § 22-8-6 provides that any minor may consent for any legally authorized medical, health, or mental health services to determine the presence of or to treat any reportable disease, including HIV, and the consent of no other person is necessary. For a listing of diseases designated by the State Board of Health as notifiable diseases, see *Ala. Admin. Code r. 420-4-1-.03 app. 1*, <http://www.adph.org/epi/index.asp?ID=1345>. See *Confidentiality & Disclosure*.

HIV/AIDS Care

Ala. Admin. Code r. 420-4-1-.03 app. 1 provides that HIV is a sexually transmitted and reportable disease. See *STD/VD Care* and *Reportable Disease Care*. For statutory requirements regarding informed consent and implied consent for HIV testing, see *Ala. Code* §§ 22-11A-51 and 22-11A-52.

Drug/Alcohol Care

Ala. Code § 22-8-6 provides that any minor may consent for any legally authorized medical, health, or mental health services to determine the presence of or to treat drug dependency or alcohol toxicity and the consent of no other person is necessary.

Outpatient Mental Health Services

Ala. Code § 22-8-4 provides that any minor who is age 14 or older, or has graduated from high school, or is married or divorced, or is pregnant may give consent for any legally authorized mental health services and the consent of no other person is necessary. *Ala. Code* § 22-8-6 provides that any minor may consent for any mental health services to determine the presence of or to treat pregnancy, venereal disease, drug dependency, alcohol toxicity, or any reportable disease, and the consent of no other person is necessary.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Ala. Code § 22-11A-19 provides that the medical provider or facility providing diagnostic procedures or treatment related to any sexually transmitted disease (as designated by the State Board of Health), including HIV, may, but is not obligated to, inform the parent or guardian as to the treatment given or needed. *See STD/VD Care and HIV/AIDS Care.*

Other**Blood Donation**

Ala. Code § 26-1-3.1 provides that a minor at least 17 years old may consent to donate blood; the consent may not be disaffirmed later based on minority status. *Ala. Code § 26-1-3.1* allows a minor 16 years old to donate blood with written permission from parent or legal guardian.

Bone Marrow Donation

Ala. Code § 22-8-9 provides that any minor who is age 14 or older, has graduated from high school, is married or divorced, or is pregnant may give consent for his or her bone marrow donation for the purposes of bone marrow transplantation. *Ala. Code § 22-8-9* allows a minor under 14 to donate bone marrow but only with consent of parent or legal guardian.

Good Faith Reliance

Ala. Code § 22-8-7 provides that a physician may rely in good faith upon the consent of a minor who professes to be, but is not, a minor whose consent alone is effective to medical, dental, health, or mental health services and the physician shall not be liable for not having consent.

Payment for Medical Services

According to *Williams v. Baptist Health Sys.*, 857 So. 2d 149, 2003 the provider of medical services is permitted to seek payment from the minor if the parent has failed or refused to pay.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/alabama/>.

Overview of Alaska Laws

The age of majority in Alaska is 18. However, Alaska law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents and managing their own financial affairs, married minors, and minor parents are generally allowed to consent for their own health care. Minor parents also are allowed to consent for health care for their children. A minor may also consent for care if a parent cannot be contacted or when contacted refuses either to grant or withhold consent. Minors are allowed to consent for pregnancy-related care, including family planning and contraceptive services, prenatal and maternity care, and abortion. A law requiring parental consent for abortion was declared unconstitutional as violating the right of privacy in the Alaska Constitution. Minors are allowed to consent for diagnosis and treatment of STDs (“venereal disease”), and, implicitly, for diagnosis and treatment of HIV. Alaska law relieves parents of financial responsibility for care in most situations when a minor has given consent and provides that a medical or dental provider may rely in good faith on the representations of minors that they are allowed to consent.

Checklist of Alaska Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Alaska Stat. § 25.20.010
Emancipated Minor	✓	✓	Alaska Stat. § 09.55.590
Minor Living Apart	✓	✓	Alaska Stat. § 25.20.025
Married Minor	✓	✓	Alaska Stat. §§ 25.05.171, 25.20.020
Pregnant Minor	✓	✓	Alaska Stat. § 25.20.025 See Pregnancy Related Care and General Medical Care
Minor Parent	✓	✓	Alaska Stat. § 25.20.025
Type of Care			
Emergency Care	✓	✓	Alaska Stat. §§ 09.65.090, 25.20.025 Minor may consent if aren't cannot be contacted or will not grant or refuse consent
General Medical Care	✓	✓	Alaska Stat. § 25.20.025
Family Planning & Contraceptive Care	✓	✓	Alaska Stat. § 25.20.025
Pregnancy Related Care	✓	✓	Alaska Stat. § 25.20.025
Abortion	✓	✓	Alaska Stat. §§ 18.16.010 through 18.16.090 State v. Planned Parenthood of Alaska, Nos. S-11386, slip op. (Alaska Nov. 2, 2007)
STD/VD Care	✓	✓	Alaska Stat. § 25.20.025
Reportable Disease Care		✓	See STD Care and General Medical Care
HIV/AIDS Care		✓	Chizmar v. Mackie, 896 P.2d 196 (Alaska, 1995).
Drug/Alcohol Care		✓	See General Medical Care
Outpatient Mental Health Services		✓	See General Medical Care
Confidentiality & Disclosure³			
<i>No Provision Found</i>			
Other			
Financial Responsibility	✓		Alaska Stat. § 25.20.025
Good Faith Reliance	✓		Alaska Stat. § 25.20.025

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. No specific legal provisions were found in the Alaska minor consent laws regarding confidentiality and disclosure. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/alaska/>.

Summary of Alaska Laws⁴

Minor Status

Age of Majority	<i>Alaska Stat. § 25.20.010</i> provides that the age of majority is 18.
Emancipated Minor	<i>Alaska Stat. § 09.55.590</i> provides that except for specific constitutional and statutory age requirements for voting and drinking, an emancipated minor generally has the power and capacity of an adult. This section sets forth the criteria and procedures for a court to grant emancipated status to a minor.
Minor Living Apart	<i>Alaska Stat. § 25.20.025</i> provides that a minor who is living apart from his or her parents or legal guardian and who is managing his or her own financial affairs, regardless of the source or extent of income, may give consent for his or her own medical or dental services.
Married Minor	No specific provision was found expressly authorizing married minors to consent for health care. However, <i>Alaska Stat. § 25.20.020</i> specifies that a person arrives at the age of majority upon being married, unless the person is under the legal marriageable age. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, see <i>Introduction</i> . <i>Alaska Stat. § 25.05.171</i> specifies the criteria and procedures for a minor to marry.
Pregnant Minor	No specific legal provision was found expressly authorizing a pregnant minor to consent for health care generally. <i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for diagnosis, prevention, or treatment of pregnancy. See <i>General Medical Care and Abortion</i> .
Minor Parent	<i>Alaska Stat. § 25.20.025</i> provides that a minor parent may consent for medical and dental services for both himself or herself and his or her child.

Type of Care

Emergency Care	<i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for medical and dental services if the parent or legal guardian of the minor cannot be contacted or, if contacted, is unwilling either to grant or withhold consent. The health care provider must counsel the minor keeping in mind the valid interests of the minor and of the parent or legal guardian and of the family unit as the provider presumes them. <i>Alaska Stat. § 09.65.090</i> provides that a person who renders emergency care or counseling to an injured, ill, or emotionally distraught person who reasonably appears to be in immediate need of the aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.
General Medical Care	<i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for medical and dental services if the parent or legal guardian of the minor cannot be contacted or, if contacted, is unwilling either to grant or withhold consent. The health care provider must counsel the minor keeping in mind the valid interests of the minor and of the parent or legal guardian and of the family unit as the provider presumes them. For discussion of the mature minor doctrine, see <i>Introduction</i> .
Family Planning & Contraceptive Care	<i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for prevention of pregnancy.
Pregnancy Related Care	<i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for diagnosis, prevention, or treatment of pregnancy. See <i>Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<i>Alaska Stat. §§ 18.16.010 through 18.16.090</i> provide that voluntary and informed written consent of a parent, guardian, or custodian is required before an abortion can be performed on an unmarried, unemancipated woman under age 17 (age of majority is 18). The law provides for a judicial bypass as an alternative to parental consent. The Alaska Supreme Court held that this law is unconstitutional and unenforceable because it violates young women's right to privacy under the Alaska Constitution. Moreover, the Court held that the law did not further a compelling state interest, using the least restrictive means. <i>State of Alaska v. Planned Parenthood, Nos. S-11365, S-11386, slip op. (Alaska Nov. 2, 2007)</i> . The statute is currently not in effect because enforcement was permanently enjoined by court order. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> .
STD/VD Care	<i>Alaska Stat. § 25.20.025</i> provides that a minor may give consent for the diagnosis and treatment of venereal disease.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent to care for reportable disease. See <i>STD/VD Care, HIV/AIDS Care, and General Medical Care</i> .
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent to care for HIV or AIDS. For discussion of allowing minors to consent to care for HIV or AIDS diagnosis or treatment on the basis that HIV or AIDS is a sexually transmitted disease, see <i>Introduction</i> . In <i>Chizmar v. Mackie, 896 P.2d 196 (Alaska, 1995)</i> a court held that AIDS (HIV) is a fatal sexually transmitted disease, so implicitly, <i>Chizmar</i> and <i>Alaska Stat. § 25.20.025</i> permit minors to consent to care for HIV and AIDS. See <i>General Medical Care</i> and <i>STD/VD Care</i> .
Drug/Alcohol Care	No specific legal provision was found expressly authorizing or prohibiting minors to consent to care for drug or alcohol problems. See <i>General Medical Care</i> .
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing or prohibiting minors to consent to outpatient mental health services. See <i>General Medical Care</i> .

Confidentiality & Disclosure⁵

No Provision Found

Other

Financial Responsibility	<i>Alaska Stat. § 25.20.025</i> provides that the parent or legal guardian of a minor is not financially responsible to the provider of health care services for which the minor may give consent under <i>Alaska Stat. § 25.20.025</i> . See <i>Minor Living Apart, Pregnant Minor, Minor Parent, General Medical Care, Family Planning & Contraceptive Care, Pregnancy Related Care, and STD/VD Care</i> .
Good Faith Reliance	<i>Alaska Stat. § 25.20.025</i> provides that a provider of medical or dental care may rely in good faith on the consent of a minor who represents that he or she may give consent under <i>Alaska Stat. § 25.20.025</i> .

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/alaska>.

Overview of Arizona Laws

The age of majority in Arizona is 18. However, Arizona law authorizes minors to consent for health care in numerous situations. Emancipated minors, homeless minors, and married minors are generally allowed to consent for their own health care. Although Arizona does not have a specific statute allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Also, an Arizona Attorney General's opinion states that an agency or physician providing family planning service to a consenting minor without parental consent would not be held civilly or criminally liable. Similarly, even in the absence of an explicit provision in state law, minors should be allowed to consent for prenatal and maternity care. A law requiring parental consent for abortion was declared constitutional and is being enforced. The law includes a judicial bypass and other exceptions. Minors are allowed to consent for diagnosis and treatment of STDs ("venereal disease"), and HIV testing, as well as for certain care related to drug and alcohol problems and sexual assault. Written consent of a parent is required for surgery except in emergencies and for surgery performed on emancipated minors. Arizona law specifies a range of individuals who are allowed to consent for routine care for a minor in state custody or placed by a child welfare agency. Parents generally have access to a minor's medical records unless access would endanger the patient's life or physical safety or cause substantial harm to the patient. Physicians are allowed to rely on the representations of minors that they are authorized to consent for care. A new statute in Arizona grants parents certain rights regarding the health care and medical records of their minor children, but its interpretation remains unclear.

Checklist of Arizona Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ariz. Rev. Stat. § 1-215
Emancipated Minor	✓	✓	Ariz. Rev. Stat. § 44-132 Ariz. Op. Att’y Gen. No. 69-27 (1969).
Minor Living Apart	✓	✓	Ariz. Rev. Stat. § 44-132
Married Minor	✓	✓	Ariz. Rev. Stat. § 44-132
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	Ariz. Rev. Stat. §§ 36-2271, 44-133
General Medical Care			See Emancipated Minor, Minor Living Apart, and Married Minor
Family Planning & Contraceptive Care	✓	✓	Ariz. Op. Att’y Gen. No. 77-37 (1977) See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		Ariz. Rev. Stat. § 36-2152 Planned Parenthood of Southern Arizona v. Lawall, 307 F.3d 783 (9 th Cir. 2002) Parental consent required; statute includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Ariz. Rev. Stat. § 44-132.01
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Ariz. Rev. Stat. § 36-661(2), 36-663
Drug/Alcohol Care	✓	✓	Ariz. Rev. Stat. § 44-133.01 Consent of minor implied in specified circumstances
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Medical Records	✓		Ariz. Rev. Stat. §§ 12-2291, 12-2292, and 12-2293
Other			
Blood Donation	✓		Ariz. Rev. Stat. §44-134
Minor in State Custody	✓		Ariz. Rev. Stat. §8-514.05
Parents’ Rights	✓		2010 Ariz. Sess. Laws 307
Sexual Assault Care	✓	✓	Ariz. Rev. Stat. § 13-1413
Surgical Procedure	✓		Ariz. Rev. Stat. § 36-2271
Good Faith Reliance	✓		Ariz. Rev. Stat. §44-132

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/arizona/>.

Summary of Arizona Laws⁴

Minor Status

Age of Majority	<i>Ariz. Rev. Stat. § 1-215</i> provides that the age of majority is 18.
Emancipated Minor	<i>Ariz. Rev. Stat. § 44-132</i> provides that notwithstanding any other provision of law (except statutes pertaining to abortion), any emancipated minor may consent for hospital, medical, and surgical care, and parental consent is not necessary. The criteria for recognizing a minor as emancipated are explained in an opinion of the Arizona Attorney General in <i>Ariz. Op. Att’y Gen. No. 69-27 (1969)</i> . The criteria include marriage or entry into military service as a matter of law and may include other factors to be evaluated on a case-by-case basis.
Minor Living Apart	<i>Ariz. Rev. Stat. § 44-132</i> provides that notwithstanding any other provision of law (except statutes pertaining to abortion), any homeless minor may consent for hospital, medical, and surgical care, and parental consent is not necessary. A homeless minor is an individual under age 18 living apart from his parents and who lacks a fixed nighttime residence or whose primary residence is a supervised temporary shelter, a halfway house, or a place not designed for or ordinarily used for sleeping by humans.
Married Minor	<i>Ariz. Rev. Stat. § 44-132</i> provides that, notwithstanding any other provision of law (except statutes pertaining to abortion), any minor who is or has been married may consent for hospital, medical, and surgical care, and parental consent is not necessary.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction.</i>

Type of Care

Emergency Care	<i>Ariz. Rev. Stat. § 44-133</i> provides that, notwithstanding any other provision of law, in cases of emergency in which a minor needs immediate hospitalization, medical attention, or surgery, and after reasonable efforts the minor’s parents cannot be located, consent for the emergency situation may be given by any person standing <i>in loco parentis</i> to the minor. <i>Ariz. Rev. Stat. § 36-2271</i> provides that, except as otherwise provided by law, prior written consent of a parent or legal guardian is required for surgery on a minor. This section does not apply in emergency situations in which surgery is necessary for the treatment of a serious disease, injury or drug abuse, or to save the life of the patient, or when the parent or legal guardian cannot be located after reasonably diligent effort.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . For provisions authorizing certain minors to consent for general medical care, <i>see Emancipated Minor, Minor Living Apart, and Married Minor.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction*. For an opinion of the Arizona Attorney General explaining that if a minor requests and consents to family planning services, the agency or physician who provides those services absent parental consent would neither be criminally or civilly liable, *see Ariz. Op. Att'y Gen. No. 77-37 (1977)*.

Pregnancy Related Care

No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X family planning program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction. See Abortion*.

Abortion

Ariz. Rev. Stat. § 36-2152 provides that the prior written and notarized consent of one parent or a legal guardian is required for an abortion to be performed on an unemancipated minor under age 18. The law contains a judicial bypass provision, an emergency exception, and an exception for cases of incest or sexual abuse by a member of the household. In *Planned Parenthood of Southern Arizona v. Lawall*, 307 F.3d 783 (9th Cir. 2002), both the federal District Court and the U.S. Court of Appeals for the Ninth Circuit held that Arizona's law requiring parental consent or a judicial waiver for a minor to have an abortion is constitutional. For sources of additional information regarding the legal requirements for minors to obtain abortions, *see Appendix D*.

STD/VD Care

Ariz. Rev. Stat. § 44-132.01 provides that notwithstanding any other provision of law, a minor who may have contracted a venereal disease may consent for hospital or medical care related to the diagnosis and treatment of the disease. The consent of a parent or legal guardian is not necessary.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable disease. *See STD/VD Care*.

HIV/AIDS Care

Ariz. Rev. Stat. § 36-663 provides that, except as otherwise specifically authorized or required by law, no person may order an HIV test without the prior written informed consent of the subject of the test who has capacity to consent or, if the subject lacks capacity, of a person authorized to consent for health care for that person. If a patient lacks capacity, and no authorized consent can be timely identified, and HIV testing is related and necessary for the diagnosis and treatment of the person's emergency medical condition, the HIV testing shall be performed upon written certification of the attending physician. *Ariz. Rev. Stat. § 36-661(2)* provides that "capacity to consent" means a person's ability, determined without regard to the person's age, to understand and appreciate the nature and consequences of a proposed health care service, treatment, or procedure and to make an informed decision concerning the service, treatment, or procedure.

Drug/Alcohol Care

Ariz. Rev. Stat. § 44-133.01 provides that any minor age 12 or older who is found to be under the influence of a dangerous drug or narcotic, including symptoms of withdrawal, may be considered an emergency case and is to be regarded as having consented for hospital or medical care needed for treatment. Consent of a parent or legal guardian is not necessary, but the consent of a parent or legal guardian is valid.

**Outpatient Mental
Health Services**

No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Medical Records

Ariz. Rev. Stat. §§ 12-2291 and 12-2292 provide that medical and payment records are confidential and may be disclosed with written authorization of the patient or the patient's health care decision-maker, including a parent who is authorized to make medical decisions for a minor.

Ariz. Rev. Stat. §12-2293 specifies circumstances in which access may be denied including when access may endanger the life or physical safety or cause harm to the patient.

Other

Blood Donation

Ariz. Rev. Stat. § 44-134 provides that a minor who is 16 or older may donate blood at a federally approved blood bank with written consent of the minor's parent or legal guardian.

Minor in State Custody

Ariz. Rev. Stat. § 8-514.05 provides that in the case of an emergency and for routine medical and dental treatment and procedures, a foster parent, group home staff, relative, or other person in whose care the child is placed by a child welfare agency may give consent for the minor's health care, but not for general anesthesia, surgery, HIV testing, blood transfusion, or abortion.

Parents' Rights

2010 Ariz. Sess. Laws 307 contains provisions specifying that parents have certain rights with respect to health care for their minor children and the medical records pertaining to that care.

Sexual Assault Care

Ariz. Rev. Stat. § 13-1413 provides that a minor age 12 or older may consent for hospital, medical, and surgical examination, diagnosis, and care in connection with a sexual assault when it is not possible to contact the parents or legal guardian within the short time span in which the sexual assault exam should be conducted. Parental or guardian consent is not necessary and the parents or guardian are not liable for payment for services rendered without his or her consent.

Surgical Procedures

Ariz. Rev. Stat. § 36-2271 provides that the written consent of a parent or legal guardian is required for surgery to be performed on a minor unless an emergency exists or a parent or legal guardian cannot be contacted after reasonably diligent effort. This section would not apply to surgical procedures performed on emancipated minors. *See Emancipated Minor.*

Good Faith Reliance

Ariz. Rev. Stat. § 44-132 provides that a health care provider may rely on the consent of a minor who has authority or apparent authority to consent for his or her own healthcare; in such a case, the health care provider is not liable for failing to obtain consent of the minor's parent or legal guardian.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/arizona/>.

Overview of Arkansas Laws

The age of majority in Arkansas is 18. However, Arkansas law authorizes minors to consent for health care in numerous situations. Emancipated minors, married minors, and incarcerated minors are generally allowed to consent for their own health care. Minor parents may consent for care for their children. Also minors of sufficient intelligence to appreciate the consequences of proposed treatment may consent, which would apply to minors who have a status not covered by other explicit statutes. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal and maternity care. They are also allowed to consent for STD care. For other services, such as care for reportable disease, HIV/AIDS, drug and alcohol problems, and mental health services, minors may consent if they have sufficient intelligence to appreciate the consequences. Parental consent is required for a minor's abortion but the statute provides for a judicial bypass and exceptions for medical emergencies, incest, and sexual abuse. Health care professionals are allowed but not required to inform parents concerning care related to a sexually transmitted disease.

Checklist of Arkansas Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ark. Code Ann. § 9-25-101
Emancipated Minor	✓	✓	Ark. Code Ann. §§ 9-26-104, 20-9-602(6)
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	Ark. Code Ann. § 20-9-602(3)
Pregnant Minor	✓	✓	Ark. Code Ann. § 20-9-602(4)
Minor Parent	✓	✓	Ark. Code Ann. § 20-9-602(2) Authorizes consent for child. For minor parent’s consent for own care, see General Medical Care
Type of Care			
Emergency Care	✓	✓	Ark. Code Ann. §§ 20-9-603, 20-9-604
General Medical Care	✓	✓	Ark. Code Ann. § 20-9-602(7)
Family Planning & Contraceptive Care	✓	✓	Ark. Code Ann. § 20-16-304
Pregnancy Related Care	✓	✓	Ark. Code Ann. § 20-9-602(4)
Abortion	✓		Ark. Code Ann. §§ 20-16-801 through 20-16-810 Parental consent required; statute includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Ark. Code Ann. § 20-16-508
Reportable Disease Care		✓	See General Medical Care
HIV/AIDS Care		✓	See General Medical Care
Drug/Alcohol Care		✓	See General Medical Care
Outpatient Mental Health Services		✓	See General Medical Care
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ark. Code Ann. § 20-16-508(b)
Other			
Incarcerated Minor	✓	✓	Ark. Code Ann. § 20-9-602(12)

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/arkansas/>.

Summary of Arkansas Laws⁴

Minor Status

Age of Majority	<i>Ark. Code Ann. § 9-25-101</i> provides that the age of majority is 18.
Emancipated Minor	<i>Ark. Code Ann. § 20-9-602(6)</i> provides that any emancipated minor may consent for surgical or medical treatment or procedures for himself or herself. For the power of courts to grant emancipation of minors, <i>see Ark. Code Ann. § 9-26-104</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. <i>See General Medical Care</i> . For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Ark. Code Ann. § 20-9-602(3)</i> provides that any married minor may consent for medical and surgical care for himself or herself.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . <i>Ark. Code Ann. § 20-9-602(4)</i> provides that any female, regardless of age or marital status, may consent for medical or surgical care for herself in connection with pregnancy or childbirth, except for “the unnatural interruption of pregnancy.” <i>See General Medical Care and Abortion</i> .
Minor Parent	<i>Ark. Code Ann. § 20-9-602(2)</i> provides that any minor parent may consent for medical and surgical care for his or her biologic, adopted, step, or foster child, however, the father of an illegitimate child cannot consent for the child solely on the basis of parenthood. Regarding the right of a minor parent to consent for care for himself or herself, <i>see General Medical Care</i> .

Type of Care

Emergency Care	<i>Ark. Code Ann. § 20-9-603</i> provides that consent for surgical or medical treatment will be implied where an emergency exists and there is no one immediately available who is authorized to consent or where an emergency exists and there has been a protest or refusal of consent by an authorized person, no other person with authority to consent is immediately available, and there has been a material and morbid change in the condition of the affected person. An emergency is a situation in which surgical or medical treatment is immediately or imminently necessary and any delay to obtain consent might reasonably be expected to jeopardize the life, health, or safety of the person affected or result in disfigurement or impaired faculties. <i>Ark. Code Ann. § 20-9-604</i> provides that a court may give consent for surgical or medical treatment where an emergency exists if specific criteria are met.
General Medical Care	<i>Ark. Code Ann. § 20-9-602(7)</i> provides that any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures may consent for any medical or surgical care for himself or herself. For provisions that specify care to which a minor may <i>not</i> consent <i>see Pregnancy Related Care and Abortion</i> . For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	<i>Ark. Code Ann. § 20-16-304</i> provides that all contraceptive procedures, supplies, and information shall be available to each and every person who desires them regardless of sex, race, age, income, number of children, marital status, citizenship, or motive. <i>See General Medical Care and Pregnancy Related Care</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	<i>Ark. Code Ann. § 20-9-602(4)</i> provides that any female, regardless of age or marital status, may consent for medical or surgical care for herself in connection with pregnancy or childbirth, except for “the unnatural interruption of pregnancy.” <i>See Abortion.</i>
Abortion	<i>Ark. Code Ann. §§ 20-16-801 through 20-16-810</i> provide that written consent of a minor’s parents or guardian is required before an abortion may be performed upon an unemancipated minor under age 18. <i>Ark. Code Ann. § 20-16-803</i> provides that an unemancipated minor must have written consent from her parent or guardian before she undergoes an abortion; the consent must be notarized if the consent form is not signed at the abortion office. The law contains a judicial bypass and exceptions for medical emergencies, incest and sexual abuse. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i>
STD/VD Care	<i>Ark. Code Ann. § 20-16-508</i> provides that a minor who has or believes that he or she has a sexually transmitted disease may give consent for medical or surgical care and the consent of a parent or guardian is not necessary. <i>See Confidentiality & Disclosure</i> regarding the discretionary authority of the medical provider or facility to disclose information.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable disease. <i>See General Medical Care.</i>
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for diagnosis or treatment of HIV or AIDS on the basis that HIV is a sexually transmitted disease, <i>see Introduction. See General Medical Care and STD/VD Care.</i>
Drug/Alcohol Care	No specific legal provision was found expressly authorizing minors to consent for care for drug or alcohol problems. <i>See General Medical Care.</i>
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. <i>See General Medical Care.</i>

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Ark. Code Ann. § 20-16-508(b)</i> provides that with respect to medical or surgical care for sexually transmitted disease, a physician or member of the medical staff may, but is not obligated to, inform the spouse, parent, or guardian of any minor as to the treatment given or needed. This information may be given or withheld without the consent and over the express objection of the minor.
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Other

Incarcerated Minor	<i>Ark. Code Ann. § 20-9-602(12)</i> provides that any minor who is incarcerated by the Department of Correction or the Department of Community Punishment may give consent for medical or surgical treatment.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/arkansas/>.

Overview of California Laws

The age of majority in California is 18. However, California law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors age 15 or older who are living apart from their parents and managing their own financial affairs, and married minors are generally allowed to consent for their own health care. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal and maternity care, and abortion. A law requiring parental consent for abortion was declared unconstitutional as violating the right of privacy in the California Constitution. Minors age 12 or older are allowed to consent for diagnosis and treatment of STDs and reportable communicable diseases, as well as for diagnosis and treatment of drug and alcohol problems, and for outpatient mental health treatment or counseling (under specified circumstances). Minors are also allowed to consent for medical care and collection of evidence related to rape (age 12) or sexual assault (any age). California has provisions allowing a parent or guardian to authorize a care provider to give consent and allowing a minor age 16 or older whose parent or guardian is unavailable to seek consent from a court. California relieves parents of financial responsibility for care in most situations when a minor has given consent. Most authority with respect to access to medical records and control over disclosure of medical records is given to minors who have consented for their own health care. Some of the laws allowing minors to consent for care also require some effort to involve parents, or allow the health care professional to disclose information to parents.

Checklist of California Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Cal. Fam. Code § 6500
Emancipated Minor	✓	✓	Cal. Fam. Code §§ 7000 – 7143, 7050
Minor Living Apart	✓	✓	Cal. Fam. Code § 6922
Married Minor		✓	Cal. Fam. Code § 7002 See Emancipated Minor
Pregnant Minor	✓	✓	Cal. Fam. Code § 6925
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	Cal. Bus. & Prof. Code § 2397
General Medical Care			See Emancipated Minor, Minor Living Apart, and Married Minor
Family Planning & Contraceptive Care	✓	✓	Cal. Fam. Code § 6925
Pregnancy Related Care	✓	✓	Cal. Fam. Code § 6925
Abortion	✓	✓	Cal. Fam. Code § 6925 Cal. Health & Safety Code § 123450 American Academy of Pediatrics v. Lungren, 16 Cal. 4 th 307 (1997)
STD/VD Care	✓	✓	Cal. Code Regs. Title 17, § 5151 Cal. Fam. Code § 6926
Reportable Disease Care	✓	✓	Cal. Code Regs. Title 17, § 2500 Cal. Fam. Code § 6926
HIV/AIDS Care	✓	✓	Cal. Code Regs. Title 17, § 2500 Cal. Health & Safety Code §§ 120990, 121020
Drug/Alcohol Care	✓	✓	Cal. Fam. Code § 6929
Outpatient Mental Health Services	✓	✓	Cal. Fam. Code § 6924
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Cal. Fam. Code §§ 6922, 6924, 6928, 6929 Cal. Health & Safety Code §§ 120990, 121010, 121020
Medical Information	✓		Cal. Civ. Code §§ 56.10, 56.11
Medical Records	✓		Cal. Health & Safety Code §§ 123110, 123115
Other			
Sexual Assault Care	✓	✓	Cal. Fam. Code §§ 6927, 6928
Authorization of Care Provider	✓		Cal. Fam. Code § 6910
Consent by Court	✓		Cal. Fam. Code § 6911
Financial Responsibility	✓		Cal. Fam. Code §§ 6922, 6924, 6926, 6929 Cal. Welf. & Inst. Code § 14010

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/california/>.

Summary of California Laws^{4,5}

Minor Status

Age of Majority	<i>Cal. Fam. Code § 6500</i> provides that the age of majority is 18.
Emancipated Minor	<i>Cal. Fam. Code § 7050</i> provides that an emancipated minor may consent for medical, dental, or psychiatric care, without parental consent, knowledge, or liability. For the criteria for emancipation of minors and the procedures for obtaining a court declaration of emancipation, see <i>Cal. Fam. Code §§ 7000-7143</i> .
Minor Living Apart	<i>Cal. Fam. Code § 6922</i> provides that a minor may consent for his or her own medical or dental care if the minor is age 15 or older; the minor is living separate and apart from his or her parents or guardian with or without their consent and regardless of how long the minor has been living apart; and the minor is managing his or her own financial affairs, regardless of the source of income. For a definition of “parent or guardian,” see <i>Cal. Fam. Code § 6903</i> . See <i>Confidentiality & Disclosure</i> regarding the discretionary authority of the health care professional to disclose information. See <i>Financial Responsibility</i> .
Married Minor	No specific provision was found expressly authorizing married minors to consent for health care, but according to <i>Cal. Fam. Code § 7002</i> , a minor who has married is emancipated and <i>Cal. Fam. Code § 7050</i> provides that an emancipated minor may consent for care. For provisions stating that a minor may marry only with permission of a parent or a court order, see <i>Cal. Fam. Code §§ 301, 302</i> . See <i>Emancipated Minor</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing an unemancipated pregnant minor to consent for health care generally. <i>Cal. Fam. Code § 6925</i> provides that an unemancipated minor may consent to medical care related to the prevention or treatment of pregnancy. This section does not authorize sterilization of a minor without parental consent or abortion without either parental consent or court order. However, the requirement of parental consent for abortion has been declared unconstitutional. See <i>Abortion, Confidentiality & Disclosure</i> , and <i>Financial Responsibility</i> .
Minor Parent	No specific legal provision was found expressly authorizing an unemancipated minor who is a parent to consent for health care for herself, himself, or her or his child. For discussion of the authority of a minor parent to consent for care in the absence of a statute, see <i>Introduction</i> .

Type of Care

Emergency Care	<i>Cal. Bus. & Prof. Code § 2397</i> provides that a physician or other licensed health care professional is not liable for failing to obtain informed consent if the procedure was performed on a person legally incapable of giving consent and the physician reasonably believed that a medical procedure should be undertaken immediately and that there was insufficient time to obtain the informed consent of a person authorized to give such consent for the patient. An emergency is defined as a situation requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of severe medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death.
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in California, see the website of Teen Health Rights, a project of the National Center for Youth Law, at www.teenhealthrights.org, and additional resources on the website of the Adolescent Health Working Group, a San Francisco coalition, at <http://ahwg.net>.

Type of Care

General Medical Care	No specific legal provision was found expressly authorizing unemancipated minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . For provisions authorizing certain minors to consent for general medical care, <i>see Emancipated Minor, Minor Living Apart, and Married Minor</i> .
Family Planning & Contraceptive Care	<i>Cal. Fam. Code</i> § 6925 provides that a minor may consent for medical care related to the prevention of pregnancy. <i>See Pregnancy Related Care and Confidentiality & Disclosure</i> .
Pregnancy Related Care	<i>Cal. Fam. Code</i> § 6925 provides that a minor may consent for medical care related to the prevention or treatment of pregnancy. This section does not authorize sterilization of a minor without parental consent or abortion without either parental consent or court order. <i>See Abortion, Confidentiality & Disclosure, and Financial Responsibility</i> .
Abortion	<p><i>Cal. Fam. Code</i> § 6925 provides that a minor is not authorized to consent for an abortion without parental consent or a court order pursuant to <i>Cal. Health & Safety Code</i> § 123450. <i>See Confidentiality & Disclosure and Financial Responsibility</i>.</p> <p><i>Cal. Health & Safety Code</i> § 123450 provides that an unemancipated minor may only obtain an abortion with her written consent and the written consent of a parent or legal guardian. The law includes a judicial bypass and an emergency exception. In <i>American Academy of Pediatrics v. Lungren</i>, 16 Cal. 4th 307 (1997), the California Supreme Court held that the statute is unconstitutional because it violates a minor's right of privacy under the California Constitution. The statute is not being enforced and minors are allowed to consent for their own abortions in California. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i>.</p> <p><i>Cal. Health & Safety Code</i> § 123450 provides that a medical emergency requiring an abortion requires neither the parent's consent nor the minor's consent.</p>
STD/VD Care	<i>Cal. Fam. Code</i> § 6926 provides that a minor age 12 or older may consent for medical care for the diagnosis or treatment of a sexually transmitted disease that is a reportable infectious, contagious, communicable disease or for the diagnosis or treatment of a sexually transmitted disease that is not reportable, as determined by the Department of Health Services. A list of non-reportable sexually transmitted diseases for which minors may consent for diagnosis or treatment is contained in <i>Cal. Code Regs. Title 17</i> § 5151. <i>See Reportable Disease, Confidentiality & Disclosure, and Financial Responsibility</i> .
Reportable Disease Care	<i>Cal. Fam. Code</i> § 6926 provides that a minor who is age 12 or older and who may have come into contact with an infectious, contagious, or communicable disease may consent for medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required to be reported to the local health officer as determined by the State Director of Health Services. A list of reportable diseases is contained in <i>Cal. Code Regs. Title 17, § 2500</i> . <i>See STD/VD Care, Confidentiality & Disclosure, and Financial Responsibility</i> .
HIV/AIDS Care	<p><i>Cal. Health & Safety Code</i> § 120990 provides that written informed consent is generally required for an HIV test and also states certain exceptions to the requirement. <i>See Confidentiality & Disclosure</i> regarding disclosure of HIV test results.</p> <p><i>Cal. Health and Safety Code</i> § 121020 provides that a minor is not competent to give consent for an HIV test if he or she is under age 12. When the subject of an HIV test is not competent to give consent for the test, written consent for the test may be obtained from the subject's parents, guardians, conservators, or other person legally authorized to make health care decisions for the subject. If the minor is a dependent of the court, written consent for an HIV test may be obtained from the court. Written consent shall only be obtained from someone other than the minor when it is necessary to render appropriate care or to practice preventive measures. <i>See Confidentiality & Disclosure and Financial Responsibility</i>. <i>Cal. Code Regs. Title 17, § 2500</i> lists AIDS as a reportable and communicable disease. <i>See Reportable Disease Care</i>.</p>

Type of Care

Drug/Alcohol Care

Cal. Fam. Code § 6929 provides that a minor age 12 or older may consent for medical care and counseling related to diagnosis and treatment of drug or alcohol related problems. This section does not authorize methadone treatment without parental consent. § 6929 also provides that it does not restrict or eliminate the right of a parent to seek medical care or counseling for a drug or alcohol related problem of a minor when the minor does not consent. See *Confidentiality & Disclosure* regarding inclusion of the minor's parent or guardian in treatment and disclosure of information. See *Financial Responsibility*.

Outpatient Mental Health Services

Cal. Fam. Code § 6924 provides that a minor age 12 or older may consent for outpatient mental health treatment or counseling if the minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient mental health treatment or counseling and the minor either would present a danger of serious physical or mental harm to self or others without the mental health treatment or counseling or is the alleged victim of incest or child abuse. This section does not authorize a minor to receive convulsive therapy, psychosurgery, or psychotropic drugs without the consent of the minor's parent or guardian. See *Confidentiality & Disclosure* regarding parental involvement and access to medical records. See *Financial Responsibility*.

Confidentiality & Disclosure⁶

Disclosure to Parents

Cal. Fam. Code § 6922 provides that when a minor who is 15 years of age or older and is living apart from his or her parents has consented for care, the physician, surgeon, or dentist may inform the parents of the minor of the treatment given or needed, without the consent of the minor, if the physician, surgeon, or dentist knows the whereabouts of the minor's parents on the basis of information given by the minor.

Cal. Health & Safety Code § 121010 specifies that HIV test results may be discussed without authorization of the subject of the test to certain individuals, including the person who consented for the test pursuant to *Cal. Health & Safety Code §§ 120990 and 121020*. See *HIV/AIDS Care*.

Cal. Fam. Code § 6929 provides that when a minor consents for medical care or counseling relating to the diagnosis or treatment of a drug or alcohol related problem, the treatment plan shall include the minor's parent or guardian, if appropriate, as determined by the treating professional or treatment facility. The treating professional shall state in the treatment record whether and when contact with the parent or guardian was attempted and, if so, whether it was successful, or why it was inappropriate to contact the parent or guardian. When a parent or legal guardian seeks out and consents for medical care or counseling for a drug or alcohol related problem of a minor child, the physician shall disclose medical information concerning such care to the minor's parent or guardian upon their request even if the minor does not consent to disclosure. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, see *Introduction*.

Cal. Fam. Code § 6924 provides that when a minor consents for outpatient mental health treatment or counseling, the treatment or counseling must include the involvement of the minor's parent or guardian, unless in the opinion of the treating professional, it would be inappropriate and this is documented in the record.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/california/>.

Confidentiality & Disclosure⁷

Disclosure to Parents

Cal. Fam. Code § 6928 provides that when a minor has consented for medical care related to the diagnosis or treatment of an alleged sexual assault, the treating professional shall attempt to contact the minor's parent or guardian and shall note in the treatment record whether the attempt was successful, unless the treating professional reasonably believes that the parent or guardian committed the sexual assault.

Medical Information

Cal. Civ. Code § 56.10 provides that a health care provider generally may not disclose medical information regarding a patient without the written authorization of the patient or the patient's legal representative. (Several exceptions to this rule are included in the statute.)

Cal. Civ. Code § 56.11 provides that a minor may authorize disclosure of medical information obtained in the course of furnishing services for which the minor could lawfully consent. The legal representative (e.g. parent or guardian) may not provide authorization for disclosure of medical information obtained in the course of providing services for which the minor could lawfully consent. See *Emancipated Minor, Minor Living Apart, Family Planning & Contraceptive Care, Pregnancy Related Care, Abortion, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care*.

Medical Records

Cal. Health & Safety Code § 123110 provides that any minor patient who is authorized to consent for medical treatment is entitled to inspect his or her records pertaining to the care for which he or she is authorized to consent. See *Emancipated Minor, Minor Living Apart, Family Planning & Contraceptive Care, Pregnancy Related Care, Abortion, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care*.

Cal. Health & Safety Code § 123115 provides that when a health care provider determines that there is a substantial risk of significant adverse or detrimental consequences to a patient in seeing or receiving a copy of mental health records, the provider may decline to permit inspection or provide copies.

Cal. Health & Safety Code § 123115 also provides that the representative (e.g. parent or guardian) of a minor is not entitled, without the consent of the minor, to inspect or obtain copies of a minor patient's records for which the minor has a right of inspection under *Cal. Health & Safety Code § 123110* or when the health care provider determines that access to the records would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being. See *Emancipated Minor, Minor Living Apart, Family Planning & Contraceptive Care, Pregnancy Related Care, Abortion, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care*.

Other

Sexual Assault Care

Cal. Fam. Code § 6927 provides that a minor age 12 or older who may have been raped may consent for medical care and collection of medical evidence related to diagnosis or treatment for rape. See *Confidentiality & Disclosure*.

Cal. Fam. Code § 6928 provides that a minor who is alleged to have been sexually assaulted may consent for medical care and collection of medical evidence related to the sexual assault. See *Confidentiality & Disclosure* regarding contact with the minor's parents.

⁷ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/california/>.

Other

Authorization of Care Provider	A parent or guardian may authorize a care provider to consent for health care for a minor, <i>Cal. Fam. Code § 6910</i> .
Court Grant of Consent	Upon application by a minor, the court may summarily grant consent for medical care or dental care or both for the minor if the minor is at least 16 years of age and has no parent or guardian available to give the consent, <i>Cal. Fam. Code § 6911</i> .
Financial Responsibility	<p><i>Cal. Welf. & Inst. Code § 14010</i> provides that the parents of a person under age 21 are not financially responsible for health care or related services to which the person may consent under any express provision of law. If the individual is legally emancipated and under age 21 and living in the home of the parents, the parents are financially responsible. See <i>Emancipated Minor, Minor Living Apart, Family Planning & Contraceptive Care, Pregnancy Related Care, Abortion, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care</i>.</p> <p><i>Cal. Fam. Code §§ 6922 and 6926</i> provide that the parents or guardian of a minor who is 15 years of age or older who is living apart from them and who has consented for his or her own medical or dental care or of a minor who is 12 years of age or older who has consented for and received care for a reportable infectious, contagious, or communicable disease or for a sexually transmitted disease are not financially responsible for the care.</p> <p><i>Cal. Fam. Code §§ 6924 and 6929</i> provide that the parent or guardian of a minor who has consented for and received care or counseling related to the diagnosis or treatment of a drug or alcohol related problem or of a minor who has consented for and received outpatient mental health treatment or counseling is not financially responsible for the care, unless the parent or guardian participates in the counseling, and then only for services rendered with the participation of the parent or guardian.</p>

Overview of Colorado Laws

The age of majority in Colorado is 18. However, Colorado law authorizes minors to consent for health care in numerous situations. Minors age 15 or older who are living apart from their parents and managing their own financial affairs and married minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for care for their children. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal, and maternity care. Notice to a parent or other relative with whom a minor resides is required for abortion, but the statute includes a judicial bypass and exceptions for medical emergencies and for reported cases of abuse and neglect. Minors are allowed to consent for diagnosis and treatment of STDs, HIV/AIDS, drug and alcohol problems, mental health services, and sexual assault. Minors are also allowed to consent for organ or tissue donation for themselves under specified circumstances or by their child. Colorado law contains varied provisions related to access to medical records and disclosure of information to parents when minors are allowed to consent for their own care, with some of these provisions allowing the health care professionals discretion to disclose, but not (apart from the abortion provisions) requiring disclosure. Colorado relieves parents of financial responsibility for care when minors are living apart from them or are married and have given their own consent, allows (in certain circumstances) physicians to rely in good faith on the representations of minors that they are allowed to consent, and provides immunity to physicians who care for minors for STDs or sexual assault based on their own consent.

Checklist of Colorado Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Colo. Rev. Stat. § 13-22-101
Emancipated Minor	✓		Colo. Rev. Stat. § 19-1-103 See Minor Living Apart and Married Minor
Minor Living Apart	✓	✓	Colo. Rev. Stat. § 13-22-103
Married Minor	✓	✓	Colo. Rev. Stat. § 13-22-103
Pregnant Minor	✓	✓	Colo. Rev. Stat. §§ 13-22-103.5, 13-22-105
Minor Parent	✓	✓	Colo. Rev. Stat. § 13-22-103 Authorizes consent for minor’s child; for minor parent’s own care, see Introduction
Type of Care			
Emergency Care			See Introduction, Minor Living Apart, and Married Minor
General Medical Care			See Minor Living Apart and Married Minor
Family Planning & Contraceptive Care	✓	✓	Colo. Rev. Stat. §§ 13-22-105, 25-6-102
Pregnancy Related Care	✓	✓	Colo. Rev. Stat. §§ 13-22-103.5, 13-22-105
Abortion	✓		Colo. Rev. Stat. §§ 12-37.5-101 through 12-37.5-108, 18-6-1-2, 18-6-101 Foe v. Vanderhoof, 389 F. Supp. 947 (D. Colo. 1975) Planned Parenthood v. Owen, 287 F.3d 910 (10 th Cir. 2002) Notice required to parent or other relative with whom minor is living; statute includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Colo. Rev. Stat. § 25-4-402
Reportable Disease Care			See STD/VD and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Colo. Rev. Stat. § 25-4-1405(6)
Drug/Alcohol Care	✓	✓	Colo. Rev. Stat. § 13-22-102
Outpatient Mental Health Services	✓	✓	Colo. Rev. Stat. §§ 13-20-403, 27-10-103
Confidentiality & Disclosure³			
Medical Records	✓		Colo. Rev. Stat. §§ 13-22-102, 25-1-402, 25-1-801, 25-1-802
Disclosure to Parents	✓		Colo. Rev. Stat. §§ 13-22-102, 13-22-106, 25-4-402, 25-4-1405, 27-10-103
Other			
Sexual Assault Care	✓	✓	Colo. Rev. Stat. § 13-22-106
Organ or Tissue Donation	✓	✓	Colo. Rev. Stat. § 13-22-103
Good Faith Reliance	✓		Colo. Rev. Stat. § 13-22-103
Financial Responsibility	✓		Colo. Rev. Stat. § 13-22-103
Physician Immunity	✓		Colo. Rev. Stat. §§ 13-22-106, 25-4-402
Parental Right	✓		Colo. Rev. Stat. § 13-22-107

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “x” or a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/colorado/>.

Summary of Colorado Laws⁴

Minor Status

Age of Majority	<i>Colo. Rev. Stat. § 13-22-101</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For provisions of Colorado law defining emancipated minor for the purposes of juvenile delinquency proceedings under the Children's Code, <i>see Colo. Rev. Stat. § 19-1-103</i> . <i>See Minor Living Apart and Married Minor</i> .
Minor Living Apart	<i>Colo. Rev. Stat. § 13-22-103</i> provides that any minor age 15 or older who is living separate and apart from his or her parents or legal guardian, and is managing his or her own financial affairs, regardless of the source of income, may consent for hospital, medical, dental, emergency health, and surgical care and parental consent is not necessary. When such consent is given, the minor shall have the same rights, powers, and obligations as if he or she had reached the age of majority. Exceptions to this general rule, as described in <i>Colo. Rev. Stat. § 13-22-103</i> , include juvenile delinquents who are incarcerated or in detention (<i>see § 18-1.3-407(4.5)</i>) and certain procedures (i.e. sterilization, abortion, and at-death organ donation). <i>See Good Faith Reliance, Financial Responsibility, and Organ or Tissue Donation</i> .
Married Minor	<i>Colo. Rev. Stat. § 13-22-103</i> provides that any married or divorced minor may consent for hospital, medical, dental, emergency health, and surgical care and parental consent is not necessary. <i>See Family Planning & Contraceptive Services</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Colo. Rev. Stat. § 13-22-103.5</i> provides that, notwithstanding other provisions, a pregnant minor may consent to her own prenatal, delivery, and post-delivery medical care related to the live birth of a child. <i>Colo. Rev. Stat. § 13-22-105</i> provides that a physician may provide birth control procedures, supplies, and information to any minor who is pregnant. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . <i>See Abortion</i> .
Minor Parent	<i>Colo. Rev. Stat. § 13-22-103</i> provides that any minor parent may consent for hospital, medical, dental, emergency health, and surgical care for his or her child. For discussion of minor parents' ability to consent for their own care, <i>see Introduction</i> . <i>See Family Planning & Contraceptive Services</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> . <i>See Minor Living Apart and Married Minor</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . For provisions authorizing certain minors to consent for general medical care, <i>see Minor Living Apart and Married Minor</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Family Planning & Contraceptive Care

Colo. Rev. Stat. § 13-22-105 provides that a physician may provide birth control procedures, supplies, and information to any minor who is pregnant, a parent, or is married, or who has the consent of his or her parent or legal guardian, or who has been referred for such services, or who requests and is in need of birth control procedures, supplies, or information. *Colo. Rev. Stat. § 25-6-102* also provides that all medically acceptable contraceptive procedures, supplies, and information must be readily accessible to each person regardless of sex, race, age, income, number of children, marital status, citizenship, or motive. *Colo. Rev. Stat. §§ 13-22-103* and *25-6-102* exclude sterilization from the procedures to which an unemancipated minor may consent. See *Abortion* for additional exclusion.

Pregnancy Related Care

Colo. Rev. Stat. § 13-22-103.5 provides that, notwithstanding other provisions, a pregnant minor may consent to her own prenatal, delivery, and post-delivery medical care related to the live birth of a child. *Colo. Rev. Stat. § 13-22-105* provides that a physician may provide birth control procedures, supplies, and information to any minor who is pregnant. See *Pregnant Minor, Family Planning & Contraceptive Care*, and *Abortion*.

Abortion

Colo. Rev. Stat. §§ 12-37.5-101 through 12-37.5-108 provide that an abortion may only be performed on an unemancipated minor under age 18 after written notice to a parent. *C.R.S. 12-37.5-104* provides: Notwithstanding the provisions of subsection (1) of this section, if the minor is residing with a relative of the minor and not a parent, the written notice of the pending abortion shall be provided to either the relative of the minor or a parent. The law includes a judicial bypass and an exception for medical emergencies and for reported cases of child abuse or neglect. *Colo. Rev. Stat. 12-37.5-105* also provides for a medical emergency exception. (Note: In *Planned Parenthood v. Owen*, 287 F.3d 910 (10th Cir. 2002), the Colorado Parental Notification Act was held unconstitutional because at the time it lacked a provision allowing a minor to obtain an abortion without parental notification or a waiting period in a medical emergency to protect the health of the minor. *Colo. Rev. Stat. §§ 18-6-101 and 18-6-1-2* (which predated the Colorado Parental Notification Act) would have required the consent of a parent or guardian for an abortion to be performed on a woman under age 18. This provision was held unconstitutional in *Foe v. Vanderhoof*, 389 F. Supp. 947 (D. Colo. 1975)). For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

STD/VD Care

Colo. Rev. Stat. § 25-4-402 provides that any physician, with the consent of a minor, may prescribe for, and treat the minor for venereal disease without the consent or notification of the minor’s parent. See *Confidentiality & Disclosure*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See *STD/VD Care* and *HIV/AIDS Care*.

HIV/AIDS Care

Colo. Rev. Stat. § 25-4-1405(6) provides that any qualified medical facility or practitioner may examine and provide treatment for HIV infection for any minor. The consent of the parent or guardian is not a prerequisite to such examination and treatment. See *Confidentiality & Disclosure* regarding the limitations on disclosure and the discretionary authority of a physician to disclose information.

Drug/Alcohol Care

Colo. Rev. Stat. § 13-22-102 provides that notwithstanding any other provision of law, a minor may consent for examination, prescription, and treatment for addiction to or use of drugs without the consent of or notification to his or her parents or guardian. See *Confidentiality & Disclosure*.

Outpatient Mental Health Services

Colo. Rev. Stat. § 27-10-103 provides that notwithstanding any other provision of law, a minor who is age 15 or older may consent for mental health services. For limitations on the use of electroconvulsive treatment on minors, see *Colo. Rev. Stat. § 13-20-403*. See *Confidentiality & Disclosure* regarding the discretionary authority of the professional person to disclose information.

Confidentiality & Disclosure⁵

Medical Records

Colo. Rev. Stat. §§ 25-1-801 and 25-1-802 provide that medical records in the custody of a health facility or health care provider are subject to inspection by the patient or patient's designated representative. This section does not require a person responsible for the diagnosis or treatment of minors for venereal diseases pursuant to *Colo. Rev. Stat. § 25-1-402* or for addiction to or use of drugs pursuant to *Colo. Rev. Stat. § 13-22-102* to release patient records of such diagnosis or treatment to a parent, guardian, or person other than the minor or his designated representative. See *STD/VD Care, Drug/Alcohol Care, and Disclosure to Parents*.

Disclosure to Parents

Colo. Rev. Stat. § 25-4-402 provides that a physician is not required to notify the parent or guardian of any diagnosis, prescription, or treatment for a minor for venereal disease. See *STD/VD Care and Medical Records*.

Colo. Rev. Stat. § 25-4-1405 provides that information about consultation, examination, or treatment provided to a minor for HIV is confidential and may not be disclosed without the consent of the minor except for purposes of public health reporting or child abuse reporting as required by law. However, if the minor is under age 16 and not emancipated, the physician or facility may, but is not required to, inform the parents or guardian of any consultation, examination, or treatment for HIV infection provided to the minor. This section also provides that the physician or other health care provider must counsel the minor regarding the benefits of informing the minor's parents or guardian of the minor's health situation. See *HIV/AIDS Care*.

Colo. Rev. Stat. § 13-22-102 provides that a physician is not required to notify the parent or guardian of any examination or treatment of a minor for addiction to or use of drugs. See *Drug/Alcohol Care and Medical Records*.

Colo. Rev. Stat. § 27-10-103 provides that a professional person providing mental health services to a minor age 15 or older who has given his or her own consent for the services may, with or without the minor's consent, advise the parent or legal guardian of the services given or needed. See *Outpatient Mental Health Services*.

Colo. Rev. Stat. § 13-22-106 provides that prior to examining a minor for a sexual assault, the physician shall make a reasonable effort to notify the parent or guardian of the minor of such sexual assault. See *Sexual Assault Care*.

Other

Sexual Assault Care

Colo. Rev. Stat. § 13-22-106 provides that a minor who indicates that he or she has been the victim of a sexual assault may consent for the necessary examinations to obtain evidence of the sexual assault, and a licensed physician may prescribe for and treat the minor for any immediate condition caused by the sexual assault. If the parent or guardian of the minor objects to treatment, then the physician must make a child abuse report to the county department or local law enforcement agency as pursuant to *Colo. Rev. Stat. §§ 13-22-106 and 19-3-304*. See *Confidentiality & Disclosure* regarding parental notification.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/colorado/>.

Other

- Organ or Tissue Donation** *Colo. Rev. Stat. § 13-22-103* provides that any minor age 15 or older who is living separate and apart from his or her parents or legal guardian, with or without the consent of the parents or guardian and is managing his or her own financial affairs, regardless of the source of income, or any minor who is married, may consent for donation of his or her organs or tissues and the consent of the minor’s parent or guardian is not necessary. Any minor who is a parent may give consent for donation of organ or tissue of his or her child. When such consent is given, the minor shall have the same rights, powers, and obligations as if he or she had reached the age of majority.
- Good Faith Reliance** *Colo. Rev. Stat. § 13-22-103* provides that a health care professional who relies in good faith on the consent of a minor who is living apart from his or her parents or guardian or who is married is not liable to the parents or guardian for failure to obtain their consent for the care. *See Minor Living Apart and Married Minor.*
- Financial Responsibility** *Colo. Rev. Stat. § 13-22-103* provides that the parents or guardian of a minor who is living apart from them or who is married and has given consent for care are not financially responsible for the care unless they have agreed to be financially responsible. *See Minor Living Apart and Married Minor.*
- Physician Immunity** *Colo. Rev. Stat. § 13-22-106* provides that a physician treating a minor as a victim of sexual assault is not liable civilly or criminally based on the patient’s minority status.

Colo. Rev. Stat. § 25-4-402 provides that when a minor consents to an examination for an STD, there is no claim for physician liability available on the basis of minority status.
- Parental Right** *Colo. Rev. Stat. § 13-22-107* provides that parents have a fundamental right and responsibility to make decisions concerning the care, custody, and control of their children.

Overview of Connecticut Laws

The age of majority in Connecticut is 18. However, Connecticut law authorizes minors to consent for health care in numerous situations. Emancipated minors and married minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for care for their children. Although Connecticut does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Connecticut does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Prior to receiving an abortion, minors must receive counseling from a physician or counselor, unless a medical emergency exists. Minors are allowed to consent for STD examination and treatment, HIV/AIDS care, treatment and rehabilitation for drug and alcohol dependence, and outpatient mental health services. Connecticut relieves parents of financial responsibility for care in most situations when a minor has given consent. Disclosure to parents without the consent of the minor is limited in many of the situations in which minors may consent for their own care. Some of the laws allowing minors to consent for care also require some effort to involve parents. If a minor under age 12 receives treatment for venereal disease, the child welfare agency must be notified.

Checklist of Connecticut Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Conn. Gen. Stat. § 1-1d
Emancipated Minor	✓	✓	Conn. Gen. Stat. §§ 46b-150b, 46b-150d
Minor Living Apart			See Emancipated Minor
Married Minor	✓	✓	Conn. Gen. Stat. §§ 19a-285, 46b-30, 46b-150b, 46b-150d
Pregnant Minor			See Introduction
Minor Parent	✓	✓	Conn. Gen. Stat. § 19a-285 Authorizes consent for minor's child; for consent for minor parent's own care, see Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Emancipated Minor and Married Minor
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓	✓	Conn. Gen. Stat. §§ 19a-600, 19a-601, 19a-602
STD/VD Care	✓	✓	Conn. Gen. Stat. § 19a-216
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Conn. Gen. Stat. §§ 19a-582, 19a-592
Drug/Alcohol Care	✓	✓	Conn. Gen. Stat. § 17a-688
Outpatient Mental Health Services	✓	✓	Conn. Gen. Stat. § 19a-14c
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Conn. Gen. Stat. §§ 17a-688, 19a-14c, 19a-216, 19a-592, 46b-150d
Notification of Child Welfare Agencies	✓		Conn. Gen. Stat. § 19a-216
Other			
Blood Donation	✓	✓	Conn. Gen. Stat. § 19a-285a
Financial Responsibility	✓		Conn. Gen. Stat. §§ 17a-688, 19a-14c, 19a-216, 19a-285, 19a-592, 46b-150d

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/connecticut/>.

Summary of Connecticut Laws^{4, 5}

Minor Status

Age of Majority	<i>Conn. Gen. Stat. § 1-1d</i> provides that the age of majority is 18.
Emancipated Minor	<i>Conn. Gen. Stat. § 46b-150d</i> provides that an emancipated minor may consent for medical, dental, or psychiatric care, without parental consent, knowledge, or liability. <i>See Confidentiality & Disclosure and Financial Responsibility.</i> The criteria and procedures for issuing a court declaration of emancipation are set forth in <i>Conn. Gen. Stat. § 46b-150b</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. <i>See Emancipated Minor.</i>
Married Minor	<i>Conn. Gen. Stat. § 19a-285</i> provides that any minor who has been married may consent for medical, dental, health, and hospital services for his or her child. <i>See Financial Responsibility.</i> For marriage as a criterion for emancipation and emancipation as a basis for consenting for health care, <i>see Conn. Gen. Stat. §§ 46b-150b and 46b-150d.</i> For the criteria and procedures for a minor to marry, <i>see Conn. Gen. Stat. § 46b-30.</i>
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	<i>Conn. Gen. Stat. § 19a-285</i> provides that any minor who has borne a child may consent for medical, dental, health, and hospital services for his or her child. <i>See Financial Responsibility.</i>

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction.</i>
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor and Married Minor.</i>
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction.</i>
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in Connecticut, *see Center for Children's Advocacy. Adolescent Health Care: The Legal Rights of Teens, 3rd Ed. Hartford, CT: Center for Children's Advocacy, University of Connecticut School of Law, 2008.*

Type of Care

Abortion

Conn. Gen. Stat. § 19a-602 provides that the decision to terminate a pregnancy before viability of the fetus is the decision solely of the pregnant woman, in consultation with her physician. *Conn. Gen. Stat. § 19a-601* provides that prior to performing an abortion on a minor under age 16, a physician or counselor must provide pregnancy information and counseling in a way that the minor can understand it. The physician or counselor shall provide specific information and counseling as set forth in the statute including, but not limited to, information on the alternative choices for managing the pregnancy, an explanation concerning the public and private agencies available to assist the minor, and discussion of the possibility of involving the minor's parents, guardian, or other adult family members. The requirements for information and counseling do not apply when, in the best medical judgment of the physician, a medical emergency exists that so complicates the pregnancy or health, safety or well-being of the minor that an immediate abortion is necessary. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

Conn. Gen. Stat. § 19a-600 provides that for purposes of the abortion information and counseling statute a minor is a person who is under age 16. A counselor may be a licensed psychiatrist, psychologist, clinical social worker, marital and family therapist, physician's assistant, nurse-midwife, registered nurse, practical nurse, or a certified guidance counselor, or an ordained member of the clergy.

STD/VD Care

Conn. Gen. Stat. § 19a-216 provides that any specified health facility or licensed physician may examine and provide treatment for venereal disease for a minor without the consent of the parents or guardian. See *Confidentiality & Disclosure* regarding protection of the minor's confidentiality and disclosure of information. See *Financial Responsibility*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See *STD/VD Care* and *HIV/AIDS Care*.

HIV/AIDS Care

Conn. Gen. Stat. § 19a-582 provides that no person may order an HIV test without obtaining the informed consent of the subject of the test or of a person authorized to consent for health care for the individual. The consent of a parent or guardian is not a prerequisite to testing of a minor. At the time of communicating the test result, the person ordering the test shall provide counseling, or referrals for counseling, to work toward involving a minor's parents or guardian in the decision to seek treatment and in the ongoing provision of treatment.

Conn. Gen. Stat. § 19a-592 provides that a physician may examine and provide treatment for HIV or AIDS to a minor only with consent of the parents or guardian, unless the physician determines that notification will result in treatment being denied or the physician feels that the minor will not seek, pursue, or continue treatment if the parents or guardian are notified and the minor requests that his or her parents or guardian not be notified. If the physician determines that the parents or guardian will not be notified, the reasons for the determination must be documented in the record and signed by the minor. See *Confidentiality & Disclosure* regarding protection of confidentiality if parents are not notified.

Drug/Alcohol Care

Conn. Gen. Stat. § 17a-688 provides that a minor may give consent for treatment and rehabilitation for alcohol or drug dependence. See *Confidentiality & Disclosure* regarding protection of the minor's confidentiality. See *Financial Responsibility*.

Type of Care

Outpatient Mental Health Services

Conn. Gen. Stat. § 19a-14c provides that a licensed psychiatrist, psychologist, or marital and family therapist, or a certified independent social worker may provide outpatient mental health treatment to a minor without the consent or notification of a parent or guardian at the request of the minor if specified criteria are met and documented in the clinical record. The outpatient mental health treatment may be provided without the consent or notification of a parent or guardian if requiring parental or guardian consent or notification would cause the minor to reject such treatment; *and* the provision of such treatment is clinically indicated; *and* the failure to provide such treatment would be seriously detrimental to the minor's well-being; *and* the minor has knowingly and voluntarily sought such treatment; *and* in the opinion of the provider, the minor is mature enough to participate productively in the treatment. Outpatient mental health treatment means treatment of mental disorders, emotional problems or maladjustments, but does not include prescription medications. The treatment may only continue for six sessions without parental consent or notification, unless the requirement of parental consent or notification would be seriously detrimental to the minor's well-being and that is documented in the record. *See Confidentiality & Disclosure and Financial Responsibility.*

Confidentiality & Disclosure⁶

Disclosure to Parents

Conn. Gen. Stat. § 46b-150d provides that an emancipated minor may receive medical, dental, or psychiatric care, without parental knowledge. *See Emancipated Minor.*

Conn. Gen. Stat. § 19a-216 provides that any consultation, examination, and treatment for venereal disease that is provided to a minor without parental consent shall be confidential, including with respect to the sending of a bill to any person other than the minor. *See STD/VD Care.*

Conn. Gen. Stat. § 17a-688 provides that the fact that a minor sought or is receiving treatment or rehabilitation for alcohol or drug dependence for which the minor may give consent must not be reported or disclosed to the parents or guardian without the minor's consent. *See Drug/Alcohol Care.*

Conn. Gen. Stat. § 19a-592 provides that a physician must notify the parents or guardian of a minor who is seeking examination or treatment for HIV or AIDS for the purpose of obtaining consent for the examination or treatment unless the physician determines that notification will result in treatment being denied or the physician determines that the minor will not seek, pursue, or continue treatment if the parents or guardian are notified and the minor requests that his or her parents or guardian not be notified. If the physician determines that the parents or guardian will not be notified, the reasons for the determination must be documented in the record and signed by the minor. The fact of consultation, examination and treatment shall be confidential and not be divulged without the minor's consent, including the sending of a bill to any person other than the minor, until the physician consults with the minor regarding the sending of a bill. *See HIV/AIDS Care.*

Conn. Gen. Stat. § 19a-14c provides that after six sessions of outpatient mental health treatment have been provided to a minor based on his or her own consent, the consent, notification, or involvement of the parent or guardian is required, unless the requirement would be seriously detrimental to the minor's well-being and that is documented in the record. *See Outpatient Mental Health Treatment.*

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/connecticut/>.

Confidentiality & Disclosure⁷

Notification of Child Welfare Agencies *Conn. Gen. Stat. § 19a-216* provides that if a minor under age 12 receives treatment for venereal disease without parental consent, the facility or physician shall report the name, age, and address of the minor to the Commissioner of Children and Families. *See STD/VD Care.*

Other

Blood Donation *Conn. Gen. Stat. § 19a-285a* provides that a minor who is 17 years of age may donate blood to any voluntary blood donation program without consent from parent or guardian.

Financial Responsibility *Conn. Gen. Stat. § 46b-150d* provides that an emancipated minor may receive medical, dental, or psychiatric care, without a parent being financially responsible for the care. *See Emancipated Minor.*

Conn. Gen. Stat. §§ 19a-285, 19a-216, 19a-592, and 17a-688 provide that a minor who consents for medical, dental, health, and hospital services for his or her child, or for services for venereal disease, HIV or AIDS, or alcohol or drug dependence for himself or herself, is financially responsible for the services. *See Minor Parent, STD/VD Care, HIV/AIDS Care, and Drug/Alcohol Care.*

Conn. Gen. Stat. § 19a-14c provides that a parent or guardian who is not informed of the provision of outpatient mental health treatment for his or her minor child is not financially responsible for the treatment. *See Outpatient Mental Health Services.*

⁷ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/connecticut/>.

Overview of Delaware Laws

The age of majority in Delaware is 18. However, Delaware law authorizes minors to consent for health care in numerous situations. Married minors and pregnant minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for care for their children. Minors are allowed to consent for emergency care, pregnancy-related care, including family planning and contraception, prenatal, and maternity care. For minors under age 16 seeking abortions, prior notice must be given to one or both parents, a grandparent, a licensed mental health professional, or the legal guardian of the pregnant minor. The law includes a judicial bypass and a medical emergency exception. Minors age 12 or older are allowed to consent for diagnosis and treatment of STDs and communicable diseases, as well as for HIV testing, and for diagnosis and treatment of drug and alcohol problems. Delaware relieves parents of financial responsibility for care related to pregnancy or communicable disease. Delaware law limits disclosure of information related to STD care, but allows disclosure related to communicable disease.

Checklist of Delaware Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Del. Code Ann. tit. 1, § 701
Emancipated Minor	✓		In the Matter of S.L., A Minor Child v. A. and Sh. L., 735 A. 2d 433 (1999)
Minor Living Apart			See Introduction
Married Minor	✓	✓	Del. Code Ann. tit. 13, § 707
Pregnant Minor	✓	✓	Del. Code Ann. tit. 13, § 710
Minor Parent	✓	✓	Del. Code Ann. tit. 13, § 707 Authorizes minor parent to consent for child. For consent by minor parent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	Del. Code Ann. tit. 13, § 707
General Medical Care			See Married Minor and Pregnant Minor
Family Planning & Contraceptive Care	✓	✓	Del. Code Ann. tit. 13, § 710
Pregnancy Related Care	✓	✓	Del. Code Ann. tit. 13, § 710
Abortion	✓	✓	Del. Code Ann. tit. 24 §§ 1780 through 1789B, 1790 Delaware Women's Health Org. v. Wier, 441 F. Supp. 497, 499 n. 9 (1977); minors 16 and older may consent
STD/VD Care	✓	✓	Del. Code Ann. tit. 13, §§ 707, 710 Del. Code Ann. tit. 16, § 710
Reportable Disease Care	✓	✓	Del. Code Ann. tit. 13, § 710
HIV/AIDS Care	✓	✓	Del. Code Ann. tit. 16, § 1202
Drug/Alcohol Care	✓	✓	Del. Code Ann. tit. 16, § 2210
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Confidentiality Protection	✓		Del. Code Ann. tit. 16, §§ 1203, 1206A
Disclosure to Parents	✓		Del. Code Ann. tit. 13, §§ 707, 710 Del. Code Ann. tit. 16, § 710
Other			
Blood Donation	✓	✓	Del. Code Ann. tit. 13, § 709
Financial Responsibility	✓		Del. Code Ann. tit. 13, § 710
Validity of Consent or Refusal	✓		Del. Code Ann. tit. 13, §§ 707, 710 Del. Code Ann. tit. 16, § 1202

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/delaware/>.

Summary of Delaware Laws⁴

Minor Status

Age of Majority	<i>Del. Code Ann. tit. 1, § 701</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found authorizing emancipated minors to consent for health care. In <i>In the Matter of S.L., A Minor Child v. A. and Sh. L.</i> , 735 A. 2d 433 (1999), the court noted that Delaware statutes do not provide a procedure for emancipation of minors. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Del. Code Ann. tit. 13, § 707</i> provides that a married minor may consent for medical care or hospitalization for himself or herself that is provided by any licensed medical, surgical, dental, psychological or osteopathic practitioner or any nurse practitioner/clinical nurse specialist or any hospital or public clinic or their agents or employee.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Del. Code Ann. tit. 13, § 710</i> provides that a minor age 12 or older who professes to be pregnant may give written consent for any diagnostic, preventive, lawful therapeutic procedures, medical care and treatment, including X-rays, but not including abortion. <i>See Abortion, Validity of Consent or Refusal, Confidentiality & Disclosure, and Financial Responsibility</i> .
Minor Parent	<i>Del. Code Ann. tit. 13, § 707</i> provides that a minor parent may consent for medical care or hospitalization for his or her child provided by any licensed medical, surgical, dental, psychological, or osteopathic practitioner or any nurse practitioner/clinical nurse specialist or any hospital or public clinic or their agents or employees. For discussion of the ability of minor parents to consent for their own care, <i>see Introduction</i> .

Type of Care

Emergency Care	<i>Del. Code Ann. tit. 13, § 707</i> provides that a minor may consent for the examination and treatment of any laceration, fracture or other traumatic injury; or any symptom, disease, or pathology which may, in the judgment of the attending medical personnel, if untreated be reasonably expected to threaten the health or life of the minor. Reasonable efforts must have been made to obtain the consent of the parent or guardian.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Married Minor</i> and <i>Pregnant Minor</i> .
Family Planning & Contraceptive Care	<i>Del. Code Ann. tit. 13, § 710</i> provides that a minor age 12 or older who professes to be exposed to the chance of becoming pregnant may give written consent for any preventive procedures. <i>See Confidentiality & Disclosure</i> regarding the discretionary authority and requirements for the health care provider to disclose information. The parents or legal guardian of a consenting minor shall not be liable for payment for services rendered pursuant to this section. <i>See Financial Responsibility</i> and <i>Validity of Consent or Refusal</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	<i>Del. Code Ann. tit. 13, § 710</i> provides that a minor age 12 or older who professes to be pregnant or exposed to the chance of becoming pregnant may give written consent for any diagnostic, preventive, lawful therapeutic procedures, medical or surgical care and treatment, including X-rays, but not including abortion. <i>See Abortion, Validity of Consent or Refusal, Confidentiality & Disclosure, and Financial Responsibility.</i>
Abortion	<i>Del. Code Ann. tit. 24, §§ 1780 through 1789B</i> provide that an abortion may not be performed on an unmarried minor under age 16 unless prior actual notice has been given to one or both parents, a grandparent, a licensed mental health professional, or the legal guardian of the pregnant minor. If the person notified is not a parent or guardian of the minor, counseling requirements apply. The law includes a judicial bypass and a medical emergency exception. A parent, guardian or other person may not coerce a minor to undergo an abortion or continue a pregnancy. (A requirement for written parental consent contained in <i>Del. Code Ann. tit. 24, § 1790</i> enacted prior to <i>Roe v. Wade</i> is not being enforced. <i>See Delaware Women's Health Org. v. Wier, 441 F. Supp. 497, 499 n. 9 (1977)</i>). For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i>
STD/VD Care	<i>Del. Code Ann. tit. 16, § 710</i> provides that any health facility or professional may examine and provide treatment for a sexually transmitted disease for any minor. Consent may be provided by a minor age 12 or older (pursuant to <i>Del. Code Ann. tit. 13, § 710</i>) or by a married minor, a temporary custodian, or a relative caregiver (pursuant to <i>Del. Code Ann. tit. 13, § 707</i>). <i>See Confidentiality & Disclosure</i> regarding the discretionary authority and requirements for the health care provider to disclose information. <i>See Reportable Disease Care, Validity of Consent or Refusal, and Financial Responsibility.</i>
Reportable Disease Care	<i>Del. Code Ann. tit. 13, § 710</i> provides that a minor age 12 or older who professes to be afflicted with contagious, infectious, or communicable diseases may give written consent for any licensed diagnostic, preventive, lawful therapeutic procedures, medical or surgical care or treatment, except an abortion. <i>See Confidentiality & Disclosure</i> regarding the discretionary authority and requirements for the health care provider to disclose information. <i>See STD/VD Care, Validity of Consent or Refusal, and Financial Responsibility.</i>
HIV/AIDS Care	<i>Del. Code Ann. tit. 16, § 1202</i> provides that no health care facility or provider shall test for HIV without the informed consent of the test subject or the subject's legal guardian (except in enumerated circumstances). Notwithstanding any other law, a minor age 12 or older may consent or refuse consent for HIV testing and counseling relevant to the test. The consent or refusal of a minor for HIV testing shall be valid and binding. <i>See Confidentiality & Disclosure and Validity of Consent or Refusal.</i>
Drug/Alcohol Care	<i>Del. Code Ann. tit. 16, § 2210</i> provides that if a minor is age 14 or older, then either the minor, or a parent, legal custodian, relative caregiver or legal guardian may give written consent to a treatment facility for voluntary nonresidential treatment. The consent of the minor is valid and effective regardless of whether such minor's substance abuse is subsequently medically confirmed. Consent so given shall not be subject to later denial or disclaimer, and the consent of no other person or court shall be necessary for the treatment rendered to the minor.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Confidentiality Protection

Del. Code Ann. tit. 16, § 1203 provides that no person may disclose or be compelled to disclose the identity of any person upon whom an HIV test is performed, or the results of such test in a manner which permits identification of the subject of the test, except to the subject of the test or his or her legal guardian, or to a person holding a legally effective release of such test results, or in certain other enumerated circumstances.

Del. Code Ann. tit. 16, § 1206A provides that a person who has knowledge of the identity of any person upon whom an HIV test is performed, or the results of such test, shall maintain the confidentiality of that information pursuant to *Del. Code Ann. tit. 16, § 1203*.

Disclosure to Parents

Del. Code Ann. tit. 16, § 710 provides that consultation, examination, and treatment of a minor for sexually transmitted diseases, including the sending of a bill for such services, is strictly confidential except for disclosures to persons (e.g. temporary custodians or relative caregivers) providing consent under *Del. Code Ann. tit. 13, § 707*, to persons informed of the minor's testing and treatment under *Del. Code Ann. tit. 13, § 710*, to comply with child abuse investigations, or to comply with requirements regarding the control and treatment of sexually transmitted diseases. See *STD/VD Care* and *Reportable Disease Care*.

Del. Code Ann. tit. 13, § 710 provides that the physician or hospital to whom consent is given by a minor who professes to be pregnant or exposed to the chance of becoming pregnant or afflicted with a contagious, infectious, or communicable disease, may, in his or her or its sole discretion, either provide or withhold from the parents or guardian information of the minor's treatment as the physician or hospital deems advisable under the circumstances, having primary regard for the minor's interest. Notice of intention to perform an operation permitted under this section shall be given to the minor's parents or legal guardian by telegram. See *Pregnant Minor, Pregnancy Related Care, and Reportable Disease Care*.

Other

Blood Donation

Del. Code Ann. tit. 13, § 709 provides that a minor who is 17 years of age may donate blood to any voluntary and noncompensatory blood program without consent from a parent or guardian. There is no statute expressly authorizing or prohibiting minors who wish to donate blood and have consent from a parent or guardian.

Financial Responsibility

Del. Code Ann. tit. 13, § 710 provides that the parents or guardian of a minor who professes to be pregnant or exposed to the chance of becoming pregnant or afflicted with a contagious, infectious, or communicable disease are not liable for payment for the costs of the care or treatment for which the minor gives consent.

Validity of Consent or Refusal

Del. Code Ann. tit. 13, §§ 707 and 710 provide that the consent of a minor given pursuant to the statutory sections authorizing minors to give consent for medical treatment is valid for all purposes even if the minor has made a misrepresentation as to age, status as a parent, marital status, pregnancy, or contagious disease. *Del. Code Ann. tit. 16, § 1202* provides that the consent or refusal of a minor for HIV testing is valid and binding.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/delaware/>.

Overview of District of Columbia Laws

The age of majority in the District of Columbia (DC) is 18. However, DC law authorizes minors to consent for health care in numerous situations. Emancipated minors, who are broadly defined, are generally allowed to consent for their own health care. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal and maternity care, and abortion. Minors are allowed to consent for prevention, diagnosis, and treatment of STDs, drug and alcohol problems, and mental and emotional conditions. DC relieves parents of financial responsibility for care in most situations when a minor has given consent and allows health care professionals to rely in good faith on the representations of minors that they are allowed to consent for their own care. Health care professionals are not obligated to treat minors based on their own consent but if they choose not to do so must refer them elsewhere. Some of the laws allowing minors to consent for care also allow the health care professional to disclose information to parents.

Checklist of District of Columbia Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		D.C. Code Ann. § 46-101
Emancipated Minor	✓	✓	D.C. Mun. Regs. tit. 22, § 699.1 Bonner v. Moran, 126 F.2d 121 (D.C. App. 1941)
Minor Living Apart		✓	See Emancipated Minor
Married Minor		✓	See Emancipated Minor
Pregnant Minor	✓	✓	D.C. Mun. Regs. tit. 22, §§ 600.7, 600.8, 603.2
Minor Parent	✓	✓	D.C. Mun. Regs. tit. 22, § 600.3 Authorizes consent for minor's child; for consent for minor parent's own care, see Introduction
Type of Care			
Emergency Care	✓	✓	D.C. Mun. Regs. tit. 22, §§ 600.4, 600.5, 600.6
General Medical Care			See Emancipated Minor
Family Planning & Contraceptive Care	✓	✓	D.C. Mun. Regs. tit. 22, §§ 600.7, 603.1
Pregnancy Related Care	✓	✓	D.C. Mun. Regs. tit. 22, §§ 600.7, 600.8, 603.2
Abortion	✓	✓	D.C. Mun. Regs. tit. 22, § 600.7
STD/VD Care	✓	✓	D.C. Mun. Regs. tit. 22, § 600.7
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care			See STD/VD Care and Introduction
Drug/Alcohol Care	✓	✓	D.C. Mun. Regs. tit. 22, § 600.7
Outpatient Mental Health Services	✓	✓	D.C. Code Ann. § 7-1231.14(b) D.C. Mun. Regs. tit. 22, § 600.7
Confidentiality & Disclosure³			
Disclosure to Parents	✓		D.C. Code Ann. § 7-1231.14(b) D.C. Mun. Regs. tit. 22, §§ 602, 602.5, 602.6, 602.7, 602.9, 602.10
Disclosure to Others	✓		D.C. Mun. Regs. tit. 22, § 602.8
Other			
Blood Donation	✓	✓	D.C. Mun. Regs. Tit. 22, § 600.2
Financial Responsibility	✓		D.C. Mun. Regs. tit. 22, § 601
Good Faith Reliance	✓		D.C. Mun. Regs. tit. 22, § 602.3
Obligation to Treat or Refer	✓		D.C. Mun. Regs. tit. 22, §§ 602.1, 602.2

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/district-of-columbia/>.

Summary of District of Columbia Laws⁴

Minor Status

Age of Majority	<i>D.C. Code Ann. § 46-101</i> provides that the age of majority is 18.
Emancipated Minor	<i>D.C. Mun. Regs. tit. 22, § 699.1</i> provides that as used in this chapter 6 “Protection of Minors”, “emancipated minor” means a minor: who is or has been married; or who is serving or who has served in the armed forces; or who is employed and contributing more than half of his or her own support if residing with his or her parents; or who is residing apart from his or her parents and managing his or her own affairs; or who is making the major decisions affecting his or her own life. This section does not specify that an emancipated minor may give consent for health care. However, in <i>Bonner v. Moran, 126 F.2d 121 (D.C. App. 1941)</i> , the court suggested that, in some circumstances, the consent of a parent might not be required for medical care provided to an emancipated minor.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor.</i>
Married Minor	No specific legal provision was found authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction. See Emancipated Minor.</i>
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>D.C. Mun. Regs. Tit. 22, § 600.7</i> provides that a minor of any age may consent for health services that she requests for the prevention, diagnosis, or treatment of pregnancy. <i>See Confidentiality & Disclosure, Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer. D.C. Mun. Regs. Tit. 22, § 603.2</i> provides that prenatal and postnatal care and any necessary medical care for infants shall be provided without regard to the age or marital status of the patient and without the consent of the parent or guardian of the minor mother. <i>See Abortion.</i>
Minor Parent	<i>D.C. Mun. Regs. Tit. 22 § 600.3</i> provides that a minor parent may consent for the provisions of health services to his or her child.

Type of Care

Emergency Care	<i>D.C. Mun. Regs. Tit. 22, § 600.4</i> provides that health services may be provided to a minor of any age without parental consent when, in the judgment of the treating physician, surgeon, or dentist, the delay to obtain parental consent would substantially increase the risk to the minor’s life, health, mental health, or welfare, or would unduly prolong suffering. <i>D.C. Mun. Regs. Tit. 22, § 600.5</i> provides that a health professional may render or attempt to render emergency service of first aid, medical, surgical, dental, or psychiatric treatment without compensation to any person regardless of age who is in need of immediate health care when, in good faith, the professional believes that the giving of aid is the only alternative to probable death or serious physical or mental damage. <i>D.C. Mun. Regs. Tit. 22, § 600.6</i> provides that in an emergency where major surgery or any dangerous procedures will be performed, concurrence of another physician must, if practical, be obtained.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for the health services that he or she requests for the prevention, diagnosis, or treatment of pregnancy. *D.C. Mun. Regs. Tit. 22, § 603.1* provides that birth control information, services, and devices shall be provided by the health facilities operated by the District of Columbia without regard to the age or marital status of the patient and without the consent of the patient's parent or guardian. See *Confidentiality & Disclosure, Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*.

Pregnancy Related Care

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for health services that she requests for the prevention, diagnosis, or treatment of pregnancy. *D.C. Mun. Regs. Tit. 22, § 600.8* provides that a minor may not give his or her own consent for sterilization, such as tubal ligation or vasectomy. See *Abortion, Confidentiality & Disclosure, Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*. *D.C. Mun. Regs. Tit. 22, § 603.2* provides that prenatal and postnatal care and any necessary medical care for infants shall be provided without regard to the age or marital status of the patient and without the consent of the parent or guardian of the minor mother.

Abortion

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for health services that she requests for the lawful termination of pregnancy. See *Confidentiality & Disclosure* regarding confidentiality. See *Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

STD/VD Care

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for health services that he or she requests for the prevention, diagnosis, or treatment of sexually transmitted diseases. See *Confidentiality & Disclosure* regarding confidentiality protection. See *Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.

HIV/AIDS Care

No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, see *Introduction*.

Drug/Alcohol Care

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for health services that he or she requests for the prevention, diagnosis, or treatment of substance abuse, including drug and alcohol abuse. See *Confidentiality & Disclosure* regarding confidentiality protection. See *Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*.

**Outpatient Mental
Health Services**

D.C. Mun. Regs. Tit. 22, § 600.7 provides that a minor of any age may consent for health services, which he or she requests for the prevention, diagnosis, or treatment of a mental or emotional condition. See *Confidentiality & Disclosure* regarding confidentiality. See *Financial Responsibility, Good Faith Reliance, and Obligation to Treat or Refer*.

Type of Care

Outpatient Mental Health Services

D.C. Code Ann. § 7-1231.14(b) provides that a provider may deliver outpatient mental health services and mental health supports other than medication to a minor who is voluntarily seeking such services without parent or guardian consent if the provider determines that the minor is knowingly and voluntarily seeking the services and provision of the services is clinically indicated for the minor's well being. Treatment without the consent of a parent or guardian may only last 90 days before reevaluation. A minor age 16 or older may consent for the administration of psychotropic medications, without the consent of a parent or guardian or the authorization of the court, only when the minor's parent or guardian is not reasonably available, when requiring the consent would have a detrimental effect on the minor, or when the parent or guardian refuses consent. In each of these situations medication may be administered only where clinically indicated. *See Confidentiality & Disclosure* regarding disclosure of information to parents.

Confidentiality & Disclosure⁵**Disclosure to Parents**

D.C. Mun. Regs. tit. 22, § 602.5 provides that, except as provided in the D.C. Mental Health Information Act of 1978, a health professional may, but is not obligated to, inform the parents or legal guardian of a minor of any treatment given or needed (for which the minor may consent under Chapter 6 of Title 22 of the D.C. Municipal Regulations) when, in the judgment of the health professional: severe complications are present or anticipated; major surgery or prolonged hospitalization is needed; failure to inform the parents or legal guardian would seriously jeopardize the safety and health of the minor patient; and to inform them would benefit the minor's physical and mental health and family harmony.

D.C. Mun. Regs. tit. 22, § 602.6 provides that "such information" about any treatment given or needed shall be given to the minor's parents or legal guardian only with the consent of the minor or when, because of the minor's age or condition, the attending health professional can reasonably presume consent. This does not apply with respect to treatment needed by a minor who is infected with a sexually transmitted disease and who has refused treatment. *See Emancipated Minor, Pregnant Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, and Outpatient Mental Health Services.*

D.C. Mun. Regs. tit. 22, § 602.7 provides that information about any treatment needed by a minor who is infected with a sexually transmitted disease and who has refused treatment shall be given to the minor's parents or legal guardian.

D.C. Mun. Regs. tit. 22, § 602.9 provides that notification or disclosure to the spouse, parent, parents, or legal guardian of a minor by a health professional does not constitute libel or slander, a violation of the right of privacy, a violation of the rule of privileged communication, or any other legal basis of liability.

D.C. Mun. Regs. tit. 22, § 602.10 provides that when a minor is found not to be suffering from drug or substance abuse, including alcohol and nicotine, information shall not be given to the minor's parents or legal guardian without the consent of the minor, unless they have already been informed as permitted by *D.C. Mun. Regs, tit. 22, § 602.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/district-of-columbia/>.

Confidentiality & Disclosure⁶

Disclosure to Parents *D.C. Code Ann. § 7-1231.14(b)* provides that when the parent or guardian has refused consent for psychotropic medications and the provider has determined that the medications are clinically indicated and decides to administer them based on the minor's consent, notice of the provider's decision to administer medications pursuant to this subsection shall be provided to the parents or guardian in writing.

Disclosure to Others *D.C. Mun. Regs. tit. 22, § 602.8* provides that, except based on specific legal requirements, no information about sexually transmitted diseases, substance abuse, pregnancy, and emotional illness may be given by a health professional (who has treated a minor based on his or her own consent) to another professional, school, law enforcement, court authority, government agent, spouse, future spouse, employer, or any other person without the consent of the minor, unless giving the information is necessary to the health of the minor and the public, and only when the minor's identity is kept confidential.

Other

Blood Donation *D.C. Mun. Regs. tit. 22, § 600.2* provides that a minor who is 17 years of age may consent to donate his or her blood to a nonprofit organization.

Financial Responsibility *D.C. Mun. Regs. tit. 22, § 601* provides that a minor who consents for health services for himself or herself or his or her child is responsible for payment for the services. The spouse, parents, or legal guardian of the minor are not responsible for payment unless they have expressly agreed to pay for care. Minors who are unable to pay and who receive services in public institutions, or who qualify for Medicaid or other subsidized forms of relief, are not responsible for payment.

D.C. Mun. Regs. tit. 22, § 603.3 provides that birth control information, services, and devices must be provided to the minor at no cost to the minor unless voluntary payments or contributions are made. Additionally, *§ 603.3* provides that prenatal and postnatal care, and necessary medical care for a minor's baby must be provided at no cost to the patient unless voluntary payments or contributions are made.

Good Faith Reliance *D.C. Mun. Regs. tit. 22, § 602.3* provides that a physician, surgeon, dentist, or health or mental care facility shall not be held liable for providing treatment to a minor without the consent of a parent if the provider has relied in good faith on misrepresentations by the minor.

Obligation to Treat or Refer *D.C. Mun. Regs. tit. 22, § 602.1* provides that a physician, surgeon, dentist, or health or mental care facility may not be compelled against his or her or its best judgment to treat a minor based on the minor's own consent.

D.C. Mun. Regs. tit. 22, § 602.2 provides that a physician, surgeon, dentist, or health or mental care facility that refuses to treat a minor based on the minor's own consent shall refer the minor to another facility.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/district-of-columbia/>.

FLORIDA

Overview of Florida Laws

The age of majority in Florida is 18. However, Florida law authorizes minors to consent for health care in numerous situations. Emancipated minors, married minors, and minors adjudicated as adults are generally allowed to consent for their own health care. Minor parents are allowed to consent for health care for their children. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal, and maternity care. Parental notification is required for a minor to obtain an abortion. The law includes a judicial bypass and a medical emergency exception. Minors are allowed to consent for diagnosis and treatment of STDs, including HIV, as well as for care for substance abuse impairment services, and for outpatient mental health services (for minors age 13 or older). Florida law provides strong confidentiality protections related to STD and drug and alcohol services for which minors consent. The law allowing minors to consent for outpatient mental health service also requires some effort to involve parents and allows the health care professional to disclose information to parents. Florida relieves parents of financial responsibility for substance abuse services and provides for a sliding fee scale when minors receive services for which they can consent from the county health department.

Checklist of Florida Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Fla. Stat. § 743.07
Emancipated Minor		✓	Fla. Stat. § 743.015
Minor Living Apart			See Introduction
Married Minor	✓	✓	Fla. Stat. §§ 741.0405, 743.01
Pregnant Minor	✓	✓	Fla. Stat. § 743.065
Minor Parent	✓	✓	Fla. Stat. § 743.065 Authorizes minor parent to consent for child; for discussion of minor parent's consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	Fla. Stat. § 743.064
General Medical Care			See Emancipated Minor and Married Minor
Family Planning & Contraceptive Care	✓	✓	Fla. Stat. § 381.0051
Pregnancy Related Care	✓	✓	Fla. Stat. § 743.065
Abortion	✓		Fla. Stat. §§ 390.01114, 390.01116 State v. North Florida Women's Health & Counseling Services, Inc., Nos. 1D00-1983 & 1D00-2106 (Fla. Dist. Ct. App. Feb. 9, 2001), Nos. 1D00-1983 & 1D00-2106 (Fla. Dist. Ct. App. Mar. 26, 2001) (stay granted), review granted, No. SC01-843 (Fla. Oct. 26, 2001) In re T.W., 551 So. 2d 1186 (Fla. 1989) Parental notification required; statute includes judicial bypass and medical emergency exception
STD/VD Care	✓	✓	Fla. Stat. § 384.30
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Fla. Stat. § 384.23(3) Fla. Admin. Code Ann. R. 64D-2.004
Drug/Alcohol Care	✓	✓	Fla. Stat. § 397.601
Outpatient Mental Health Services	✓	✓	Fla. Stat. § 394.4784
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Fla. Stat. §§ 384.29, 384.30, 394.4784, 397.501(7)(e) Fla. Admin. Code Ann. R. 64B19-19.006
Other			
Blood Donation	✓	✓	Fla. Stat. § 743.06
Obesity Drugs	✓		Fla. Admin. Code Ann. r. 64B8-9.012
Financial Responsibility	✓		Fla. Admin. Code Ann. r. 64F-7.002, 64F-16.001 Fla. Stat. § 397.431
Minor Adjudicated as an Adult	✓	✓	Fla. Stat. § 743.066

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/florida/>.

Summary of Florida Laws⁴

Minor Status

Age of Majority	<i>Fla. Stat. § 743.07</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . <i>Fla. Stat. § 743.015</i> provides that a court may grant emancipation or “remove the disabilities of nonage” of a minor age 16 or older residing in Florida based on specified criteria. Removal of the disabilities of nonage has the effect of giving the minor the status of an adult for purposes of all laws of the state and authorizes the minor to exercise all of the rights and responsibilities of persons who are age 18 or older.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents for consent to health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Fla. Stat. § 743.01</i> provides that a minor who is or has been married is considered emancipated and may perform all acts that he or she could do if not a minor. For the legal requirements for a minor under age 18 to marry, <i>see Fla. Stat. § 741.0405</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Fla. Stat. § 743.065</i> provides that an unwed pregnant minor may consent for medical or surgical care or services related to the pregnancy by a hospital, clinic, or licensed physician. <i>See Abortion</i> . <i>See Married Minor</i> regarding the rights of a pregnant minor who is married.
Minor Parent	<i>Fla. Stat. § 743.065</i> provides that an “unwed minor mother” may consent for the performance of medical or surgical care or services for her child by a hospital, clinic, or licensed physician. For discussion of the ability of minor parents to consent for their own care, <i>see Introduction</i> . <i>See Married Minor</i> regarding the rights of a minor parent who is married.

Type of Care

Emergency Care	<i>Fla. Stat. § 743.064</i> provides that a physician or osteopath may give emergency medical care or treatment without parental consent to any minor who has been injured in an accident or who is suffering from an acute illness, disease, or condition, if a delay in treatment would endanger the health or physical well-being of the minor, provided that treatment is administered in a hospital or college health service. Emergency care or treatment may also be provided by paramedics, emergency medical technicians, and other emergency medical services personnel. Emergency care may only be provided without parental consent if: the minor is unable to reveal the identity of his or her parents, guardian, or legal custodian, and their identity is unknown to anyone who accompanied the minor to the hospital; or the parents or legal guardian cannot be immediately located by telephone at home or work.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Emancipated Minor</i> and <i>Married Minor</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Family Planning & Contraceptive Care

Fla. Stat. § 381.0051 provides that maternal health and contraceptive information and services of a nonsurgical nature may be given to minors by licensed medical practitioners and the Department of Health, provided the minor: is married; *or* is a parent; *or* is pregnant; *or* has the consent of a parent or legal guardian; *or* in the opinion of the physician, may suffer probable health hazards if the services are not provided. Application of nonpermanent internal contraceptive devices is not considered a surgical procedure.

Pregnancy Related Care

Fla. Stat. § 743.065 provides that an unwed pregnant minor may consent for medical or surgical care or services related to the pregnancy by a hospital, clinic, or licensed physician. *See Abortion.*

Abortion

The Parental Notice of Abortion Act, *Fla. Stat. §§ 390.01114 and 390.01116*, provides that an abortion may not be performed on an unemancipated unmarried or divorced minor who is not a parent before notice has been given to one parent or legal guardian of the pregnant minor. The law includes a judicial bypass and a medical emergency exception; additionally, there is a provision allowing constructive notice to the parent if actual notice is not possible after a reasonable effort has been made. Prior statutory provision *Fla. Stat. § 390.1115* was declared unconstitutional in *North Florida Women's Health and Counseling Services, Inc. v. State*, 866 So. 2d 612. Florida's Partial-Birth Abortion Act, *Fla. Stat. §§ 782.30, 782.32, 782.34, 782.36*, is declared unconstitutional in *A Choice for Women v. Butterworth*, 2000 U.S. Dist.LEXIS 22636, No. 00-1820-CIV-LENARD/TURNOFF (S.D. Fla. July 11, 2000). For sources of additional information regarding the legal requirements for minors to obtain abortions, *see Appendix D.*

STD/VD Care

Fla. Stat. § 384.30 provides that a minor may be examined and treated for sexually transmitted diseases without the consent of a parent or guardian by licensed physicians and health care professionals, the Department of Health, a public or private hospital, a clinic, or other health facility. For a list of sexually transmissible diseases, *see Fla. Admin. Code Ann. r. 64D-3.015. See Confidentiality & Disclosure* regarding confidentiality protection.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.

HIV/AIDS Care

Fla. Stat. § 384.23(3) designates HIV as a sexually transmissible disease. *See STD/VD Care.*
Fla. Admin. Code Ann. r. 64D-2.004 provides that certain minors may be tested for HIV with their own informed consent and without consent from a parent or guardian: any minor who requests an HIV exam, test, consultation, or treatment and who demonstrates sufficient knowledge and maturity to make an informed judgment; any minor who is 17 years of age and who donated his or her blood under *Fla. Stat. § 743.06*; and any married minor or unmarried pregnant minor.

Drug/Alcohol Care

Fla. Stat. § 397.601 provides that the disability of minority is removed for the purpose of obtaining voluntary substance abuse impairment services from a licensed service provider and a minor may consent to such services. *See Confidentiality & Disclosure* regarding confidentiality protection. *See Financial Responsibility.*

Outpatient Mental Health Services

Fla. Stat. § 394.4784 provides that when a minor age 13 or older experiences an emotional crisis to such degree that he or she perceives the need for professional assistance, he or she shall have the right to request, consent to, and receive: outpatient diagnostic and evaluative mental health services by a licensed mental health professional to determine the severity of the problem and the potential for harm to the minor or others absent professional services; and outpatient crisis intervention, psychotherapy, group therapy, counseling, or other forms of verbal therapy provided by a licensed mental health professional. These services shall not include medication, somatic methods, aversive stimuli, or substantial deprivation and shall not exceed two visits in any one-week period without parental consent. *See Confidentiality & Disclosure* regarding parental participation.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Fla. Stat. § 384.30 provides that the fact of consultation, examination, and treatment of a minor for sexually transmitted diseases is confidential and shall not be divulged (except pursuant to the public health confidentiality provisions of *Fla. Stat. § 384.29*) in any direct or indirect manner, such as sending a bill for services to a parent or guardian. *See STD/VD Care.*

Fla. Stat. § 397.501(7)(e) provides that written consent for disclosure of records pertaining to voluntary substance abuse treatment must be given by the minor, including information that is disclosed to a parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement. *See Drug/Alcohol Care.*

Fla. Stat. § 394.4784 provides that outpatient mental health services may include parental participation when the mental health professional deems it appropriate. *Fla. Admin. Code Ann. r. 64B19-19.006* requires a psychologist to maintain his or her duty of confidentiality to a minor client, but the rule does not prohibit the psychologist from disclosing his or her evaluation, assessment, analysis, diagnosis, or recommendations regarding the minor to the minor's guardian. *See Outpatient Mental Health Services.*

Other

Blood Donation

Fla. Stat. § 743.06 provides that a minor who is 17 years of age may consent to donate his or her blood without authorization from a parent or guardian. *Fla. Stat. § 743.06* also provides that such consent is not subject to disaffirmance based on minority status of the donor.

Prescription of Obesity Drugs

Fla. Admin. Code Ann. r. 64B8-9.012 provides that a physician prescribing a minor with a medication for the purpose of enhancing weight loss, including any synthetic compound, nutritional supplement, or herbal treatment, must obtain written informed consent from the parent or legal guardian of the minor patient.

Financial Responsibility

Fla. Admin. Code Ann. r. 64F-7.002 and *Fla. Admin. Code Ann. r. 64F-16.001* describe fees (e.g. sliding scale, percentage of income) charged to minors for services including those related to family planning, STD, and HIV/AIDS received from the County Health Department.

Fla. Stat. § 397.431 provides that a parent, legal guardian, or legal custodian of a minor is not liable for payment for any substance abuse services provided to the minor without parental consent pursuant to § 397.601 unless ordered to participate in the services. If the minor is receiving services as a juvenile offender, the obligation to pay is governed by the law relating to juvenile offenders.

Minor Adjudicated as Adult

Fla. Stat. § 743.066 provides that the disability of nonage of a minor adjudicated as an adult and in the custody or under the supervision of the Department of Corrections is removed, as such disability relates to health care services, except medical services relating to abortion or sterilization.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/florida/>.

Overview of Georgia Laws

The age of majority in Georgia is 18. However, Georgia law authorizes minors to consent for health care in numerous situations. Emancipated minors and married minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for their child's health care and for family planning services. Minors are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal, and maternity care. Notice to parent or person *in loco parentis* is required for a minor to obtain an abortion. The law includes a judicial bypass and an exception for medical emergencies. Minors may consent for treatment of STDs ("venereal disease") and conditions arising out of drug abuse. Georgia statutes pertaining to HIV and AIDS suggest by implication that minors may consent to HIV testing. Georgia law provides that confidential information or medical records related to treatment of venereal disease, drug abuse, or AIDS may be given to a minor's parent or other specified individuals. Disclosure of information related to drug abuse might be subject to limitations under the federal drug and alcohol confidentiality regulations.

Checklist of Georgia Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ga. Code Ann. § 39-1-1
Emancipated Minor	✓	✓	Ga. Code Ann. § 19-7-1
Minor Living Apart			
Married Minor	✓	✓	Ga. Code Ann. §§ 19-3-2, 31-9-2, 31-9-5, 31-20-2
Pregnant Minor	✓	✓	Ga. Code Ann. §§ 31-9-2, 31-9-5, 49-7-3
Minor Parent	✓	✓	Ga. Code Ann. §§ 31-9-2, 31-9-5, 49-7-3 Authorizes minor parent to consent for child’s health care and for family planning services; for consent by minor parent for other care, see Introduction
Type of Care			
Emergency Care	✓	✓	Ga. Code Ann. § 31-9-3
General Medical Care			See Emancipated Minor and Married Minor
Family Planning & Contraceptive Care	✓	✓	Ga. Code Ann. §§ 31-9-2, 31-9-5, 49-7-3 1971 Op. Att’y Gen. No. 71-177
Pregnancy Related Care	✓	✓	Ga. Code Ann. §§ 31-9-2, 31-9-5
Abortion	✓		Ga. Code Ann. §§ 15-11-110 through 15-11-118 Planned Parenthood Ass’n of the Atlanta Area v. Miller, 934 F. 2d 1462 (11 th Cir. 1991) Notice to parent or person in loco parentis; statute includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Ga. Code Ann. § 31-17-7
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Ga. Code Ann. §§ 31-22-9.2, 31-22-9.2(c)
Drug/Alcohol Care	✓	✓	Ga. Code Ann. § 37-7-8
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ga. Code Ann. §§ 24-9-47, 31-17-7, 37-7-8, 37-7-166

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/georgia/>.

Summary of Georgia Laws⁴

Minor Status

Age of Majority	<i>Ga. Code Ann. § 39-1-1</i> provides that the age of majority is 18.
Emancipated Minor	<i>Ga. Code Ann. § 15-11-207</i> provides that an emancipated minor has the right to authorize his or her own preventative health care, medical care, dental care, and mental health care, without parental knowledge or liability. The section also gives emancipated minors the right to apply for medical assistance programs and for other welfare assistance if needed. For the statutory criteria for emancipation of a minor or “loss of parental power,” see <i>Ga. Code Ann. § 19-7-1</i> . For the methods of emancipation see <i>Ga. Code Ann. § 15-11-201</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, see <i>Introduction</i> .
Married Minor	<i>Ga. Code Ann. § 15-11-201</i> provides that an emancipation occurs by operation of law when a minor is validly married. See <i>Emancipated Minor</i> . <i>Ga. Code Ann. § 31-9-2</i> provides that any married minor may consent for any surgical or medical treatment or procedures for himself or herself and for his or her spouse. According to <i>Ga. Code Ann. § 31-9-5</i> , this section does not apply to abortion and sterilization procedures. However, <i>Ga. Code Ann. § 31-20-2</i> provides that a sterilization procedure may be performed upon a person under age 18 who is legally married, if the person makes a request in writing and if, before or at the time of the request, a full and reasonable medical explanation is given by such physician to the person as to the meaning and consequence of the operation. For the legal requirements for marriage of a minor, see <i>Ga. Code Ann. § 19-3-2</i> . See <i>Family Planning & Contraceptive Care</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing unmarried pregnant minors to consent for health care generally. <i>Ga. Code Ann. § 31-9-2</i> provides that any female, regardless of age or marital status, may consent for any surgical or medical treatment or procedures in connection with pregnancy, the prevention of pregnancy, or childbirth. According to <i>Ga. Code Ann. § 31-9-5</i> , this section does not apply to abortion and sterilization procedures. See <i>Abortion</i> . <i>Ga. Code Ann. § 49-7-3</i> provides that all agencies are authorized to offer family planning services to any person who is pregnant. See <i>Pregnancy Related Care</i> and <i>Abortion</i> . If the pregnant minor is married, then the minor is emancipated, and the minor has express authorization to authorize health care for herself, see <i>Emancipated Minor</i> .
Minor Parent	<i>Ga. Code Ann. § 31-9-2</i> provides that any minor parent may consent for any surgical or medical treatment or procedures for his or her child. According to <i>Ga. Code Ann. § 31-9-5</i> , this section does not apply to abortion and sterilization procedures. <i>Ga. Code Ann. § 49-7-3</i> provides that all agencies are authorized to offer family planning services to any person who is a parent. For the ability of a minor parent to consent for his or her own care, see <i>Introduction</i> . See <i>Emancipated Minor</i> and <i>Married Minor</i> .

Type of Care

Emergency Care	<i>Ga. Code Ann. § 31-9-3</i> provides that consent for surgical or medical treatment or procedures by a licensed physician will be implied in an emergency when the treatment or procedures are reasonably necessary, a person authorized to consent is not readily available, and any delay in treatment could reasonably be expected to jeopardize life or health or result in disfigurement or impaired faculties.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> . See <i>Emancipated Minor</i> and <i>Married Minor</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

Ga. Code Ann. § 31-9-2 provides that any female, regardless of age or marital status, may consent for any surgical or medical treatment or procedures in connection with the prevention of pregnancy. According to *Ga. Code Ann. § 31-9-5*, this section does not apply to abortion and sterilization procedures. *Ga. Code Ann. § 49-7-3* provides that all agencies are authorized to offer family planning services to any person who is married, is a parent, is pregnant; or is requesting such services. *1971 Op. Att’y Gen. No. 71-177* found that whether an unmarried, female minor can consent for medical treatment for herself when offered in conjunction with family planning services would depend in each instance on a determination of whether medical treatment was given in connection with pregnancy or childbirth.

Pregnancy Related Care

Ga. Code Ann. § 31-9-2 provides that any female, regardless of age or marital status, may consent for any surgical or medical treatment or procedures in connection with pregnancy, the prevention of pregnancy, or childbirth. According to *Ga. Code Ann. § 31-9-5*, this section does not apply to abortion and sterilization procedures. *See Abortion*.

Abortion

Ga. Code Ann. §§ 15-11-110 through 15-11-118 provide that an abortion may not be performed on an unemancipated minor under age 18 without the voluntary written consent of the minor and advance notice to a parent or guardian or person standing *in loco parentis*. The law includes a judicial bypass and a medical emergency exception. A court has ruled that this law is constitutional. *Planned Parenthood Ass’n of the Atlanta Area v. Miller*, 934 F. 2d 1462 (11th Cir. 1991). For sources of additional information regarding the legal requirements for minors to obtain abortion, *see Appendix D*.

STD/VD Care

Ga. Code Ann. § 31-17-7 provides that a minor who is or professes to be afflicted with a venereal disease may consent for the provision of medical or surgical care or services to treat the disease. The consent of no other person is necessary. *See Confidentiality & Disclosure* regarding the discretionary authority of the medical staff to disclose information to parents.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See STD/VD Care and HIV/AIDS Care*.

HIV/AIDS Care

No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, *see Introduction*. *Ga. Code Ann. § 31-22-9.2(c)* provides that unless exempted by *Ga. Code Ann. § 31-22.9.2*, each health care provider who orders an HIV test for any person shall do so only after counseling the person to be tested. Except under enumerated circumstances in which testing is mandated, the person to be tested shall have the opportunity to refuse the test. The provisions of *Ga. Code Ann. § 31-22-9.2(c)* are not required if the person being tested is a minor or incompetent and the minor’s parent or guardian permits the test “after compliance with this subsection.” *See Confidentiality & Disclosure* regarding discretionary authority to disclose AIDS information to parents.

Drug/Alcohol Care

Ga. Code Ann. § 37-7-8 provides that a minor may consent for medical or surgical care or services related to conditions or illnesses arising out of drug abuse. The consent of no other person is necessary. *See Confidentiality & Disclosure* regarding the discretionary authority of the medical staff to disclose information and release of clinical records to parents.

**Outpatient Mental
Health Services**

No specific legal provision was found expressly authorizing unemancipated minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents

Ga. Code Ann. § 31-17-7 provides that upon the advice of a treating physician, a member of the medical staff or a physician may, but is not obligated to, inform the spouse, parent, custodian, or guardian of the minor as to the treatment given or needed for a venereal disease. This information may be given or withheld even over the express refusal of the minor. *See STD/VD Care.*

Ga. Code Ann. § 37-7-8 provides that upon the advice and direction of a treating physician, a member of the medical staff or a physician may, but is not obligated to, inform the spouse, parent, custodian, or guardian of the minor as to the treatment given or needed for drug abuse. This information may be given or withheld without the consent and even over the express refusal of the minor. *See Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Ga. Code Ann. § 37-7-166 provides that a copy of the clinical record for a minor patient receiving treatment for drug abuse may be released, if appropriate, to the parent of a minor, the legal guardian of a minor, or a person who has legal custody of the minor by court order. *See Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Ga. Code Ann. § 24-9-47 provides that confidential AIDS information about a minor may be disclosed to the minor's parent or legal guardian. *See HIV/AIDS Care.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/georgia/>.

HAWAII

Overview of Hawaii Laws

The age of majority in Hawaii is 18. However, Hawaii law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors age 14 or older who are “without support,” married minors, and pregnant minors are generally allowed to consent for their own health care. Minors age 14 or older are allowed to consent for pregnancy-related care, including family planning and contraception, prenatal and maternity care, and abortion. Hawaii does not have a law requiring parental consent or notification for minors’ abortion, and minors may obtain abortions based on their own consent, although there is no statute specifically authorizing them to do so. Minors age 14 or older are allowed to consent for diagnosis and treatment of STDs (“venereal disease”), as well as for diagnosis and treatment of drug and alcohol problems. HIV testing requires the express consent of the subject of the test. Hawaii relieves parents of financial responsibility for care in most situations when a minor has given consent and provides that the minor is financially responsible for the services. Several of the laws allowing minors to consent for care also require some effort to involve parents, or allow the health care professional to disclose information to parents. Minors without support who file claims for health insurance coverage may request special confidentiality protections.

Checklist of Hawaii Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Haw. Rev. Stat. § 577-1
Emancipated Minor	✓	✓	Haw. Rev. Stat. § 577-25
Minor Living Apart	✓	✓	Haw. Rev. Stat. §§ 577D-1, 577D-2
Married Minor	✓	✓	Haw. Rev. Stat. §§ 572-1, 572-2, 577-25
Pregnant Minor	✓	✓	Haw. Rev. Stat. §§ 577A-1, 577A-2
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care		✓	See Emancipated Minor, Minor Living Apart, Married Minor, and Pregnant Minor
Family Planning & Contraceptive Care	✓	✓	Haw. Rev. Stat. §§ 577A-1, 577A-2
Pregnancy Related Care	✓	✓	Haw. Rev. Stat. §§ 577A-1, 577A-2
Abortion	✓	✓	Haw. Rev. Stat. § 577A-1
STD/VD Care	✓	✓	Haw. Rev. Stat. §§ 577A-1, 577A-2
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Haw. Rev. Stat. § 325-16
Drug/Alcohol Care	✓	✓	Haw. Rev. Stat. § 577-26
Outpatient Mental Health Services			See Drug/Alcohol Care
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Haw. Rev. Stat. §§ 577A-3, 577A-4, 577-26
Other			
Financial Responsibility	✓		Haw. Rev. Stat. §§ 577A-4, 577-26
Good Faith Reliance	✓		Haw. Rev. Stat. § 577D-2

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/hawaii/>.

Summary of Hawaii Laws⁴

Minor Status

Age of Majority	<i>Haw. Rev. Stat. § 577-1</i> provides that the age of majority is 18.
Emancipated Minor	<i>Haw. Rev. Stat. § 577-25</i> provides that a minor is emancipated when he or she marries pursuant to § 572. <i>Haw. Rev. Stat. § 577-25</i> provides that emancipated minors have all the rights, duties, privileges, and responsibilities provided by the civil law to a person who has reached the age of majority, excluding the right to vote in an election and the right to purchase, possess, or sell alcoholic beverages. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	<i>Haw. Rev. Stat. §§ 577D-1</i> and <i>577D-2</i> provide that a “minor without support” (i.e. a minor who is at least 14, and who is not under the care, supervision, or control of a parent, custodian, or legal guardian) may consent for primary medical care and services if the minor understands the significant benefits and risks of such care and can communicate informed consent. <i>Haw. Rev. Stat. § 577D-2</i> expressly states that no consent from any other person, including a spouse, parent, custodian, or guardian, is necessary to authorize the health care. <i>Haw. Rev. Stat. § 577D-1</i> defines “primary medical care and services” as health services that include screening, counseling, immunizations, medication, and treatment of illnesses and medical conditions customarily provided by licensed health care practitioners in an outpatient setting. <i>See Good Faith and Financial Responsibility</i> .
Married Minor	<i>Haw. Rev. Stat. § 577-25</i> provides that a minor who has been married is emancipated and has all the rights, duties, privileges, and responsibilities provided by the civil law to a person who has reached the age of majority. This section does not grant an emancipated minor the right to vote or buy alcoholic beverages or change the status of the person for the purposes of the criminal law. For the statutory requirements for a minor to marry, <i>see Haw. Rev. Stat. § 572-1 and 572-2</i> .
Pregnant Minor	<i>Haw. Rev. Stat. § 577A-2</i> provides that a female minor who is or professes to be pregnant may consent for “medical care and services” by public and private hospitals or clinics or by a licensed physician on the same basis as an adult. The consent of no other person is necessary. According to <i>Haw. Rev. Stat. § 577A-1</i> , a minor is defined as any person age 14 through 17 inclusive and “medical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. <i>See Abortion, Confidentiality & Disclosure, and Financial Responsibility</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

General Medical Care

Haw. Rev. Stat. §§ 577D-1 and 577D-2 provide that a “minor without support” (i.e. a minor who is at least 14, and who is not under the care, supervision, or control of a parent, custodian, or legal guardian) may consent for primary medical care and services if the minor understands the significant benefits and risks of such care and can communicate informed consent. *Haw. Rev. Stat. § 577D-2* expressly states that no consent from any other person, including a spouse, parent, custodian, or guardian, is necessary to authorize the health care. See *Emancipated Minor, Married Minor, Minor Living Apart, and Pregnant Minor*. For discussion of the mature minor doctrine, see *Introduction*.

Family Planning & Contraceptive Care

Haw. Rev. Stat. § 577A-2 provides that a minor age 14 through 17 who is seeking family planning services may consent for medical care and services by public and private hospitals or clinics or a licensed physician on the same basis as an adult. The consent of no other person is necessary. According to *Haw. Rev. Stat. § 577A-1* “medical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. See *Confidentiality & Disclosure* regarding discretionary authority to disclose information. See *Financial Responsibility*.

Pregnancy Related Care

Haw. Rev. Stat. § 577A-2 provides that a female minor age 14 through 17 who is or professes to be pregnant may consent for “medical care and services” by public and private hospitals or clinics or by a licensed physician on the same basis as an adult. The consent of no other person is necessary. According to *Haw. Rev. Stat. § 577A-1*, a minor is defined as any person age 14 through 17 inclusive and “medical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. See *Abortion, Confidentiality & Disclosure, and Financial Responsibility*.

Abortion

No specific legal provision was found expressly authorizing minors to consent for abortion. According to *Haw. Rev. Stat. § 577A-1*, the right of a pregnant minor to give consent for medical care and services does not include abortion. However, no specific statutory provision requiring parental involvement for a minor’s abortion was found. *Haw. Rev. Stat. § 453-16* provides the requirements for a legal abortion procedure, and the section includes no required age of a woman seeking an abortion. For discussion of a minor’s constitutional right to consent to reproductive health care, see *Introduction*. For sources of additional information regarding the legal requirements for minors to obtain abortion, see *Appendix D*.

STD/VD Care

Haw. Rev. Stat. § 577A-2 provides that a minor age 14 through 17 who is or professes to be afflicted with a venereal disease or who seeks family planning services may consent for medical care and services by public and private hospitals or clinics or a licensed physician on the same basis as an adult. The consent of no other person is necessary. According to *Haw. Rev. Stat. § 577A-1*, “medical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. See *Confidentiality & Disclosure* regarding the discretionary authority to disclose information. See *Financial Responsibility*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See *STD/VD Care* and *HIV/AIDS Care*.

HIV/AIDS Care

Haw. Rev. Stat. § 325-16 provides that no health care provider may subject a person’s body fluids or tissue to an HIV test unless the subject first provides express oral consent to the testing. *Haw. Rev. Stat. § 325-16* provides that no blood bank, plasma center, or any other public or private agency, institution, or individual may subject a person’s body fluids or tissue to an HIV test unless the subject first provides informed written consent to the testing. The person being tested must be afforded an opportunity to receive HIV counseling and the test results.

Type of Care

Drug/Alcohol Care	<i>Haw. Rev. Stat. § 577-26</i> provides that a minor may consent for counseling services for alcohol or drug abuse on the same basis as an adult. <i>See Confidentiality & Disclosure</i> regarding the discretionary authority to disclose information. <i>See Financial Responsibility</i> .
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services other than for alcohol or drug abuse. <i>See Drug/Alcohol Treatment</i> .

Confidentiality & Disclosure⁵

Disclosure to Parents	<p><i>Haw. Rev. Stat. § 577A-3</i> provides that health care facilities and treating physicians may, at the discretion of the treating physician, inform the spouse, parent, custodian, or guardian of any minor patient who is age 14 through 17 and has consented for medical care and services of the provision of medical care and services to the minor and disclose any information pertaining to such care and services after consulting with the minor. <i>Haw. Rev. Stat. § 577A-1</i> provides that “[m]edical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. If the minor is not diagnosed as being pregnant or having a venereal disease, that information as well as the application for the diagnosis may be disclosed at the discretion of the treating physician.</p> <p><i>Haw. Rev. Stat. § 577A-4</i> provides that medical care and services for pregnancy, venereal disease, or family planning shall include individual counseling for each minor patient by a physician licensed to practice medicine that seeks to open the lines of communication between parent and child.</p> <p><i>Haw. Rev. Stat. § 577-26</i> provides that a counselor may inform the spouse, parent, custodian, or guardian of any minor who requests, is referred for, or receives counseling services related to alcohol or drug abuse. In providing counseling services for alcohol or drug abuse, the counselor shall attempt to open the lines of communication between the minor and the spouse, parent, custodian, or guardian; if this communication would be beneficial. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction</i>.</p> <p><i>Haw. Rev. Stat. § 577D-2</i> provides that if a minor without support files a claim with his or her health insurance coverage to cover the cost of the care, the minor may request that the information is not disclosed to his or her spouse, parent, custodian, or guardian; the insurance plan must comply with this request for confidentiality within 14 days.</p>
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Other

Financial Responsibility	<i>Haw. Rev. Stat. § 577A-4</i> provides that if a minor consents for medical care and services including diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services, the spouse, parent, custodian, or guardian of the minor patient is not financially responsible. A minor who consents for the provision of such medical care and services under this section shall assume financial responsibility for the costs of the medical care and services.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/hawaii/>.

Other

Financial Responsibility

Haw. Rev. Stat. § 577-26 provides that a minor who consents for counseling services for alcohol or drug abuse shall assume financial responsibility for the costs of such services, if any.

Haw. Rev. Stat. § 577D-2 provides that a minor without support who consents to health care services under this section must assume financial responsibility and legal obligations of the health care services; notwithstanding any other law to the contrary, a spouse, parent, custodian, or guardian whose consent has not been obtained or who has no prior knowledge that a minor without support has consented to the provision of medical care and services is not liable for the costs. Additionally, this statute provides that an action to recover debt from a minor without support for medical services rendered cannot begin until the minor has reached the age of majority, and the claim must be filed within 2 years of when the minor reaches majority.

Good Faith Reliance

Haw. Rev. Stat. § 577D-2 provides that any licensed health care practitioner who in good faith renders primary medical care and services to a minor without support (as described in *Haw. Rev. Stat. §§ 577D-1* and *577D-2*) has immunity from any civil or criminal liability based on his or her reliance on the minor's consent, whether or not the minor misrepresented his or her authority.

IDAHO

Overview of Idaho Laws

The age of majority in Idaho is 18. However, Idaho law authorizes minors to consent for health care in numerous situations. Although Idaho does not have laws specifically authorizing emancipated minors, minors living apart from their parents, married minors, and pregnant minors to consent for their own health care generally, they would be allowed to do so based on a law that allows any person of sufficient ordinary intelligence and awareness to comprehend the need for, the nature of, and the significant risks inherent in any hospital, medical, dental or surgical care, treatment, or procedure to consent for such care. Minors are allowed to consent for contraception, STD (“venereal disease”) and reportable disease care, including care for HIV/AIDS, and for drug and alcohol treatment and rehabilitation. Minors are also allowed to consent for pregnancy-related care and outpatient mental health services if they have “sufficient ordinary intelligence ...”. Idaho requires the consent of one parent for a minor’s abortion. The law includes a judicial bypass, and exceptions for medical emergencies, rape, and incest. Emancipated minors are allowed to refuse life sustaining procedures. Idaho relieves parents of financial responsibility for care related to STDs, reportable diseases, and HIV/AIDS. Physicians are allowed to rely in good faith on consent provided by certain persons for minors in specific situations; and individuals providing such consent in good faith are protected from liability. Confidentiality of information related to drug treatment for which a minor consents is protected.

Checklist of Idaho Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Idaho Code § 32-101
Emancipated Minor		✓	See General Medical Care
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	Idaho Code §§ 15-1-201, 32-101, 32-202 See General Medical Care
Pregnant Minor		✓	See General Medical Care
Minor Parent	✓	✓	Idaho Code § 39-4303 Idaho Code § 39-4303 Authorizes minor parent to consent for child; for minor parent's consent for self, see General Medical Care
Type of Care			
Emergency Care	✓	✓	Idaho Code § 39-4504; see General Medical Care
General Medical Care	✓	✓	Idaho Code § 39-4504
Family Planning & Contraceptive Care	✓	✓	Idaho Code § 18-603
Pregnancy Related Care		✓	See General Medical Care
Abortion	✓		Idaho Code §§ 18-604, 18-609A, 18-610 Planned Parenthood of Idaho, Inc. v. Lance, No. CIV 00-0353-S-MHW (D. Idaho Mar. 8, 2002), appeal filed, No. 012-35700 (9 th Cir. July 24, 2002)
STD/VD Care	✓	✓	Idaho Code §§ 39-601, 39-602, 39-3801
Reportable Disease Care	✓	✓	Idaho Code § 39-3801
HIV/AIDS Care	✓	✓	Idaho Code §§ 39-601, 39-602, 39-3801
Drug/Alcohol Care	✓	✓	Idaho Code § 37-3102
Outpatient Mental Health Services		✓	See General Medical Care
Confidentiality & Disclosure³			
Confidentiality Protection	✓		Idaho Code § 37-3102
Other			
Withdrawal of Life Sustaining Procedures	✓	✓	Idaho Code § 39-4509
Consent by Relative or Other Person	✓		Idaho Code § 39-4504
Financial Responsibility	✓		Idaho Code § 39-3801
Good Faith Reliance	✓		Idaho Code § 39-4504, 39-4503, 39-4504(1)

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/idaho/>.

Summary of Idaho Laws⁴

Minor Status

Age of Majority	<i>Idaho Code § 32-101</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction. See Married Minor and General Medical Care.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction. See General Medical Care.</i>
Married Minor	No specific legal provision was found expressly authorizing a married minor to consent for health care. <i>See General Medical Care. Idaho Code § 15-1-201</i> provides that any minor who has been married is an emancipated minor and <i>Idaho Code § 32-101</i> provides that any male or female who has been married is competent to enter a contract, deed of trust, and sue or be sued. For the statutory requirement for a minor to marry, <i>see Idaho Code § 32-202.</i>
Pregnant Minor	No specific legal provision was found authorizing a pregnant minor to consent for health care generally. <i>See General Medical Care.</i> For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	<i>Idaho Code § 39-4504</i> provides that a competent parent, spouse, or legal guardian may give or refuse consent for hospital, medical, dental, or surgical care, treatment or procedures for a minor child. <i>See General Medical Care.</i>

Type of Care

Emergency Care	<i>Idaho Code § 39-4504</i> provides that whenever there is no person who is authorized to give consent for care for a minor readily available to give or refuse consent, and in the judgment of the attending physician or dentist the patient has a medical emergency or there is a substantial likelihood that his or her life or health would be seriously endangered by the withholding or delay of care, the attending physician or dentist may authorize or provide such care as the physician deems appropriate. <i>See General Medical Care.</i>
General Medical Care	<i>Idaho Code § 39-4503</i> provides that any person of sufficient ordinary intelligence and awareness to comprehend the need for, the nature of, and the significant risks inherent in any hospital, medical, dental or surgical care, treatment, or procedure is competent to consent on his or her own behalf. Any health care provider may provide such health care and services in reliance upon this consent if the consenting person appears to the health care provider to possess the requisite intelligence and awareness at the time of treatment.
Family Planning & Contraceptive Care	<i>Idaho Code § 18-603</i> provides that a licensed physician health care provider may provide examinations, prescriptions, devices, and information regarding prevention of conception to any requesting person who, in the judgment of the provider, is sufficiently intelligent and mature to understand the nature and significance of the care. <i>See General Medical Care.</i>
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See General Medical Care and Abortion.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<p><i>Idaho Code § 18-609A</i> provides that an unemancipated minor under age 18 may not obtain an abortion without the written informed consent of one parent and the informed consent of the minor. The law includes a judicial bypass, a medical emergency exception, and an exception for rape or incest. <i>Idaho Code § 18-604</i> provides that for purposes of Chapter 6 “Abortion and Contraceptives” an emancipated minor is one who has been married or is in active military service. A court has held that <i>Idaho Code § 18-609A</i> is unconstitutional and an injunction against the enforcement of the statute was ordered. <i>Planned Parenthood of Idaho, Inc. v. Wasden</i>, 376 F.3d 908 (9th Cir. 2004), appeal to the US Supreme Court was denied. The statute was amended in 2007 and is currently being enforced. <i>Idaho Code § 18-610</i> provides that a pregnant woman of any age, including a minor, may refuse to consent for an abortion. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i>.</p>
STD/VD Care	<p><i>Idaho Code § 39-3801</i> provides that a minor age 14 or older who may have come into contact with any infectious, contagious, or communicable disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of the disease, so long as the disease is required to be reported. Parent or guardian consent is not necessary. A list of venereal diseases that are considered contagious, infectious, and communicable are included in <i>Idaho Code § 39-601</i> and are designated as reportable in <i>Idaho Code § 39-602</i>. See <i>General Medical Care, Reportable Disease Care, and Financial Responsibility</i>.</p>
Reportable Disease Care	<p><i>Idaho Code § 39-3801</i> provides that a minor age 14 or older who may have come into contact with any infectious, contagious, or communicable disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of the disease, so long as the disease is required to be reported. Parent or guardian consent is not necessary. See <i>General Medical Care, STD/VD Care, and Financial Responsibility</i>.</p>
HIV/AIDS Care	<p><i>Idaho Code § 39-3801</i> provides that a minor age 14 or older who may have come into contact with any infectious, contagious, or communicable disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of the disease, so long as the disease is required to be reported. Parent or guardian consent is not necessary. <i>Idaho Code § 39-601</i> designates HIV and AIDS as contagious, infectious, and communicable diseases. <i>Idaho Code § 39-602</i> designates HIV and AIDS as reportable diseases. See <i>General Medical Care and Financial Responsibility</i>.</p>
Drug/Alcohol Care	<p><i>Idaho Code § 37-3102</i> provides that a person may request treatment and rehabilitation for addiction to or dependency on any drug from a physician. A minor who is age 16 or older may give consent for the treatment or rehabilitation. See <i>General Medical Care and Confidentiality & Disclosure</i> regarding confidentiality protection and parental involvement.</p>
Outpatient Mental Health Services	<p>No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. See <i>General Medical Care</i>.</p>

Confidentiality & Disclosure⁵

Confidentiality Protection *Idaho Code § 37-3102* provides that when a minor age 16 or older seeks treatment or rehabilitation for drug addiction or dependency, the physician shall not disclose the fact that he or she has sought treatment or rehabilitation or information about the treatment or rehabilitation without the minor's consent. However, the minor shall be counseled as to the benefits of involving parents in the treatment.

Other

Withdrawal of Life-sustaining Procedures *Idaho Code § 39-4509* provides that an "emancipated minor," who is of sound mind may consent to the withdrawal of artificial life-sustaining procedures. The consent may be communicated while the emancipated minor is healthy.

Consent by Relative or Other Person *Idaho Code § 39-4504* provides that a competent relative who represents himself or herself to be an appropriate, responsible person, or any other competent individual who represents himself or herself to be responsible for the health care of the minor, may give consent for hospital, medical, dental or surgical care, treatment, or procedures for an unmarried minor, if no parent, spouse, or legal guardian is readily available to do so.

Financial Responsibility *Idaho Code § 39-3801* provides that a parent or legal guardian is not liable for payment for any care related to reportable infectious, contagious or communicable disease, including sexually transmitted disease and HIV or AIDS, for which a minor has given consent. *See STD/VD Care, Reportable Disease Care, and HIV/AIDS Care.*

Good Faith Reliance *Idaho Code § 39-4504* provides that no health care provider who, in good faith, obtains consent from a person for the health care of a minor pursuant to § 39-4503 or § 39-4504(1) is subject to civil liability on the basis of consent.

Idaho Code § 39-4504 provides that no person, a relative or otherwise, who in good faith gives consent or authorization for the medical treatment of a minor is subject to civil liability on the basis of consent.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/idaho/>.

Overview of Illinois Laws

The age of majority in Illinois is 18. However, Illinois law authorizes minors to consent for health care in numerous situations. Married minors, pregnant minors, and minor parents are generally allowed to consent for their own health care. Minor parents are also allowed to consent for health care for their children. Minors are allowed to consent for family planning and contraception, and for pregnancy related care, including prenatal and maternity care. A law requiring prior notice to a family member age 21 or older for minors who are seeking abortion had previously been held unconstitutional but has now been found constitutional by federal appellate court. The law contains a judicial bypass, and exceptions for emergencies and for physical or sexual abuse by a family member. Minors age 12 or older are allowed to consent for diagnosis and treatment of STDs, including HIV/AIDS, as well as for diagnosis and treatment of drug and alcohol problems, and for outpatient mental health treatment or counseling (under specified circumstances). Minors are also allowed to consent for medical care related to sexual assault. Illinois courts have recognized the mature minor doctrine in a case involving refusal of life sustaining procedures and Illinois now has a specific law allowing emancipated minors to refuse life sustaining procedures. Illinois relieves parents of financial responsibility for care in most situations when a minor has given consent. Some of the laws allowing minors to consent for care also require some effort to involve parents, or allow the health care professional to disclose information to parents. Illinois also has a law providing specific confidentiality protections for mental health and drug abuse treatment records.

Checklist of Illinois Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		755 Ill. Comp. Stat. § 5/11-1
Emancipated Minor	✓	✓	750 Ill. Comp. Stat. §§ 30/1 through 30/11, 30/3-1, 30/3-2, 30/5
Minor Living Apart		✓	See Emancipated Minor and General Medical Care
Married Minor	✓	✓	410 Ill. Comp. Stat. § 210/1
Pregnant Minor	✓	✓	410 Ill. Comp. Stat. § 210/1
Minor Parent	✓	✓	410 Ill. Comp. Stat. §§ 210/1, 210/2
Type of Care			
Emergency Care	✓	✓	410 Ill. Comp. Stat. § 210/3
General Medical Care	✓	✓	In re E.G., 549 N.E.2d 322 (1989) See Introduction, Married Minor, Pregnant Minor, Minor Parent, and Right to Refuse
Family Planning & Contraceptive Care	✓	✓	325 Ill. Comp. Stat. § 10/1
Pregnancy Related Care	✓	✓	410 Ill. Comp. Stat. § 210/1
Abortion	✓	✓	750 Ill. Comp. Stat. §§ 70/1 through 70/99 Zbaraz v. Ryan, No. 84 C 771 (N.D. Ill. Feb. 9, 1996) Zbaraz v. Madigan, Nos. 08-1620, 08-1782 (C.A. 7 Ill. July 14, 2009) Notice to parent or adult family member required; law includes judicial bypass and other exceptions. Law is currently not enforced.
STD/VD Care	✓	✓	410 Ill. Comp. Stat. §§ 210/4, 325/3
Reportable Disease Care			See STD/Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Ill. Adm. Code tit. 77, § 693.20
Drug/Alcohol Care	✓	✓	410 Ill. Comp. Stat. § 210/4
Outpatient Mental Health Services	✓	✓	405 Ill. Comp. Stat. § 5/3-501
Confidentiality & Disclosure³			
Disclosure to Parents	✓		405 Ill. Comp. Stat. § 5/3-501 410 Ill. Comp. Stat. §§ 210/4, 210/5, 305/9
Medical Records	✓		20 Ill. Comp. Stat. § 301/30-5(t) 740 Ill. Comp. Stat. § 110/4
Other			
Blood Donation	✓	✓	210 Ill. Comp. Stat. § 15/1
Life Sustaining Procedures	✓	✓	755 Ill. Comp. Stat. § 35/3 755 Ill. Comp. Stat. § 40/65
Sexual Assault Care	✓	✓	410 Ill. Comp. Stat. §§ 70/5, 210/3
Financial Responsibility			405 Ill. Comp. Stat. § 5/3-501
Right to Refuse	✓		In re E.G., 549 N.E.2d 322 (Ill. 1989)

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/illinois/>.

Summary of Illinois Laws⁴

Minor Status

Age of Majority	755 Ill. Comp. Stat. § 5/11-1 provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . 750 Ill. Comp. Stat. § 30/5 provides that a mature minor may be partially or fully emancipated. A minor who has been fully emancipated has the right to enter into contracts and other rights and responsibilities as the court orders that are not inconsistent with the specific age requirements of law. A minor who is partially emancipated has the rights and responsibilities that the court orders. For purposes of the Emancipation of Mature Minors Act, according to 750 Ill. Comp. Stat. § 30/3-1, a minor is a person who is age 16 or older and under age 18. According to 750 Ill. Comp. Stat. § 30/3-2, a mature minor is a person who is age 16 or older and under age 18 who has demonstrated the ability and capacity to manage his or her own affairs and to live wholly or partially independent of his or her parents or guardian. For the complete provisions of the Illinois Emancipation of Mature Minors Act, <i>see 750 Ill. Comp. Stat. §§ 30/1 through 30/11</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> . For discussion of the emancipation of mature minors living apart from parents, <i>see Emancipated Minor</i> .
Married Minor	410 Ill. Comp. Stat. § 210/1 provides that a married minor may consent for medical or surgical procedures by a licensed physician. <i>See Family Planning & Contraceptive Care</i> .
Pregnant Minor	410 Ill. Comp. Stat. § 210/1 provides that a pregnant minor may consent for medical or surgical procedures by a licensed physician. <i>See Family Planning & Contraceptive Care and Abortion</i> .
Minor Parent	410 Ill. Comp. Stat. §§ 210/1 and 210/2 provide that a minor who is a parent may consent for medical or surgical procedures by a licensed physician for himself or herself and to medical, surgical, or dental procedures for his or her child. <i>See Family Planning & Contraceptive Care</i> .

Type of Care

Emergency Care	410 Ill. Comp. Stat. § 210/3 provides that a licensed physician, dentist, or hospital may render emergency treatment for a minor without obtaining the parent or guardian's consent if, in the sole opinion of the medical professional, obtaining consent is not reasonably feasible under the circumstances without adversely affecting the minor's health. <i>See Sexual Assault Care</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Married Minor, Pregnant Minor, Minor Parent, and Right to Refuse</i> . For an Illinois case recognizing the mature minor doctrine, <i>see In re E.G., 549 N.E.2d 322 (1989)</i> .
Family Planning & Contraceptive Care	325 Ill. Comp. Stat. § 10/1 provides that a licensed physician may provide birth control services and information to any minor who: is married; or is a parent; or is pregnant; or has the consent of his or her parent or legal guardian; or who is referred for such services by a physician, clergyman, or a planned parenthood agency; or when failure to provide such services would create a serious health hazard to the minor.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	<i>410 Ill. Comp. Stat. § 210/1</i> provides that a pregnant minor may consent for the performance of medical or surgical procedures by a licensed physician. <i>See Family Planning & Contraceptive Care and Abortion.</i>
Abortion	<i>750 Ill. Comp. Stat. §§ 70/1 through 70/99</i> provide that an abortion may not be performed on an unmarried, unemancipated minor under age 18 without the consent of the minor and prior notice to an adult family member age 21 or older (parent, grandparent, step-parent living in the household, or legal guardian). The law contains a judicial bypass, an emergency exception, and an exception for cases of physical or sexual abuse or neglect by a family member. This law had not been enforced based on a court injunction issued in <i>Zbaraz v. Ryan</i> , No. 84 CV 771 (N.D. Ill. Feb. 9, 1996). This injunction was dissolved (pending possible Supreme Court appeal) in July 2009 by the 7th Circuit Court of Appeals in <i>Zbaraz v. Madigan</i> , Nos. 08-1620, 08-1782 (C.A. 7 Ill. July 14, 2009). For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D.</i>
STD/VD Care	<i>410 Ill. Comp. Stat. § 210/4</i> provides that a minor age 12 or older who may have come into contact with any sexually transmitted disease may give consent for medical care or counseling related to the diagnosis or treatment of the disease. For a list of diseases the legislature instructed the Department of Public Health to consider when determining which diseases to designate as sexually transmissible, <i>see 410 Ill. Comp. Stat. § 325/3. See Confidentiality & Disclosure</i> regarding disclosure to parents and family involvement.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care and HIV/AIDS Care.</i>
HIV/AIDS Care	<i>Ill. Adm. Code tit. 77, § 693.20</i> provides that HIV and AIDS are included in the list of diseases designated as reportable sexually transmissible diseases by the Department of Public Health. For a provision authorizing minors to consent for care for sexually transmitted disease, <i>see STD/VD Care. See Confidentiality & Disclosure</i> regarding disclosure to parents.
Drug/Alcohol Care	<i>410 Ill. Comp. Stat. § 210/4</i> provides that a minor age 12 or older who is an addict, an alcoholic or an intoxicated person (as defined by the Illinois Alcoholism and other Drug Dependency Act), or who may have a family member who abuses drugs or alcohol may give consent for medical care or counseling related to the diagnosis or treatment of the disease. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents and access to records.
Outpatient Mental Health Services	<i>405 Ill. Comp. Stat. § 5/3-501</i> provides that any minor age 12 years or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of parent, guardian, or person <i>in loco parentis</i> is not required. These services for a minor under age 17 shall be limited to 5 sessions, with a session not lasting more than 45 minutes. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents and access to records. <i>See Financial Responsibility.</i>

Confidentiality & Disclosure⁵

Disclosure to Parents

410 Ill. Comp. Stat. § 210/4 provides that if a minor agrees, anyone providing counseling or treatment for a minor for sexually transmitted disease or drug abuse shall make reasonable efforts to involve the family of the minor, if the health care provider believes familial involvement will not be detrimental to the minor. *See STD/VD Care and Drug/Alcohol Care.*

410 Ill. Comp. Stat. § 210/5 provides that a health care professional who provides medical care or counseling to a minor related to sexually transmitted disease may, but is not obligated to, inform the minor's parent or guardian as to the treatment given or needed. 410 Ill. Comp. Stat. § 210/5 also provides that any person who provides counseling to a minor who abuses drugs or alcohol or has a family member who abuses drugs or alcohol *shall not inform* the parent, guardian, or other responsible adult of the minor's condition or treatment without the consent of the minor unless doing so is necessary to protect the safety of the minor, a family member, or another individual. If the minor consents, the person shall make reasonable efforts to involve the family of the minor if the person providing the treatment believes familial involvement will not be detrimental to the minor. *See STD/VD Care and Drug/Alcohol Care.*

410 Ill. Comp. Stat. § 305/9 provides that if a minor tests positive for HIV, the health care provider who ordered the test shall make a reasonable effort to notify the minor's parent or guardian if, in the professional judgment of the health care provider, notification would be in the best interest of the minor and the health care provider has first sought unsuccessfully to persuade the minor to notify his or her parent or guardian. This section does not create a duty or obligation for a health care provider to notify the minor's parent or guardian. A health care professional who acts in good faith shall not incur civil or criminal liability either for notifying or for not notifying the minor's parent or guardian. *See HIV/AIDS Care.*

405 Ill. Comp. Stat. § 5/3-501 provides that the minor's parent or guardian shall not be informed of outpatient counseling or psychotherapy for which the minor may consent without the minor's consent unless the facility director believes such disclosure is necessary. The facility director must inform the minor if the parent or guardian is to be notified. *See Outpatient Mental Health Services and Medical Records.*

Medical Records

20 Ill. Comp. Stat. § 301/30-5(t) provides that under the Alcoholism and Other Drug Abuse Dependency Act, unless otherwise prohibited by state or federal law, every patient, patient's guardian, or parent, if the patient is a minor, shall be permitted to inspect and copy all clinical and other records kept by the treatment program or physician concerning his care and maintenance. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

740 Ill. Comp. Stat. § 110/4 provides that under the Mental Health and Developmental Disabilities Confidentiality Act, the following persons, among others, are entitled to inspect and copy the records of a person receiving mental health or developmental disabilities services: the parent or guardian of a recipient who is under age 12 years; the recipient if he or she is age 12 or older; or the parent or guardian of a recipient who is at least age 12 but under age 18, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying the access. *See Disclosure to Parents.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/illinois/>.

Other

- Blood Donation** 210 Ill. Comp. Stat. § 15/1 provides that any person 17 years of age may donate blood, if the donation be completely voluntary, without the necessity of obtaining the permission or authorization of his or her parent or guardian. This section also provides that any person 16 years of age may donate blood, if that person obtains written permission or authorization from his or her parent or guardian.
- Life Sustaining Procedures** 755 Ill. Comp. Stat. § 35/3 provides that an emancipated minor may refuse the use of death delaying procedures if suffering from a terminal condition.
755 Ill. Comp. Stat. § 40/65 provides that an emancipated minor may consent to do-not-resuscitate orders.
- Sexual Assault Care** 410 Ill. Comp. Stat. § 210/3 provides that a minor who is the victim of sexual assault or sexual abuse may consent for medical care or counseling related to diagnosis or treatment of any disease or injury arising out of the sexual assault or abuse and the consent of a parent or legal guardian is not necessary. 410 Ill. Comp. Stat. § 70/5 provides that any minor who is an alleged survivor of sexual assault and seeks emergency services shall be provided such services without the consent of a parent, guardian, or custodian.
- Financial Responsibility** 405 Ill. Comp. Stat. § 5/3-501 provides that the parent or guardian of a minor who has consented to outpatient mental health services is not responsible for the costs of outpatient counseling or psychotherapy for which the parent or guardian or person *in loco parentis* has not consented. See *Outpatient Mental Health Services*.
- Right to Refuse** *In re E.G.*, 549 N.E.2d 322 (Ill. 1989) found that a minor who has a requisite degree of maturity as determined by a court has a limited right to refuse life-sustaining medical treatment.

Overview of Indiana Laws

The age of majority in Indiana is 18. However, Indiana law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors age 14 or older who are living apart from their parents and managing their own financial affairs, married minors, and minors in the military are generally allowed to consent for their own health care. Although Indiana does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Indiana does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. A minor must have the consent of one parent or a legal guardian to obtain an abortion. The law includes a judicial bypass and an emergency exception. Minors are allowed to consent for diagnosis and treatment of STDs as well as for diagnosis and treatment of drug and alcohol problems. HIV testing requires the consent of a minor or an authorized representative. Minors are also allowed to consent for medical care, counseling, and collection of evidence related to sexual assault. Physicians may rely in good faith on the representations of minors that they are allowed to consent for their own health care. Indiana law contains specific provisions regarding the disclosure of information to parents when minors voluntarily seek drug abuse treatment.

Checklist of Indiana Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ind. Code § 1-1-4-5
Emancipated Minor	✓	✓	Ind. Code §§ 16-36-1-3, 31-16-6-6
Minor Living Apart	✓	✓	Ind. Code § 16-36-1-3
Married Minor	✓	✓	Ind. Code § 16-36-1-3
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓		Ind. Code §§ 16-36-3-3, 34-18-12-9
General Medical Care			See Emancipated Minor, Minor Living Apart, Married Minor, and Minor in the Military
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		Ind. Code § 16-34-2-4
STD/VD Care	✓	✓	Ind. Code § 16-36-1-3
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Ind. Code § 16-41-6-1
Drug/Alcohol Care	✓	✓	Ind. Code § 12-23-12-1
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ind. Code § 12-23-12-2
Other			
Blood Donation	✓	✓	Ind. Code § 16-36-1-3
Sexual Assault Care	✓	✓	Ind. Code §§ 16-21-8-1, 16-21-8-3
Good Faith Reliance	✓		Ind. Code § 16-36-1-10
Minor in the Military	✓	✓	Ind. Code § 16-36-1-3

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/indiana/>.

Summary of Indiana Laws⁴

Minor Status

Age of Majority	<i>Ind. Code §1-1-4-5</i> provides that the age of majority is 18.
Emancipated Minor	<i>Ind. Code § 16-36-1-3</i> provides that a minor who is emancipated may consent for his or her own health care. For purposes of determining whether parents have a continuing duty of support for a minor child, <i>Ind. Code § 31-16-6-6</i> provides that a minor is to be considered emancipated if the court finds that the minor has joined the U.S. armed services, or has married, or is not under the care or control of either parent or an individual or agency approved by the court.
Minor Living Apart	<i>Ind. Code § 16-36-1-3</i> provides that a minor may consent for his or her own health care if he or she is: age 14 or older; not dependent on a parent for support; living apart from a parent or person <i>in loco parentis</i> ; and managing his or her own affairs.
Married Minor	<i>Ind. Code § 16-36-1-3</i> provides that a minor who is or has been married can give consent for his or her own health care.
Pregnant Minor	No specific legal provision was found expressly authorizing a pregnant minor to consent for health care generally. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction.</i>

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction.</i> Specific Indiana statutes suggest that consent is not required in an emergency: <i>e.g., Ind. Code § 16-36-3-3</i> (relating to consent for treatment for incompetent persons) and <i>Ind. Code § 34-18-12-9</i> (relating to medical malpractice and requirements for informed consent).
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor, Minor Living Apart, Married Minor, and Minor in the Military.</i>
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction.</i>
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion.</i>
Abortion	<i>Ind. Code § 16-34-2-4</i> provides that a minor may not obtain an abortion without the written consent of either one parent or a legal guardian. The law includes a judicial bypass and an emergency exception. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>Ind. Code § 16-36-1-3</i> provides that an individual who has, or suspects that he or she has, been exposed to a venereal disease is competent to give consent for his or her own medical or hospital care or treatment.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care</i> and <i>HIV/AIDS Care</i> .
HIV/AIDS Care	<i>Ind. Code § 16-41-6-1</i> provides that except in specified circumstances, an HIV test may not be performed without the consent of the individual to be tested or an authorized representative.
Drug/Alcohol Care	<i>Ind. Code § 12-23-12-1</i> provides that a minor who voluntarily seeks treatment from the Division of Mental Health and Addiction or a facility approved by the Division for alcoholism, alcohol abuse, or drug abuse may receive treatment without notification or consent of the minor's parents, guardian, or person with custody or control of the minor. <i>See Confidentiality & Disclosure</i> regarding notification of parents.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Ind. Code § 12-23-12-2</i> provides that notification or consent to the parent or guardian of a minor who voluntarily seeks care from the Division of Mental Health and Addiction for alcoholism, alcohol abuse, or drug abuse is at the discretion of the Division or a facility approved by the division. A criminal action or civil suit may not be maintained against the division or the division's agents for the reasonable exercise of this discretion. <i>See Drug/Alcohol Care</i> . For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction</i> .
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Other

Blood Donation	<i>Ind. Code § 16-36-1-3</i> provides that a minor who is 17 years of age may donate blood in a voluntary and noncompensatory blood program without obtaining parental permission.
Sexual Assault Care	<i>Ind. Code § 16-21-8-3</i> provides that a hospital providing emergency hospital services to an alleged sex crime victim shall provide the following services with the consent of the alleged victim and as ordered by the attending physician: appropriate medical care; collection of medical evidence; and appropriate counseling for the victim. <i>Ind. Code § 16-21-8-1</i> provides that rape, criminal deviate conduct, child molesting, and vicarious sexual gratification, sexual battery and sexual misconduct with a minor are considered sex crimes.
Good Faith Reliance	<i>Ind. Code § 16-36-1-10</i> provides that a physician who believes in good faith that a person is authorized to give consent for health care is not subject to criminal or civil liability or professional discipline.
Minor in the Military	<i>Ind. Code § 16-36-1-3</i> provides that a minor who is in the U.S. military may consent to his or her own health care.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/indiana/>.

Overview of Iowa Laws

The age of majority in Iowa is 18. However, Iowa law authorizes minors to consent for health care in numerous situations. Married minors and minors who have been tried and convicted as adults generally are allowed to consent for their own health care. Minors are allowed to consent for family planning and contraception, diagnosis and treatment of STDs and HIV, as well as for diagnosis and treatment of drug and alcohol problems. Although Iowa does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Iowa law requires notice to a parent or, in specified circumstances, a grandparent for a minor to obtain an abortion. The law includes a judicial bypass and exceptions for emergencies, child abuse, and sexual abuse. Iowa law provides that the fact that a minor sought or is receiving contraceptive services, or screening or treatment for HIV and other sexually transmitted diseases services or treatment is confidential and shall not be disclosed. However, if a minor tests positive for HIV, the facility must notify the minor's legal guardian, unless prohibited by federal law. Information about substance abuse services sought by a minor is not to be disclosed without the permission of the minor.

Checklist of Iowa Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Iowa Code § 599.1
Emancipated Minor	✓		Iowa Code § 252.16 See Introduction
Minor Living Apart			
Married Minor	✓	✓	Iowa Code §§ 595.2, 599.1
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Married Minor
Family Planning & Contraceptive Care	✓	✓	Iowa Code § 141A.7
Pregnancy Related Care			See Introduction
Abortion	✓		Iowa Code § 135L.3 Parental notification or notice to grandparent required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Iowa Code §§ 139A.35, 141A.7
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Iowa Code § 141A.7
Drug/Alcohol Care	✓	✓	Iowa Code § 125.33
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Iowa Code §§ 125.33, 141A.7
Other			
Consent of Minor Tried as Adult	✓	✓	Iowa Code § 599.1

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/iowa/>.

Summary of Iowa Laws⁴

Minor Status

Age of Majority	<i>Iowa Code § 599.1</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . <i>Iowa Code § 252.16</i> provides that an emancipated minor is one who is absent from the minor's parents with the consent of the parents, is self-supporting, and has assumed a new relationship inconsistent with being a part of the family of the parents.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Iowa Code § 599.1</i> provides that a married minor of any age is deemed to have attained the age of majority. The legal requirements for a minor to marry are set forth in <i>Iowa Code § 595.2</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing a pregnant minor to consent for health care generally. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction</i> . <i>See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Married Minor</i> .
Family Planning & Contraceptive Care	<i>Iowa Code § 141A.7</i> provides that a minor may give written consent for voluntary treatment, contraceptive services, or screening or treatment for HIV and other sexually transmitted diseases. <i>See Confidentiality & Disclosure</i> regarding confidentiality protection.
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Family Planning & Contraceptive Care</i> and <i>Abortion</i> .
Abortion	<i>Iowa Code § 135L.3</i> provides that an unmarried minor may not obtain an abortion without advance notice to one parent. In specified circumstances the notice may be given to a grandparent instead of to a parent. The law includes a judicial bypass, an emergency exception, and an exception for cases of child abuse or sexual abuse. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>Iowa Code § 141A.7</i> provides that a minor may give written consent for voluntary treatment, contraceptive services, or screening or treatment for HIV and other sexually transmitted diseases. <i>Iowa Code § 139A.35</i> provides that a minor may consent for diagnosis or treatment for a sexually transmitted disease or infection and the consent of a parent or other person is not necessary. See <i>Confidentiality & Disclosure</i> regarding confidentiality protection.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See <i>STD/VD Care</i> and <i>HIV/AIDS Care</i> .
HIV/AIDS Care	<i>Iowa Code § 141A.7</i> provides that a minor may give written consent for voluntary treatment, contraceptive services, or screening or treatment for HIV and other sexually transmitted diseases. See <i>Confidentiality & Disclosure</i> regarding confidentiality protection and disclosure of information to parents.
Drug/Alcohol Care	<i>Iowa Code § 125.33</i> provides that a minor may give consent for treatment or rehabilitation services for substance abuse. See <i>Confidentiality & Disclosure</i> regarding confidentiality protection.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Iowa Code § 141A.7</i> provides that the fact that a minor sought or is receiving contraceptive services, or screening or treatment for HIV and other sexually transmitted diseases services or treatment shall not be disclosed. See <i>Family Planning/Contraceptive Care</i> , <i>STD/VD Care</i> , and <i>HIV/AIDS Care</i> . However, <i>Iowa Code § 141A.7</i> also provides that a minor must be informed prior to HIV testing that the facility must notify the minor's legal guardian if the minor tests positive for HIV. Testing facilities must have available a program to assist minors with the notification process. A testing facility which is precluded by federal statute, regulation, or CDC guidelines from notifying the guardian is exempt from the notification requirement, but must have the assistance program in place. See <i>HIV/AIDS Care</i> . <i>Iowa Code § 125.33</i> provides that if a minor personally makes application for treatment or rehabilitation services for substance abuse, the fact that the minor sought treatment or rehabilitation or is receiving services shall not be reported or disclosed to the parents or guardian without the minor's consent.
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Other

Consent of Minor Tried as Adult	<i>Iowa Code § 599.1</i> provides that a person under age 18 who has been tried and convicted as an adult and committed to the department of corrections is deemed to have attained the age of majority for the purpose of consenting to medical care, related services, and treatment.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/iowa/>.

Overview of Kansas Laws

The age of majority in Kansas is 18. However, Kansas law authorizes minors to consent for health care in numerous situations. Although Kansas does not have provisions specifically authorizing minors who are emancipated, living apart from their parents, married, or parents to consent for their own care, other provisions allow minors to consent and would enable these minors to do so. Kansas law allows minors age 16 or older to consent for their own care if a parent is not immediately available. Kansas Attorney General opinions and case law also acknowledge that mature minors may consent for their own care. Minors are allowed to consent for family planning and contraception. Although Kansas does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy or under the mature minor doctrine pursuant to case law and the Attorney General's opinion. Counseling and notice to a parent or legal guardian is required for a minor to obtain an abortion. The law includes a judicial bypass and exceptions for emergencies and for incest. Minors are allowed to consent for diagnosis and treatment of STDs ("venereal disease"), as well as for diagnosis and treatment of drug and alcohol problems, and for outpatient mental health treatment or counseling (under specified circumstances, based on an Attorney General's opinion). Minors are also allowed to consent for collection of evidence related to a sex crime if the minor is a victim. Kansas law includes a variety of provisions related to disclosure of information to parents when minors have consented for care, with some allowing disclosure but not requiring it and at least one (related to sexual assault), requiring disclosure to parents.

Checklist of Kansas Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Kan. Stat. Ann. § 38-101
Emancipated Minor	✓	✓	Kan. Stat. Ann. §§ 38-108, 38-109 See General Medical Care
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	Kan. Stat. Ann. § 38-101 See General Medical Care
Pregnant Minor	✓	✓	Kan. Stat. Ann. § 38-123
Minor Parent	✓	✓	Kan. Stat. Ann. § 38-122 Authorizes minor parent to consent for child; for minor parent's consent for self, see General Medical Care
Type of Care			
Emergency Care	✓	✓	Kan. Stat. Ann. § 65-2891
General Medical Care	✓	✓	Kan. Stat. Ann. § 38-123b 91 Op. Att'y Gen. 43 (Kan. 1991) 92 Op. Att'y Gen. 71 (Kan. 1992) Younts v. St. Francis Hospital and School of Nursing, 205 Kan. 292 (1970)
Family Planning & Contraceptive Care	✓	✓	87 Op. Att'y Gen. 66 (Kan. 1987) 92 Op. Att'y Gen. 71 (Kan. 1992) See General Medical Care
Pregnancy Related Care	✓	✓	Kan. Stat. Ann. § 38-123
Abortion	✓		Kan. Stat. Ann. §§ 65-6701, 65-6704 through 65-6707 In re Petition of Doe, 17 Kan. App. 2d 567 (1992) Parental notification required; law includes a judicial bypass and other exceptions
STD/VD Care	✓	✓	Kan. Stat. Ann. § 65-2892
Reportable Disease Care		✓	See STD/VD Care and General Medical Care
HIV/AIDS Care		✓	See Introduction and General Medical Care
Drug/Alcohol Care	✓	✓	Kan. Stat. Ann. § 65-2892a
Outpatient Mental Health Services	✓	✓	
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Kan. Stat. Ann. §§ 65-448, 65-2892 Kan. Stat. Ann. § 65-2892a 87 Op. Att'y Gen. 66 (Kan. 1987)
Other			
Blood Donation	✓	✓	Kan. Stat. Ann. § 38-123a
Dental Care	✓		Kan. Admin. Reg. § 71-8-5
Sexual Assault Care	✓	✓	Kan. Stat. Ann. § 65-448

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/kansas/>.

Summary of Kansas Laws⁴

Minor Status

Age of Majority	<i>Kan. Stat. Ann. § 38-101</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. <i>Kan. Stat. Ann. § 38-108</i> provides that the rights of majority conferred to a minor are those concerning contracts and real and personal property. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction. Kan. Stat. Ann. § 38-109</i> provides that a district court may grant a minor's petition and confer on the minor the rights of majority if the court finds that the minor is of sound mind and able to transact his or her own affairs and that that it would be in the minor's interest to do so. <i>See General Medical Care.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction. See General Medical Care.</i>
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. <i>Kan. Stat. Ann. § 38-101</i> provides that a minor age 16 or older who is married has attained the age of majority for the purpose of contracts, property rights, liabilities and the capacity to sue and be sued. For discussion of marriage as a traditional criterion of emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction and General Medical Care.</i>
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Kan. Stat. Ann. § 38-123</i> provides that an unmarried pregnant minor may consent to hospital, medical, and surgical care related to her pregnancy when no parent or guardian is available. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction. See General Medical Care. See Abortion.</i>
Minor Parent	<i>Kan. Stat. Ann. § 38-122</i> provides that any minor parent may consent for medical, surgical, or post mortem procedures for his or her child. <i>See General Medical Care.</i>

Type of Care

Emergency Care	<i>Kan. Stat. Ann. § 65-2891</i> provides that a health care provider may in good faith provide emergency care or assistance to a minor at the scene of an emergency or accident without first obtaining consent of the minor's parent or guardian, and may in good faith provide emergency care or assistance, without compensation, to a minor who requires such care or assistance as a result of having engaged in competitive sports without first obtaining the consent of the minor's parent or guardian. A health care provider may provide emergency care or assistance, with or without compensation, during an emergency which occurs in a hospital or elsewhere until the physician employed by the patient or the patient's family assumes responsibility for the patient's care.
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

General Medical Care

Kan. Stat. Ann. § 38-123b provides that a minor who is age 16 or older may give consent for hospital, medical, or surgical treatment or procedures, where no parent or guardian is immediately available. The consent of a parent or guardian is not necessary to authorize the proposed treatment. In *92 Op. Att’y Gen. 71 (Kan. 1992)*, the Kansas Attorney General recognized that a mature minor may authorize medical and surgical services by giving an informed consent. The opinion cited *Younts v. St. Francis Hospital and School of Nursing, 205 Kan. 292 (1970)*, which recognized an exception to the requirement of parental consent for a minor who is close to maturity and knowingly gives an informed consent, and also referred to *91 Op. Att’y Gen. 43 (Kan. 1991)*, which noted that an unemancipated immature minor may not consent for medical care, but did not preclude the possibility that a mature minor may give informed consent for his or her own care.

**Family Planning
& Contraceptive Care**

No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. In *92 Op. Att’y Gen. 71 (Kan. 1992)*, the Kansas Attorney General recognized that a mature minor may authorize medical and surgical services, including contraceptive services, by giving an informed consent. In *87 Op. Att’y Gen. 66 (Kan. 1987)*, the Kansas Attorney General found that absolute prohibitions on contraceptive services for minors and mandatory parental consent requirements for contraceptive services for minors are unconstitutional. *See General Medical Care*. For discussion of a minor’s constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction*.

Pregnancy Related Care

Kan. Stat. Ann. § 38-123 provides that an unmarried pregnant minor may consent for hospital, medical, and surgical care related to her pregnancy when no parent or guardian is available. For discussion of the constitutional right of a minor to consent to reproductive health care, *see Introduction. See General Medical Care*.

Abortion

Kan. Stat. Ann. §§ 65-6701 and 65-6704 through 65-6707 provide that an unmarried, unemancipated minor under age 18 may not obtain an abortion until after she has received counseling regarding her alternatives and rights from a counselor specified in *Kan. Stat. Ann. § 65-6701* and notice has been given to one parent or a legal guardian. *Kan. Stat. Ann. § 65-6704* provides that parent or guardian, or a person 21 or more years of age who is not associated with the abortion provider and who has a personal interest in the minor’s well-being, must accompany the minor and be involved in the minor’s decision-making process regarding whether to have an abortion. The law includes a judicial bypass, an emergency exception, and an exception for cases of incest. *In re Petition of Doe, 17 Kan. App.2d 567 (1992)* held that Kansas residency is not required for a pregnant woman, adult or minor, to have an abortion performed in Kansas, nor is residency required for an unemancipated pregnant minor to seek waiver of parental notification in Kansas pursuant to the abortion statute. For sources of additional information regarding the legal requirements for minors to obtain abortion, *see Appendix D*.

STD/VD Care

Kan. Stat. Ann. § 65-2892 provides that a minor may consent for diagnosis and treatment for venereal disease, including prophylactic treatment for exposure to venereal disease. The consent of a parent or guardian is not necessary. *See Confidentiality & Disclosure* regarding disclosure of information to parents.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See General Medical Care* and *STD/VD Care*.

HIV/AIDS Care

No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV/AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, *see Introduction. See General Medical Care*.

Type of Care

- Drug/Alcohol Care** *Kan. Stat. Ann. § 65-2892a* provides that a minor may consent for examination and treatment for drug abuse, misuse, or addiction. Parent or guardian consent is not necessary. *See Confidentiality & Disclosure* regarding confidentiality protection.
- Outpatient Mental Health Services** In *2004 Op. Att’y Gen. 22 (Kan. 2004)*, the Kansas Attorney General stated that a minor at least 14 years of age may consent to outpatient mental health services as a voluntary patient. The opinion requires the head of the treatment facility to notify the minor client’s parent, legal guardian, or other person known by the head of the facility to be interested in the care and welfare of the minor. It also overrides the maturity requirement (i.e. the intellectual capacity, experience, and knowledge necessary to substantially understand the situation at hand and the consequences of the choices that can be made) that was described in *2003 Op. Att’y Gen. 35*. The requirement of informed consent, as described in *2003 Op. Att’y Gen. 35*, is still valid and requires that the minor’s consent be an informed consent in relation to the potential risks and benefits of the type of mental health treatment provided.

Confidentiality & Disclosure⁵

- Disclosure to Parents** In *87 Op. Att’y Gen. 66 (Kan. 1987)*, the Kansas Attorney General found that reasonable parental consultation restrictions may be placed on certain types of contraceptive use. *See Family Planning & Contraceptive Care*.
- Kan. Stat. Ann. § 65-2892a* provides that a minor who voluntarily seeks treatment for alcoholism, alcohol abuse, or drug abuse may receive treatment without notification or consent of a parent or guardian. *See Drug/Alcohol Care*.
- Kan. Stat. Ann. § 65-2892* provides that when a minor gives consent for diagnosis and treatment for venereal disease, based on the physician’s opinion of what will be most beneficial for the minor, the physician may, but is not obligated to, inform the parent, guardian, custodian, spouse, or fiancé, as to the treatment given or needed without the consent of the minor patient. *See STD/VD Care*.
- Kan. Stat. Ann. § 65-448* provides that when a minor who is an alleged victim of a sex crime consents to a medical examination to gather evidence of the crime, the hospital or medical facility must give written notice to the parent or guardian of the minor that such an examination has taken place. *See Sexual Assault Care*.

Other

- Blood Donation** *Kan. Stat. Ann. § 38-123a* provides that a minor at least 16 years of age may donate blood voluntarily without consent from a parent or guardian. *Kan. Stat. Ann. § 38-123a* provides that the minor may not receive compensation for his or her donation without parental permission or authorization.
- Dental Care** *Kan. Admin. Reg. § 71-8-5* provide that no minor may receive services from a mobile dental facility or portable dental operation without a consent form signed by the parent or guardian.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/kansas/>.

Type of Care

Sexual Assault Care

Kan. Stat. Ann. § 65-448 provides that a minor who is an alleged victim of a sex crime may consent for a medical examination to gather evidence of the crime. The hospital or medical facility must give written notice to the parent or guardian that such an examination has taken place. *See Disclosure to Parents.*

Overview of Kentucky Laws

The age of majority for most purposes in Kentucky is 18. However, Kentucky law authorizes minors to consent for health care in numerous situations. Emancipated minors, married minors, and minor parents are generally allowed to consent for their own health care. Minor parents may also consent for health care for their child. Minors are allowed to consent for contraception, diagnosis and treatment of pregnancy, diagnosis and treatment of STDs (“venereal disease”), including HIV and AIDS, diagnosis and treatment of alcohol and drug abuse or addiction, and sexual assault examinations. Minors age 16 or older are allowed to consent for outpatient mental health counseling. Health care providers are allowed to rely in good faith on the representations of minors that they are allowed to consent for health care. Most of the laws allowing minors to consent for care also allow the health care professional to disclose information to parents.

Checklist of Kentucky Laws

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ky. Rev. Stat. Ann. § 2.015
Emancipated Minor	✓	✓	Ky. Rev. Stat. Ann. § 214.185
Minor Living Apart			
Married Minor	✓	✓	Ky. Rev. Stat. Ann. §§ 214.185, 402.020
Pregnant Minor	✓	✓	Ky. Rev. Stat. Ann. § 214.185
Minor Parent	✓	✓	Ky. Rev. Stat. Ann. § 214.185
Type of Care			
Emergency Care	✓	✓	Ky. Rev. Stat. Ann. § 214.185
General Medical Care			See Introduction, Emancipated Minor, Married Minor, and Minor Parent
Family Planning & Contraceptive Care	✓	✓	Ky. Rev. Stat. Ann. § 214.185
Pregnancy Related Care	✓	✓	Ky. Rev. Stat. Ann. §§ 212.345, 214.185
Abortion	✓		Ky. Rev. Stat. Ann. § 311.732 One parent consent required; law includes judicial bypass and medical emergency exception
STD/VD Care	✓	✓	Ky. Rev. Stat. Ann. § 214.185
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Ky. Rev. Stat. Ann. §§ 214.410, 214.625
Drug/Alcohol Care	✓	✓	Ky. Rev. Stat. Ann. §§ 214.185, 222.441
Outpatient Mental Health Services	✓	✓	Ky. Rev. Stat. Ann. §§ 214.185
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ky. Rev. Stat. Ann. §§ 214.185, 214.625
Other			
Sexual Assault Care	✓	✓	Ky. Rev. Stat. Ann. § 216B.400
Good Faith Reliance	✓		Ky. Rev. Stat. Ann. § 214.185

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/kentucky/>.

Summary of Kentucky Laws⁴

Minor Status

Age of Majority	<i>Ky. Rev. Stat. Ann. § 2.015</i> provides that the age of majority is 18 (except with regard to the purchase of alcohol and the care and treatment of children with disabilities).
Emancipated Minor	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that an emancipated minor may consent for hospital, medical, dental, or surgical care. The consent of a parent or guardian is not necessary. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor who has contracted a lawful marriage may consent for hospital, medical, dental or surgical care for himself or herself or for his or her child. The consent of a parent is not necessary. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents. For the requirements for legal marriage of a minor, <i>see Ky. Rev. Stat. Ann. § 402.020</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing a pregnant minor to consent for health care generally. <i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor may consent to examination, diagnosis, and treatment for pregnancy. The consent of a parent or guardian is not necessary. Treatment under this section does not include abortion or sterilization. <i>See Abortion and Confidentiality & Disclosure</i> .
Minor Parent	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor who is a parent may consent for hospital, medical, dental, or surgical care for himself or herself or for his or her child. The consent of a parent or guardian is not necessary. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents.

Type of Care

Emergency Care	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that medical, dental and other health services may be provided to minors without parental consent when the professional believes the risk to the minor's life or health is of such a nature that treatment should be given without delay and consent would result in delay or denial of treatment. <i>See Confidentiality & Disclosure</i> regarding disclosure of information.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Emancipated Minor, Married Minor, and Minor Parent</i> .
Family Planning & Contraceptive Care	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor may consent for contraception. Treatment under this section does not include abortion or sterilization. <i>See Pregnancy Related Care, and Confidentiality & Disclosure</i> .
Pregnancy Related Care	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor may consent for examination, diagnosis, and treatment for pregnancy. Treatment under this section does not include abortion or sterilization. <i>See Abortion and Confidentiality & Disclosure</i> . <i>Ky. Rev. Stat. Ann. § 212.345</i> provides that a nontherapeutic sterilization may be performed upon an unmarried minor child if both the consenting minor and the adult parent or guardian of the consenting minor give written informed consent to the performance of the sterilization.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<i>Ky. Rev. Stat. Ann. § 311.732</i> provides that an unmarried, unemancipated minor may not obtain an abortion without the informed written consent of the minor and one parent or a legal guardian. The law includes a medical emergency exception and a judicial bypass. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D</i> .
STD/VD Care	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor may consent for examination, diagnosis, and treatment for venereal disease. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents. <i>See HIV/AIDS Care</i> and <i>Confidentiality & Disclosure</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care</i> and <i>HIV/AIDS Care</i> .
HIV/AIDS Care	<i>Ky. Rev. Stat. Ann. § 214.410</i> provides that AIDS and HIV are classified as sexually transmitted diseases. <i>See STD/VD Care</i> . <i>Ky. Rev. Stat. Ann. § 214.625</i> provides that except in an emergency and other limited circumstances, an HIV test may not be performed without the consent of the subject of the test. <i>See Confidentiality & Disclosure</i> regarding the discretionary authority to inform parents.
Drug/Alcohol Care	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor may consent for examination, diagnosis, and treatment for alcohol or other drug abuse or addiction. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents. <i>Ky. Rev. Stat. Ann. § 222.441</i> provides that a minor who suffers from an alcohol and other drug abuse problem or emotional disturbance from the effects of a family member's or legal guardian's alcohol or drug abuse problem, or the parent or guardian of the minor, may consent to medical care or counseling related to the assessment or treatment of the condition. This statute also provides that a minor undergoing hospitalization or treatment consented to by the parent/guardian but not the minor may petition the District Court to evaluate the drug/alcohol problem and the necessity of the treatment.
Outpatient Mental Health Services	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that a minor age 16 or older may consent for outpatient mental health counseling without the consent of a parent or guardian. <i>See Confidentiality & Disclosure</i> regarding disclosure of information to parents.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Ky. Rev. Stat. Ann. § 214.185</i> provides that when a minor who is emancipated, married, or a parent gives consent for hospital, medical, dental or surgical care, the professional may inform the parent or legal guardian of any treatment given or needed where, in the judgment of the professional, notification would benefit the health of the minor. When a minor gives consent for diagnosis or treatment for venereal disease, pregnancy, alcohol or other drug abuse or addiction, or outpatient mental health counseling, the professional may inform the parent or legal guardian where, in the judgment of the professional, notification would benefit the health of the minor. <i>See Emancipated Minor, Minor Parent, Married Minor, Pregnant Minor, Family Planning & Contraceptive Care, STD/VD Care, Drug/Alcohol Care, and Outpatient Mental Health Services</i> . For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction</i> . <i>Ky. Rev. Stat. Ann. § 214.625</i> provides that the results of an HIV test performed on a minor may be disclosed to a parent, foster parent, or legal guardian.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/kentucky/>.

Other

Sexual Assault Care

Ky. Rev. Stat. Ann. § 216B.400 provides that a minor may consent for examination services as a victim of a sexual offense and consent of a parent or guardian is not required.

Good Faith Reliance

Ky. Rev. Stat. Ann. § 214.185 provides that a health care provider may rely in good faith on the consent of a minor who represents that he or she may give effective consent; if the minor misrepresented his authority, the health care provider is not civilly liable on the basis of consent. *See Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, and Outpatient Mental Health Services.*

LOUISIANA

Overview of Louisiana Laws

The age of majority in Louisiana is 18. However, Louisiana law authorizes minors to consent for health care in numerous situations. Emancipated minors, including married and divorced minors, have all the rights of majority and therefore may consent for their own health care. Louisiana allows minors generally to consent for medical or surgical care or services for any illness or disease. Although Louisiana does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for pregnancy-related care, including care related to labor and childbirth. Louisiana requires the consent of a parent for a minor to obtain an abortion. The law includes a judicial bypass and a medical emergency exceptions; other provisions of the law were declared unconstitutional. Minors are allowed to consent for diagnosis and treatment of STDs (“venereal disease”), as well as for diagnosis and treatment of drug and alcohol problems, including preventive counseling or treatment. Minors do not have the right to refuse care for which their parents have given consent. Persons standing temporarily *in loco parentis* to a minor may consent for care recommended by a physician. Medical records and other information related to drug and alcohol treatment and counseling are confidential. Some of the laws allowing minors to consent for care also allow the health care professional to disclose information to parents.

Checklist of Louisiana Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		La. Civ. Code Ann. Art. 29
Emancipated Minor	✓	✓	La. Code Civ. Proc. Art. 3991 through 3994 La. Civ. Code Ann. Art. 366, 368, 379, 385
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	La. Civ. Code Ann. Art. 379, 2333
Pregnant Minor	✓	✓	La. Rev. Stat. Ann. § 40:1095
Minor Parent	✓	✓	La. Rev. Stat. Ann. §§ 40:1299.51, 40:1299.53 Authorizes minor parent to consent for child; for minor parent's consent for self, see Introduction and General Medical Care
Type of Care			
Emergency Care	✓	✓	La. Rev. Stat. Ann. §§ 40:1299.51, 1299.54 75 Op. Att'y Gen. 1740 (La. Jan. 22, 1976)
General Medical Care	✓	✓	La. Rev. Stat. Ann. §§ 40:1095 76 Op. Att'y Gen. 54 (La. Mar. 30, 1976)
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care	✓	✓	La. Rev. Stat. Ann. § 40:1095 See Introduction
Abortion	✓		La. Rev. Stat. Ann. §§ 40:1299.35.5, 40:1299.35.12 Parental consent required; law includes judicial bypass and medical emergency exception
STD/VD Care	✓	✓	La. Rev. Stat. Ann. § 40:1065.1
Reportable Disease Care		✓	See General Medical Care
HIV/AIDS Care	✓	✓	La. Rev. Stat. Ann. § 40:1300.13 Patient can opt out of testing See General Medical Care
Drug/Alcohol Care	✓	✓	La. Rev. Stat. Ann. §§ 40:1096, 40:1098.1 through 1098.8
Outpatient Mental Health Services		✓	See General Medical Care
Confidentiality & Disclosure³			
Disclosure to Parents	✓		La. Rev. Stat. Ann. §§ 40:1065.1, 40:1095, § 1096
Medical Records	✓		La. Rev. Stat. Ann. § 40:1098.8
Other			
Right to Refuse	✓		88 Op. Att'y Gen. 232 (La. Nov. 16, 1988)
Consent by Person <i>In Loco Parentis</i>	✓		La. Rev. Stat. Ann. § 40:1299.53

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/louisiana/>.

Summary of Louisiana Laws⁴

Minor Status

Age of Majority	<i>La. Civ. Code Ann. Art. 29</i> provides that the age of majority is 18.
Emancipated Minor	<i>La. Code Civ. Ann. Art. 366</i> provides that a minor who has received a judgment of emancipation is fully emancipated and enjoys the effects of majority unless otherwise specified by law. For the procedures related to a petition for emancipation, see <i>La. Code Civ. Proc. Art. 3991 through 3998</i> . According to <i>La. Civ. Code Ann. Art. 367</i> , a minor is emancipated by marriage, and a married minor who is divorced or widowed continues to maintain emancipated status. According to <i>La. Civ. Code Ann. Art. 366</i> a minor age 16 or older may be emancipated if there is good cause (e.g. if the parents of a mature and responsible minor give the minor corrupt examples, ill treat him or her excessively, or refuse to support the minor; if the minor needs the capacity to enter into contracts for his business; or if the minor's parents need to be protected because the minor has run away from home and cannot be found then the emancipation can protect the parents from liability for the acts of an absent child) and relieved of the disabilities of minority by a court, except for rights expressly reserved for persons age 18 or older. <i>La. Civ. Code Ann. Art. 368</i> provides for limited emancipation by authentication (i.e. a notarized document signed by at least one parent and the minor stating their intentions of emancipation).
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, see <i>Introduction. See General Medical Care.</i>
Married Minor	No specific legal provision was found authorizing married minors to consent for health care. <i>La. Civ. Code Ann. Art. 367</i> provides that a minor is emancipated by marriage. See <i>General Medical Care. La. Civ. Code Ann. Art. 2333</i> provides that unless a minor is fully emancipated, he or she may not marry without the written permission of a parent, legal custodian, or tutor of the person.
Pregnant Minor	No specific legal provision was found expressly authorizing a pregnant minor to consent for health care generally. <i>La. Rev. Stat. Ann. § 40:1095</i> provides that a minor may consent for medical care or the administration of medication for labor and childbirth. For discussion of the constitutional right of a minor to consent to reproductive health care, see <i>Introduction. See General Medical Care, Pregnancy Related Care, and Abortion.</i>
Minor Parent	<i>La. Rev. Stat. Ann. § 40:1299.53</i> provides that a minor parent may consent for surgical or medical treatment or procedures for his or her child. According to <i>La. Rev. Stat. Ann. § 40:1299.51</i> , this does not include sterilization. See <i>General Medical Care.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Emergency Care

La. Rev. Stat. Ann. § 40:1299.54 provides that consent for surgical or medical treatment or procedures is implied where an emergency exists. An emergency exists where competent medical judgment determines that the proposed surgical or medical treatment or procedures are reasonably necessary; *and* a person authorized to consent is not readily available and any delay in treatment could reasonably be expected to jeopardize the life or health of the affected person, or could reasonably result in disfigurement or impaired faculties. An emergency also exists when a person transported to a hospital from a licensed health care facility is not in a condition to consent; *and* a person authorized to consent is not readily available; *and* any delay would be injurious to the health and well being of the patient. According to *La. Rev. Stat. Ann. § 40:1299.51*, this does not authorize sterilization of a minor. In *75 Op. Att’y Gen. 1740 (La. Jan. 22, 1976)*, the Louisiana Attorney General found that consent for emergency medical or surgical care is excused or implied by law and emergency care may be provided to a minor who cannot consent when the person authorized to consent cannot be reached.

General Medical Care

La. Rev. Stat. Ann. § 40:1095 provides that a minor may consent for the provision of medical or surgical care or services if he or she believes himself or herself to be afflicted with an illness or disease. Parent or guardian consent is not necessary. *See Confidentiality & Disclosure* regarding the discretionary authority to disclose information. *See Right to Refuse*.

76 Op. Att’y Gen. 454 (La. Mar. 30, 1976) provides that in light of the legislature’s mandate that *La. Rev. Stat. Ann. § 40:1095* be liberally construed, juveniles may consent for the treatment of traumatic injuries in addition to illness or disease.

Family Planning & Contraceptive Care

No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor’s constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction*.

Pregnancy Related Care

La. Rev. Stat. Ann. § 40:1095 provides that a minor may consent for medical care or the administration of medication for labor and childbirth. For discussion of a minor’s constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction. See Abortion*.

Abortion

La. Rev. Stat. Ann. §§ 40:1299.35.5 provides that an unmarried, unemancipated minor may not obtain an abortion without the consent of a parent or legal guardian. The law includes a judicial bypass and *40:1299.35.12* provides a medical emergency exception. These provisions are in effect. Other requirements imposed by Louisiana abortion statutes have been held unconstitutional by the courts. For sources of additional information regarding the legal requirements for minors to obtain abortion, *see Appendix D*.

STD/VD Care

La. Rev. Stat. Ann. § 40:1065.1 provides that a minor who is or believes himself or herself to be afflicted with a venereal disease may consent to medical or surgical care or services. Parent or guardian consent is not necessary. *See General Medical Care and Confidentiality & Disclosure* regarding disclosure of information to parents.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See General Medical Care and Confidentiality & Disclosure*.

HIV/AIDS Care

La. Rev. Stat. Ann. § 40:1300.13 provides that in the event HIV diagnostic testing is offered as a part of routine medical screening, testing shall be performed unless the patient declines or “opts out” of the testing. *See General Medical Care and Confidentiality & Disclosure*.

Type of Care

Drug/Alcohol Care

La. Rev. Stat. Ann. § 40:1096 provides that a minor who is or believes himself or herself to be addicted to a narcotic or other drug may consent for medical or surgical care or services. Parent or guardian consent is not necessary. *See Confidentiality & Disclosure* regarding discretionary authority to disclose information. According to *La. Rev. Stat. Ann. § 40:1098.1*, it is the purpose of *La. Rev. Stat. Ann. §§ 1098.1 through 1098.8* to provide for access to preventive alcoholism and addiction counseling or treatment by qualified professionals for minor children. *See Confidentiality & Disclosure*.

La. Rev. Stat. Ann. § 40:1098.3 provides that a school or facility may provide preventive counseling or treatment to a child without parental consent if all of the following conditions are met: the child requests such preventive counseling and treatment; the child withholds permission to contact his or her parents to seek consent; a qualified professional reasonably determines in good faith and based on independent evidence that seeking parental consent would not be helpful and would be harmful to the child; the child provides a statement of his or her reason for seeking preventive counseling or treatment and provide written consent for such services. When requesting a child's written consent for providing preventive counseling or treatment, the school or facility shall comply with all of the following: advise the child of the purpose and nature of the preventive counseling or treatment; inform the child that the school or facility will maintain a confidential written record of the services provided; inform the child that he or she may withdraw consent and cease participating in the preventive counseling or treatment at any time. *See Confidentiality & Disclosure*.

Outpatient Mental Health Services

No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. *See General Medical Care* and *Drug/Alcohol Care*.

Confidentiality & Disclosure⁵**Disclosure to Parents**

La. Rev. Stat. Ann. § 40:1095 provides that when a minor who believes himself or herself to be afflicted with an illness or disease consents for medical or surgical care or services, upon the advice and direction of a treating physician or medical staff, a member of the medical staff may, but is not obligated to, inform the parent or guardian of the minor as to the treatment given or needed. This information may be given or withheld without the consent and over the express objection of the minor. *See General Medical Care*.

La. Rev. Stat. Ann. § 40:1065.1 provides that when a minor who is or believes himself or herself to be afflicted with a venereal disease consents for medical or surgical care or services, upon the advice and direction of the treating physician or medical staff, a member of the medical staff may, but is not obligated to, inform the parent or guardian of the treatment given or needed. This information may be given or withheld without the consent and over the express objection of the minor. *See STD/VD Care*.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/louisiana/>.

Confidentiality & Disclosure⁶

Disclosure to Parents

La. Rev. Stat. Ann. §40:1096 provides that when a minor who is or believes himself or herself to be addicted to a narcotic or other drug consents for medical or surgical care or services, upon the advice and direction of the treating physician or medical staff, a member of the medical staff may, but is not obligated to, inform the parent or guardian of the treatment given or needed. This information may be given or withheld without the consent and over the express objection of the minor. *See Drug/Alcohol Care*. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction*. *See Medical Records*.

Medical Records

La. Rev. Stat. Ann. § 40:1098.8 provides that the identity of minors receiving preventive alcoholism and addiction counseling or treatment and all records containing information regarding the provision of the counseling or treatment shall be confidential. Qualified professionals or school or facility employees providing preventive counseling or treatment may not disclose any records or information in such records, except in compliance with state and federal laws and regulations. *See Drug/Alcohol Care*.

Other

Right to Refuse

In *88 Op. Att’y Gen. 232 (La. Nov. 16, 1988)*, the Louisiana Attorney General found that a minor has the right to consent for medical treatment, but has no right to refuse medical treatment when his or her parents consent for it.

Consent by Person *in Loco Parentis*

La. Rev. Stat. Ann. § 40:1299.53 provides that any person temporarily standing *in loco parentis*, whether formally serving or not, for the minor under his care and any guardian for his ward may consent, either orally or otherwise, for any surgical or medical treatment or procedures including autopsy not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/louisiana/>.

MAINE

Overview of Maine Laws

The age of majority in Maine is 18. However, Maine law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents for at least 60 days and are independent of parental support, married minors, and minors in the military are generally allowed to consent for their own health care. Minors are allowed to consent for family planning and contraception, and for diagnosis and treatment of STDs (“venereal disease”), as well as for diagnosis and treatment of drug and alcohol problems, and for treatment for mental or emotional problems. Minors are also allowed to consent for collection of evidence related to sexual assault. Maine law requires that a minor seeking an abortion must first receive counseling from a specified professional; the law further requires either the informed written consent of the minor if a physician finds she is competent; or the informed written consent of the minor and one parent or guardian or adult relative; or the informed written consent of the minor and written verification that she has received counseling; or a court order issued in a judicial bypass proceeding. Minors are allowed, based on a court decision, to request to forego life sustaining procedures in some circumstances. Maine relieves parents of financial responsibility for care in most situations when a minor has given consent. Health care professionals are entitled to rely in good faith on the consent of the minor if reasonable steps have been taken to determine the minor is authorized to consent. Most authority with respect to access to medical records and control over disclosure of medical records is given to minors who have consented for their own health care. Some of the laws allowing minors to consent for care also require some effort to involve parents, or allow the health care professional to disclose information to parents.

Checklist of Maine Laws

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Me. Rev. Stat. Ann. tit. 1, § 73
Emancipated Minor	✓	✓	Me. Rev. Stat. Ann. tit. 15, § 3506-A Me. Rev. Stat. Ann. tit. 22, § 1503
Minor Living Apart	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1503
Married Minor	✓	✓	Me. Rev. Stat. Ann. tit. 19-A, § 652 Me. Rev. Stat. Ann. tit. 22, § 1503
Pregnant Minor			See Introduction
Minor Parent	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1908 Explicit authorization limited to family planning services
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Emancipated Minor, Minor Living Apart, and Married Minor
Family Planning & Contraceptive Care	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1908
Pregnancy Related Care	✓		Me. Rev. Stat. Ann. tit. 34-B, § 7004 See Introduction
Abortion	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1597-A Counseling from a specified professional required; law also includes judicial bypass
STD/VD Care	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1823 Me. Rev. Stat. Ann. tit. 32, §§ 2595, 3292
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Me. Rev. Stat. Ann. tit. 5, §§ 19201, 19203-A
Drug/Alcohol Care	✓	✓	Me. Rev. Stat. Ann. tit. 22, §§ 1502, 1823 Me. Rev. Stat. Ann. tit. 32, §§ 2595, 3292, 3817, 6221, 7004
Outpatient Mental Health Services	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1502
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Me. Rev. Stat. Ann. tit. 22, §§ 1501 through 1507, 1505, 1823 Me. Rev. Stat. Ann. tit. 32, §§ 2595, 3292, 3817, 6221, 7004
Medical Records	✓		Me. Rev. Stat. Ann. tit. 22, §§ 1711, 1711-B, 1711-C
Other			
Blood Donation	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1502-A
Life Sustaining Procedures	✓	✓	<i>In re Chad Eric Swan</i> , 569 A.2d 1202
Sexual Assault Care	✓	✓	Me. Rev. Stat. Ann. tit. 22, §§ 1507, 1823; tit. 32, §§ 2595, 3292
Financial Responsibility	✓		Me. Rev. Stat. Ann. tit. 22, §§ 1501 through 1507, 1506
Good Faith Reliance	✓		Me. Rev. Stat. Ann. tit. 22, § 1504 Me. Rev. Stat. Ann. § 1503
Minor in the Military	✓	✓	Me. Rev. Stat. Ann. tit. 22, § 1503

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/maine/>.

Summary of Maine Laws⁴

Minor Status

Age of Majority	<i>Me. Rev. Stat. Ann. tit. 1, § 73</i> provides that the age of majority is 18.
Emancipated Minor	<i>Me. Rev. Stat. Ann. tit. 22, § 1503</i> provides that a minor who has been emancipated by the court may consent for medical, mental, dental, and other health counseling and services. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance. Me. Rev. Stat. Ann. tit. 15, § 3506-A</i> specifies the criteria for granting a petition for emancipation.
Minor Living Apart	<i>Me. Rev. Stat. Ann. tit. 22, § 1503</i> provides that a minor who has been living separately for at least 60 days and is independent of parental support may consent for medical, mental, dental, and other health counseling and services. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Married Minor	<i>Me. Rev. Stat. Ann. tit. 22, § 1503</i> provides that a minor who is or was legally married may consent for medical, mental, dental, and other health counseling and services. <i>See Family Planning & Contraceptive Services, Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance. Me. Rev. Stat. Ann. tit. 19-A, § 652</i> specifies the requirements for a minor to marry.
Pregnant Minor	No specific legal provision was found authorizing a pregnant minor to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	<i>Me. Rev. Stat. Ann. tit. 22, § 1908</i> provides that family planning services may be furnished to any minor who is a parent. <i>See Family Planning & Contraceptive Care.</i>

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction.</i>
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor, Minor Living Apart, and Married Minor.</i>
Family Planning & Contraceptive Care	<i>Me. Rev. Stat. Ann. tit. 22, § 1908</i> provides that family planning services may be provided to any minor who is a parent or is married or has the consent of his or her legal guardian or who, in the professional judgment of a physician, may suffer probable health hazards if such services are not provided. <i>Me. Rev. Stat. Ann. tit. 22, § 1902</i> defines “family planning services” as counseling regarding family planning, contraception, and treatment of infertility; distribution of literature about family planning, contraception, and infertility; referral of patients to physicians or health agencies for consultation, examination, tests, treatment and prescriptions relating to family planning, contraception, and infertility; and provision of contraception.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Abortion</i> . <i>Me. Rev. Stat. Ann. tit. 34-B, § 7004</i> provides that a minor who is not married or otherwise emancipated may only be sterilized if he or she has given informed consent and a court has determined that he or she has the capacity to give informed consent for the procedure. A minor who is married or emancipated may only be sterilized if he or she has given informed consent.
Abortion	<i>Me. Rev. Stat. Ann. tit. 22, § 1597-A</i> provides that a minor may not obtain an abortion unless she has received counseling from a physician, psychiatrist, psychologist, social worker, clergy member, nurse, or qualified counselor, regarding her alternatives, the services available to her, and the possibility of involving her parents, guardian or adult family member. In addition, for a minor to obtain an abortion, one of the following is necessary: the informed written consent of the minor and a determination by the physician that she is mentally and physically competent to give consent; <i>or</i> the informed written consent of the minor and one parent, guardian, or adult family member; <i>or</i> the informed written consent of the minor and written verification that she has received specified counseling from an authorized individual; <i>or</i> a court order granting her majority rights for the purpose of consenting to the abortion and the informed written consent of the minor; <i>or</i> a court order permitting the minor to consent or granting consent. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D</i> .
STD/VD Care	<i>Me. Rev. Stat. Ann. tit. 22, § 1823</i> provides that a hospital may provide treatment to a minor in connection for venereal disease without the consent of the minor's parents or guardian. <i>Me. Rev. Stat. Ann. tit. 32, § 3292</i> provides that a physician may treat a minor for venereal disease without obtaining the consent of the minor's parents or guardian. <i>Me. Rev. Stat. Ann. tit. 32, § 2595</i> provides that an osteopathic physician may treat a minor for venereal disease without the consent of the minor's parents or guardian. <i>See Confidentiality & Disclosure</i> regarding discretionary authority to disclose information.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care</i> and <i>HIV/AIDS Care</i> .
HIV/AIDS Care	<i>Me. Rev. Stat. Ann. tit. 5, § 19203-A</i> provides that the informed written consent of the person to be tested is required for an HIV test. Anonymous test sites are not required to obtain written consent. Consent is not required in connection with tests monitoring the course of established infection, the donation of blood or body parts, in cases involving exposure of health care workers to blood or body fluids; or in connection with cases of gross sexual assault. <i>Me. Rev. Stat. Ann. tit. 5, § 19201</i> defines a person as any natural person.
Drug/Alcohol Care	<i>Me. Rev. Stat. Ann. tit. 22, § 1502</i> provides that a minor may consent for treatment for abuse of alcohol or drugs. <i>See Financial Responsibility</i> . <i>Me. Rev. Stat. Ann. tit. 22, § 1823</i> provides that a facility may provide alcohol or drug treatment to a minor for drug or alcohol abuse without the consent of the minor's parents or guardian if the treatment has been provided at the direction of physicians, osteopathic physicians, surgeons, psychologists, substance abuse counselors, or social workers.

Type of Care

Drug/Alcohol Care

Me. Rev. Stat. Ann. tit. 32, § 3292 provides that a medical doctor may treat a minor for abuse of drugs or alcohol without the consent of the minor's parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 2595* provides that an osteopathic physician may treat a minor for drug or alcohol abuse without the consent of the minor's parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 3817* provides that a psychologist may treat a minor for drug or alcohol abuse without the consent of the minor's parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 6221* provides that a drug abuse counselor may treat a minor for drug or alcohol abuse without the consent of the minor's parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 7004* provides that a social worker may treat a minor for drug or alcohol abuse without the consent of the minor's parents or guardian. See *Confidentiality & Disclosure*.

Outpatient Mental Health Services

Me. Rev. Stat. Ann. tit. 22, § 1502 provides that a minor may consent for treatment for emotional or psychological problems. See *Emancipated Minor, Minor Living Apart, Minor Parent, Confidentiality & Disclosure, and Financial Responsibility*.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Me. Rev. Stat. Ann. tit. 22, § 1505 provides that a minor who may consent for health care services is entitled to the same confidentiality afforded to adults. A health care practitioner or health care provider may notify the parent or guardian of a minor who has sought health care under *Me. Rev. Stat. Ann. tit. 22, §§ 1501 through 1507* if, in the judgment of the practitioner or provider, failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the practitioner or provider's ability to provide treatment. See *Emancipated Minor, Minor Living Apart, Minor Parent, STD/VD Care, Sexual Assault Care, Drug/Alcohol Care, and Outpatient Mental Health Services*.

Me. Rev. Stat. Ann. tit. 22, § 1823 provides that when a hospital provides treatment to a minor for venereal disease, sexual assault forensic examination, or drug or alcohol abuse without the consent of the minor's parents or guardian, the hospital is not required to notify the parents or guardian unless the hospitalization lasts more than 16 hours. *Me. Rev. Stat. Ann. tit. 32, § 3292* provides that when a physician treats a minor for venereal disease, sexual assault forensic examination, or drug or alcohol abuse without obtaining the consent of the minor's parents or guardian, the physician may but is not required to inform the parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 2595* provides that when an osteopathic physician treats a minor for venereal disease, sexual assault forensic examination, or drug or alcohol abuse without the consent of the minor's parents or guardian, the osteopathic physician is permitted but not required to inform the parents or guardian. See *STD/VD Care, Sexual Assault Care, and Drug/Alcohol Care*.

Me. Rev. Stat. Ann. tit. 32, § 3817 provides that when a psychologist treats a minor for drug or alcohol abuse without the consent of the minor's parents or guardian, the psychologist is permitted but is not required to inform the parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 6221* provides that when a drug abuse counselor treats a minor for drug or alcohol abuse without the consent of the minor's parents or guardian, the drug abuse counselor is permitted but is not required to inform the parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 7004* provides that when a social worker treats a minor for drug or alcohol abuse without the consent of the minor's parents or guardian, the social worker is permitted but is not required to inform the parents or guardian. See *Drug/Alcohol Care*.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/maine/>.

Confidentiality & Disclosure⁶

- Disclosure to Parents** For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction*.
- Medical Records** *Me. Rev. Stat. Ann. tit. 22, § 1711* provides that, subject to certain exceptions, a minor who has legally given his or her own consent for health care may request and obtain copies of hospital records and may request correction or clarification of the records. *Me. Rev. Stat. Ann. tit. 22, § 1711-B* provides that a minor who has lawfully given his or her own consent for health care may obtain copies of his or her treatment records and may request correction or clarification of the records. Although *§ 1711-B* generally allows a parent to have access to a minor's records, it does not affect the right of a minor to have records treated confidentially that pertain to care for which the minor may consent. *Me. Rev. Stat. Ann. tit. 22, §1711-C* provides that when a minor has lawfully consented for health care, authorization to disclose health care information pursuant to *§1711-C* must be obtained from the minor, unless otherwise provided by law.

Other

- Blood Donation** *Me. Rev. Stat. Ann. tit. 22, § 1502-A* provides that a minor at least 17 years of age may consent to give blood.
- Life-Sustaining Procedures** In *In re Chad Eric Swan*, 569 A.2d 1202, the court held that the request of a 17 year old unemancipated minor to forgo life-sustaining procedures if ever in a vegetative state was valid and should be upheld.
- Sexual Assault Care** *Me. Rev. Stat. Ann. tit. 22, § 1507* provides that a minor may consent for health services associated with a sexual assault forensic examination to collect evidence after an alleged sexual assault. *See Financial Responsibility. Me. Rev. Stat. Ann. tit. 22, § 1823* provides that a hospital or facility providing facilities to a minor for the collection of sexual assault evidence through a sexual assault forensic examination may provide these services without the consent of the minor's parent or guardian. *Me. Rev. Stat. Ann. tit. 32, § 3292* provides that a physician may provide services to a minor for the collection of sexual assault evidence through a sexual assault forensic examination without the consent of the minor's parents or guardian. *Me. Rev. Stat. Ann. tit. 32, § 2595* provides that an osteopathic physician may provide services to a minor for the collection of sexual assault evidence through a sexual assault forensic examination without the consent of a parent or guardian. *See Confidentiality & Disclosure*.
- Financial Responsibility** *Me. Rev. Stat. Ann. tit. 22, § 1506* provides that unless the parent or guardian expressly agrees to assume full or partial responsibility, a minor who consents for health care services under *Me. Rev. Stat. Ann. tit. 22, §§ 1501 through 1507* is responsible for the costs of those services. A minor may not be denied benefits for services to which the minor is entitled from a health care practitioner, health care provider, insurer or public agency because the minor has given the consent for those services as provided in *Me. Rev. Stat. Ann. tit. 22, §§ 1501 through 1507*. *See Emancipated Minor, Minor Living Apart, Minor Parent, STD/VD Care, Sexual Assault Care, Drug/Alcohol Care, and Outpatient Mental Health Services*.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/maine/>.

Other

Good Faith Reliance

Me. Rev. Stat. Ann. tit. 22, § 1504 provides that a health care practitioner or health care provider who takes reasonable steps to ascertain that a minor is authorized to consent for health treatment as authorized in *Me. Rev. Stat. Ann. tit. 22, § 1503* and who subsequently renders treatment in reliance on that consent is not liable for failing to have secured consent of the minor's parent or guardian prior to providing health care services to the minor. See *Emancipated Minor, Minor Living Apart, and Minor Parent*.

Minor in the Military

Me. Rev. Stat. Ann. tit. 22, § 1503 provides that a minor who is or was in the armed forces may consent to medical, mental, dental, and other health counseling services. See *Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance*.

Overview of Maryland Laws

The age of majority in Maryland is 18. However, Maryland law authorizes minors to consent for health care in numerous situations. Married minors and minor parents are generally allowed to consent for their own health care. Minors in detention facilities are allowed to consent for screening and physical examination. Minors are allowed to consent for emergency care. They are also allowed to consent for care whenever the life or health of the minor would be adversely affected by delay. Minors are allowed to consent for contraception and pregnancy-related care, including prenatal and maternity care. Maryland requires notification of a parent for a minor to obtain an abortion, except in several specified circumstances, one of which is that the physician has determined that the minor is mature and capable of giving an informed consent. Minors are allowed to consent for diagnosis and treatment of STDs (“venereal disease”), as well as for diagnosis and treatment of drug and alcohol problems, and for treatment of mental or emotional conditions (at age 16 or older). Minors are also allowed to consent for medical care and collection of evidence related to rape or a sexual offense. Maryland relieves parents of financial responsibility for treatment related to a mental or emotional condition when the minor has consented for the care. Maryland also relieves health care professionals of liability for treating minors based on their own consent. Most authority with respect to access to medical records and control over disclosure of medical records is given to minors who have consented for their own health care. Some of the laws allowing minors to consent for care also allow the health care professional to disclose information to parents.

Checklist of Maryland Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Md. Ann. Code art. 1, § 24
Emancipated Minor	✓	✓	Holly v. Maryland Auto Insurance Fund, 349 A.2d 670 (Md. Ct. App., 1975) Pumphrey v. Pumphrey, 273 A.2d 637 (Md. Ct. App. 1971) See General Medical Care
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	Md. Code Ann., Fam. Law § 2-301 Md. Code Ann., Health-Gen. § 20-102
Pregnant Minor	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Minor Parent	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Type of Care			
Emergency Care	✓	✓	Md. Code Ann., Health-Gen. §§ 5-607, 20-102
General Medical Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Family Planning & Contraceptive Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Pregnancy Related Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Abortion	✓	✓	Md. Code Ann., Health-Gen. §§ 20-102, 20-103 In re Smith, 295 A.2d 238 (1972)
STD/VD Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Reportable Disease Care		✓	See General Medical Care
HIV/AIDS Care	✓	✓	Md. Regs. Code tit. 10, §§ 18.08.07, 18.08.00 through 18.08.10
Drug/Alcohol Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Outpatient Mental Health Services	✓	✓	Md. Code Ann., Health-Gen. § 20-104
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Md. Code Ann., Health-Gen. §§ 20-102, 20-104
Medical Records	✓		Md. Code Ann., Health-Gen. §§ 4-301, 4-301 through 4-309, 20-101 through 20-106
Other			
Blood Donation	✓	✓	Md. Code Ann. Health-Gen. § 20-101 Md. Code Ann. Health-Gen. § 20-101
Sexual Assault Care	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Detention Center	✓	✓	Md. Code Ann., Health-Gen. § 20-102
Financial Responsibility	✓		Md. Code Ann., Health-Gen. § 20-104
Liability of Health Care Provider	✓		Md. Code Ann., Health-Gen. § 20-102

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/maryland/>.

Summary of Maryland Laws⁴

Minor Status

Age of Majority	<i>Md. Ann. Code art. 1, § 24</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found authorizing emancipated minors to consent for health care. For discussion of the criteria for determining on a case-by-case basis whether a minor is emancipated, see <i>Holly v. Maryland Auto Insurance Fund</i> , 349 A.2d 670 (<i>Md. Ct. App.</i> , 1975). For a case indicating that marriage of a minor may result in emancipation, see <i>Pumphrey v. Pumphrey</i> , 273 A.2d 637 (<i>Md. Ct. App.</i> 1971). For discussion of the right of an emancipated minor generally to act as an adult, see <i>Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, see <i>Introduction</i> .
Married Minor	<i>Md. Code Ann., Health-Gen. § 20-102</i> provides that a married minor has the same capacity as an adult to consent for medical treatment. See <i>Confidentiality & Disclosure</i> regarding the discretionary authority of the physician or medical staff to disclose information. <i>Md. Code Ann., Fam. Law § 2-301</i> specifies the statutory requirements for a minor to marry.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Md. Code Ann., Health-Gen § 20-102</i> provides that a minor has the same capacity as an adult to consent to treatment for or advice about pregnancy other than sterilization. See <i>Abortion</i> .
Minor Parent	<i>Md. Code Ann., Health-Gen. § 20-102</i> provides that a minor parent has the same capacity as an adult to consent for medical treatment. See <i>Confidentiality & Disclosure</i> regarding the discretionary authority of the physician or medical staff to disclose information.

Type of Care

Emergency Care	<p><i>Md. Code Ann., Health-Gen. § 20-102</i> provides that a minor has the same capacity as an adult to consent for medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual. See <i>Confidentiality & Disclosure</i> regarding the discretionary authority of the physician or medical staff to disclose information.</p> <p><i>Md. Code Ann., Health-Gen. § 5-607</i> provides that a health care provider may treat a patient who is incapable of making an informed decision, without consent, if the treatment is of an emergency nature; the person who is authorized to give consent is not available immediately; and the attending physician determines that there is a substantial risk of death or immediate and serious harm to the patient and that the life or health of the patient would be affected adversely by delaying treatment to obtain consent.</p>
General Medical Care	<p><i>Md. Code Ann., Health-Gen. § 20-102</i> provides that a minor has the same capacity as an adult to consent for medical treatment if, in the judgment of the attending physician, the life or health of the minor would be affected adversely by delaying treatment to obtain the consent of another individual. See <i>Confidentiality & Disclosure</i> regarding the discretionary authority of the physician or medical staff to disclose information. For discussion of the mature minor doctrine, see <i>Introduction</i>. See <i>Minor Parent</i> and <i>Married Minor</i>.</p>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for treatment for or advice about contraception other than sterilization. *See Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information.

Pregnancy Related Care

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for treatment for or advice about pregnancy other than sterilization. *See Abortion and Confidentiality & Disclosure*.

Abortion

Md. Code Ann., Health-Gen. § 20-103 provides that notification of one parent is required for a minor to obtain an abortion, subject to specific exceptions. An abortion may be performed without notice if the minor does not live with a parent or guardian; and a reasonable effort to give notice is unsuccessful. Notice is not required if, in the professional judgment of the physician, notice to the parent or guardian may lead to physical or emotional abuse of the minor; the minor is mature and capable of giving informed consent for an abortion; or notification would not be in the best interest of the minor. *See Confidentiality & Disclosure*, indicating that *Md. Code Ann., Health-Gen. § 20-102*, which permits an attending physician or member of the medical staff to give a parent or guardian information about pregnancy care needed by a minor or provided to a minor, expressly excludes information about abortion from the scope of information that may be given. For a court decision holding that a parent may not compel a minor daughter over the daughter's opposition to submit to an abortion, *see In re Smith*, 295 A.2d 238 (1972). For sources of additional information regarding the legal requirements for minors to obtain abortions, *see Appendix D*.

STD/VD Care

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for treatment for or advice about venereal disease. *See Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See General Medical Care*.

HIV/AIDS Care

Md. Regs. Code tit. 10, § 18.08.07 provides that the voluntary written informed consent of the individual to be tested is required for an HIV test, except in specified circumstances, including at anonymous test sites where an individual may be identified by a number. Detailed regulatory requirements for HIV testing and counseling procedures are contained in *Md. Regs. Code tit. 10, §§ 18.08.00 through 18.08.10*. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, *see Introduction*.

Drug/Alcohol Care

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for medical treatment for or advice about drug abuse or alcoholism. The minor may also consent for psychological treatment if, in the judgment of the attending physician or psychologist, the life or health of the minor would be adversely affected by delaying treatment to obtain the consent of another individual. This does not include the capacity to refuse treatment for drug abuse or alcoholism in an inpatient treatment program for which a parent or guardian has given consent. *See Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information.

**Outpatient Mental
Health Services**

Md. Code Ann., Health-Gen. § 20-104 provides that a minor who is age 16 or older has the same capacity as an adult to consent for consultation, diagnosis, and treatment of a mental or emotional disorder by a physician or a clinic. This does not include the capacity to refuse consultation, diagnosis, or treatment for which a parent or guardian has given consent. *See Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information. *See Financial Responsibility* regarding parental liability for costs.

Confidentiality & Disclosure⁵

Disclosure to Parents

Md. Code Ann., Health-Gen. § 20-102 provides that without the consent of or over the objection of a minor, the attending physician or member of the medical staff is permitted but not required to give a parent, guardian, custodian, or spouse of a parent information about treatment needed by a minor or provided to the minor for which the minor may consent, except information about abortion. See *Married Minor, Minor Parent, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, Sexual Assault Care, and Detention Center*. For discussion of federal confidentiality rules that apply to certain drug or alcohol treatment programs, see *Introduction*.

Md. Code Ann., Health-Gen. § 20-104 provides that without the consent or over the objection of the minor, the attending physician or member of the medical staff is permitted but not required to give a parent, guardian, custodian, or spouse of a parent information about treatment needed by a minor or provided to the minor for a mental or emotional disorder for which the minor may consent. See *Outpatient Mental Health Services*.

Medical Records

Md. Code Ann., Health-Gen. § 4-301 provides that a minor has rights concerning confidentiality and disclosure of medical records, including the right of access to the record, if the medical record concerns treatment for which the minor has the right to consent and has consented under *Md. Code Ann., Health-Gen. §§ 20-101 through 20-106*. Detailed statutory requirements regarding confidentiality and disclosure of medical and mental health records are contained in *Md. Code Ann., Health-Gen. §§ 4-301 through 4-309*.

Other

Blood Donation

Md. Code Ann. Health-Gen. § 20-101 provides that a minor who is 17 years of age may consent to donate blood to a voluntary program approved by the American Association of Blood Banks or the American Red Cross. *Md. Code Ann. Health-Gen. § 20-101* provides that a minor 16 years of age may donate blood with the consent of a parent or legal guardian.

Sexual Assault Care

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for physical examination and treatment of injuries from an alleged rape or sexual offense and a physical examination to obtain evidence of an alleged rape or sexual offense. See *Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information.

Detention Center

Md. Code Ann., Health-Gen. § 20-102 provides that a minor has the same capacity as an adult to consent for initial medical screening and physical examination on and after admission of the minor into a detention center. See *Confidentiality & Disclosure* regarding the discretionary authority of the physician or medical staff to disclose information.

Financial Responsibility

Md. Code Ann., Health-Gen. § 20-104 provides that a parent, guardian, custodian, or spouse of the parent is not responsible for the costs of consultation, diagnosis, or treatment for a mental or emotional condition, for which a minor may consent, unless the parent, guardian, custodian, or spouse of a parent has consented to the care.

Liability of Health Care Provider

Md. Code Ann., Health-Gen. § 20-102 provides that a physician, psychologist, or an individual under the direction of a physician or psychologist who treats a minor is not liable for civil damages or subject to any criminal or disciplinary penalty solely because the minor did not have capacity to consent under this section.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/maryland/>.

MASSACHUSETTS

Overview of Massachusetts Laws

The age of majority in Massachusetts is 18. However, Massachusetts law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents and managing their own financial affairs, married minors, pregnant minors, minor parents, and minors in the military are generally allowed to consent for their own health care. Minors are allowed to consent for pregnancy-related care, including prenatal and maternity care, care for STDs (“venereal disease”) and reportable diseases (“dangerous to the public health”), including HIV and AIDS, treatment for drug dependency, and outpatient mental health services provided by state mental health facilities. Minors are allowed to receive confidential family planning services (based on their own consent) from Title X funded and state comprehensive family planning programs or when the services are funded by Medicaid. Minors also should be able to consent for contraception at other sites based on the constitutional right of privacy or the mature minor doctrine. The written informed consent of the minor and the consent of one parent is required for a minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. Massachusetts relieves parents of financial responsibility for care in most situations when a minor has given consent. Health care providers are entitled to rely in good faith on the representations of minors that they are authorized to give consent. Information and records concerning most care for which a minor has given consent is protected as confidential and can only be released with the consent of the minor, unless the minor’s condition is serious enough to endanger “life or limb” in which case parents must be notified and the minor must be informed.

Checklist of Massachusetts Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Mass. Gen. Laws ch. 4, § 7, cl. 51 Mass. Gen. Laws ch. 231, § 85P
Emancipated Minor	✓	✓	In re Rena, 46 Mass. App. Ct. 335, 705 N.E.2d 1155 (1999) Mass. Gen. L. c. 112, § 12F
Minor Living Apart	✓	✓	Mass. Gen. Laws ch. 112, § 12F
Married Minor	✓	✓	Mass. Gen. Laws ch. 112, § 12F Mass. Gen. Laws ch. 207, §§ 7, 24, 25
Pregnant Minor	✓	✓	Mass. Gen. Laws ch. 112, § 12F
Minor Parent	✓	✓	Mass. Gen. Laws ch. 112, § 12F Authorizes consent by minor parent for health care for self and child
Type of Care			
Emergency Care	✓	✓	Mass. Gen. Laws ch. 112, § 12F
General Medical Care	✓	✓	Baird v. Attorney General, 360 N.E. 2d 288 (1977)
Family Planning & Contraceptive Care	✓	✓	Mass. Gen. Laws ch. 111, § 24E Applies to sites with federal Title X funds or state comprehensive family planning programs; also see Introduction and General Medical Care
Pregnancy Related Care	✓	✓	Mass. Gen. Laws ch. 112, § 12F
Abortion	✓		Mass. Gen. Laws ch. 112, §§ 12Q and 12S Planned Parenthood League of Massachusetts, Inc. v. Attorney General, 677 N.E.2d 101 (Mass 1997) Parental consent required; law includes judicial bypass and an emergency exception
STD/VD Care	✓	✓	Mass. Ann. Laws ch. 111, § 6 Mass. Gen. Laws ch. 111, § 117 Mass. Gen. Laws ch. 112, § 12F
Reportable Disease Care	✓	✓	Mass. Gen. Laws ch. 111, § 6 Mass. Gen. Laws ch. 112, § 12F Mass. Regs. Code tit. 105, §§ 300.001 et seq. 300.180
HIV/AIDS Care	✓	✓	Mass. Gen. Laws ch. 112, § 12F Mass. Regs. Code tit. 105, § 300.180
Drug/Alcohol Care	✓	✓	Mass. Gen. Laws ch. 112, § 12E
Outpatient Mental Health Services	✓	✓	Mass. Gen. Laws ch. 123, § 10 Applies to state mental health facilities

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

Checklist of Massachusetts Laws with Citations

Confidentiality & Disclosure ³			
Disclosure to Parents	✓	Mass. Gen. Laws ch. 111, § 24E Mass. Gen. Laws ch. 112, § 12F	
Other			
Blood Donation	✓	✓	Mass. Gen. Laws. Ch. 111 § 184C
Good Faith Reliance	✓		Mass. Gen. Laws ch. 112, § 12F
Financial Responsibility	✓		Mass. Gen. Laws ch. 112, §§ 12E, 12F
Minor in the Military	✓	✓	Mass. Gen. Laws ch. 112, § 12F

Summary of Massachusetts Laws⁴

Minor Status

- Age of Majority** *Mass. Gen. Laws ch. 4, § 7, cl. 51 and ch. 231, § 85P* provides that the age of majority is 18.
- Emancipated Minor** In *In re Rena*, 46 Mass. App. Ct. 335, 705 N.E.2d 1155 (1999), the Court acknowledged that “[a]n emancipated minor may consent to his or her own medical treatment, excluding an abortion or sterilization, and a minor who is married, divorced, or widowed may likewise consent to his or her medical treatment, including an abortion or sterilization.” 46 Mass. App. at 337, citing *Mass. Gen. L. c. 112, § 12F*.
- Minor Living Apart** *Mass. Gen. Laws ch. 112, § 12F* provides that any minor may give consent for his or her medical or dental care if he or she is living separate and apart from his or her parent or guardian, and is managing his or her own financial affairs. This section does not authorize a minor to consent for abortion or sterilization. See *Confidentiality & Disclosure* and *Financial Responsibility*.
- Married Minor** *Mass. Gen. Laws ch. 112, § 12F* provides that any minor may give consent for his or her medical or dental care if he or she is married, widowed or divorced. See *Confidentiality & Disclosure* and *Financial Responsibility*. For the requirements for marriage of a minor, see *Mass. Gen. Laws ch. 207, §§ 7, 24, and 25*.
- Pregnant Minor** *Mass. Gen. Laws ch. 112, § 12F* provides that any minor may give consent for her medical or dental care if she is pregnant or believes herself to be pregnant. This section does not authorize a minor to consent for abortion or sterilization. See *Abortion, Confidentiality & Disclosure*, and *Financial Responsibility*.
- Minor Parent** *Mass. Gen. Laws ch. 112, § 12F* provides that any minor may give consent for his or her medical or dental care if he or she is a parent. Minor parents also may consent for medical or dental care for their child. This section does not authorize a minor to consent for abortion or sterilization. See *Confidentiality & Disclosure* and *Financial Responsibility*.

Type of Care

- Emergency Care** *Mass. Gen. Laws ch. 112, § 12F* provides that physicians, dentists, or hospitals are not liable for damages for failure to obtain consent of a parent or guardian to emergency examination and treatment, including blood transfusions, when delay will endanger the life, limb, or mental well-being of the minor patient.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/massachusetts/>.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

General Medical Care

In *Baird v. Attorney General*, 360 N.E.2d 288 (1977) the court noted that “apart from statutory limitations which are constitutional, where the best interests of a minor will be served by not notifying his or her parents of intended medical treatment and where the minor is capable of giving informed consent to that treatment, the mature minor rule applies in this Commonwealth.” 360 N.E.2d at 296. For discussion of the mature minor doctrine, see *Introduction*.

Family Planning & Contraceptive Care

Mass. Gen. Laws ch. 111, § 24E provides that the Department of Public Health shall establish a program for comprehensive family planning services, including medical, educational, and social services that assists individuals of childbearing age, including sexually active minors, and that services will be offered without regard to age. See *Confidentiality & Disclosure* regarding confidentiality protection. This provision relates to agencies operating under Title X of the Public Health Services Act, 42 U.S.C. §§ 300 *et seq.* or comprehensive family planning agencies as defined by the Department of Public Welfare. No general provision was found expressly authorizing minors to consent for contraceptive care or family planning services. See *General Medical Care*. For discussion of a constitutional basis for minors to consent to contraceptive services, see *Introduction*.

Pregnancy Related Care

Mass. Gen. Laws. Ch. 112, § 12F provides that any minor may give consent for her medical or dental care if she is pregnant or believes herself to be pregnant. This section does not authorize a minor to consent for abortion or sterilization. See *Abortion, Confidentiality & Disclosure*, and *Financial Responsibility*. *Mass. Gen. Laws ch. 112, § 12F* provides that a minor may give consent for his or her sterilization if he or she is married, widowed, or divorced. For a minor who is authorized to consent for his or her own health care because he or she is a parent, is a member of the armed forces, is pregnant or believes herself to be pregnant, is living separate from parents or legal guardian, or reasonably believes himself or herself to be suffering from a dangerous disease, the authority to consent does not include sterilization.

Abortion

Mass. Gen. Laws ch. 112, §§ 12Q and 12S provide that no physician may perform an abortion upon an unmarried minor without her written informed consent and the consent of her parents or guardians. The law includes a judicial bypass and an emergency exception. In *Planned Parenthood League of Massachusetts, Inc. v. Attorney General*, 677 N.E.2d 101 (Mass. 1997) the Massachusetts Supreme Court ruled that the two-parent consent requirement violated the Massachusetts state constitution and ordered that it be interpreted as a one-parent consent requirement. For sources of additional information regarding the legal requirements for minors to obtain abortion, see *Appendix D*.

STD/VD Care

Mass. Gen. Laws ch. 112, § 12F provides that any minor may give consent to his or her medical or dental care if he or she reasonably believes herself to be suffering from or to have come in contact with any disease, including a venereal disease, defined as dangerous to the public health by the Department under *Mass. Ann. Laws ch. 111, § 6*. The ability to consent is limited to care that relates to the diagnosis or treatment of these diseases. This section does not authorize a minor to consent for abortion or sterilization. See *Confidentiality & Disclosure* and *Financial Responsibility*. *Mass. Gen. Laws ch. 111, § 117* provides that the Department of Public Health shall establish and maintain clinics and provide treatment for venereal diseases and that physical examination and treatment by a registered physician or surgeon of a minor patient who voluntarily requests the care is not considered assault or battery.

Type of Care

Reportable Disease Care	<p><i>Mass. Gen. Laws ch. 112, § 12F</i> provides that any minor may give consent to his or her medical or dental care at the time such care is sought if he or she reasonably believes himself or herself to be suffering from or to have come in contact with any disease defined as dangerous to the public health pursuant to <i>Mass. Gen. Laws ch. 111, § 6</i>. The authority to consent is limited to care that relates to the diagnosis or treatment of these diseases. This section does not authorize a minor to consent for abortion or sterilization. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i>.</p> <p><i>Mass. Regs. Code tit. 105, §§ 300.001 et seq.</i> list diseases declared dangerous by the Department of Public Health and establish reporting, isolation and quarantine requirements. See specifically <i>Mass. Regs. Code tit. 105, § 300.180</i> for a list of diseases directly reportable to the Department.</p>
HIV/AIDS Care	<p><i>Mass. Regs. Code tit. 105, § 300.180</i> includes AIDS and HIV on the list of diseases declared dangerous by the Department of Public Health. <i>Mass. Gen. Laws ch. 112, § 12F</i> provides that any minor may give consent for his or her medical or dental care if he or she reasonably believes himself or herself to be suffering from or to have come in contact with any disease defined as dangerous to the public health. The minor may only consent for care which relates to the diagnosis or treatment of the disease. This section does not authorize a minor to consent for abortion or sterilization.</p>
Drug/Alcohol Care	<p><i>Mass. Gen. Laws ch. 112, § 12E</i> provides that a minor age 12 or older who is found to be drug dependent by two physicians may consent for hospital and medical care related to the diagnosis or treatment of drug dependency and the consent of a parent or guardian is not necessary. This section does not apply to methadone maintenance therapy. See <i>Financial Responsibility</i>.</p>
Outpatient Mental Health Services	<p><i>Mass. Gen. Laws ch. 123, § 10</i> provides that the superintendent of a state mental health facility may provide voluntary outpatient treatment to any person age 16 or older who is in need of care and treatment based upon the individual's own application. A parent or guardian may apply on behalf of any minor. The superintendent may, in the best interest of the patient, discontinue treatment at any time.</p>

Confidentiality & Disclosure⁵

Disclosure Parents	<p><i>Mass. Gen. Laws ch. 112, § 12F</i> provides that all information and records of care given under § 12F (pertaining to care for minors who are married, divorced, widowed, a parent, a member of the armed forces, pregnant, believes herself to be pregnant, living "separate and apart," or reasonably believes himself or herself to be suffering from or to have come into contact with a disease dangerous to the public health) shall be confidential between the minor and the physician or dentist, and shall not be released except upon the written consent of the minor or a proper judicial order. If the physician or dentist reasonably believes the minor's condition is so serious that it endangers the minor's life or limb, the physician or dentist is required to notify the parents or guardian of the condition and inform the minor of the parental notification.</p> <p><i>Mass. Gen. Laws ch. 111, § 24E</i> provides that information regarding a recipient of family planning services under the comprehensive family planning services program of the state's Department of Public Health may not be disclosed without the recipient's consent, except as required by law.</p>
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/massachusetts/>.

Other

- Blood Donation** *Mass. Gen. Laws. Ch. 111 § 184C* provides that a minor 17 years of age may consent to the donation of his blood without permission from a parent or guardian. A minor 16 years of age may donate blood with the permission of a parent or guardian.
- Good Faith Reliance** *Mass. Gen. Laws ch. 112, § 12F* provides that a physician, dentist, hospital, clinic, or infirmary is entitled to rely in good faith upon a minor's representations that he or she is legally able to consent for the care provided or upon a minor's representations that he or she is age 18 or older.
- Financial Responsibility** *Mass. Gen. Laws ch. 112, § 12F* provides that a parent or legal guardian shall not be liable for the payment for any care rendered pursuant to § 12F (pertaining to care for minors who are married, divorced, widowed, a parent, pregnant, believes herself to be pregnant, living "separate and apart," or reasonably believes himself or herself to be suffering from or to have come into contact with a disease dangerous to the public health) unless such parent or legal guardian has expressly agreed to pay for such care.
- Mass. Gen. Laws ch. 112, § 12E* provides that a parent or guardian shall not be liable for the payment for any care of a minor rendered pursuant to that section, which declares that minors 12 and older found to be drug dependent by two or more physicians may consent to care related to the diagnosis and treatment of drug dependency. *See Drug/Alcohol Care.*
- Minor in the Military** *Mass. Ann. Laws ch. 112, § 12F* provides that any minor may give consent for his or her medical or dental care if he or she is a member of the armed forces. This section does not authorize a minor to consent for abortion or sterilization. *See Confidentiality & Disclosure and Financial Responsibility.*

Overview of Michigan Laws

The age of majority in Michigan is 18. However, Michigan law authorizes minors to consent for health care in numerous situations. Emancipated minors and married minors are generally allowed to consent for their own health care. Minors in the custody of law enforcement are generally allowed to consent for their own care with some limitations (e.g. surgery and procedures related to reproduction). Minors are allowed to consent for pregnancy-related care, including prenatal and maternity care. Although Michigan does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. The written consent of the minor and one parent or a guardian is required for a minor to obtain an abortion. The law includes a judicial bypass, a medical emergency exception, and special provisions related to sexual abuse. Minors are allowed to consent for diagnosis and treatment of STDs (“venereal disease”) and HIV/AIDS. Minors age 14 or older are allowed to consent for diagnosis and treatment of drug and alcohol problems, and for outpatient mental health treatment or counseling. Minors are also allowed to consent for collection of evidence related to sexual assault. Michigan relieves parents of financial responsibility for care in many of the situations when a minor has given consent, although parents remain financially responsible for care consented to by a minor in the custody of law enforcement. Michigan grants some authority with respect to access to medical records and control over disclosure of medical records to minors who have consented for their own health care. Some of the laws allowing minors to consent for care also require some effort to involve parents, or allow the health care professional to disclose information to parents.

Checklist of Michigan Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Mich. Comp. Laws Ann. § 722.52
Emancipated Minor	✓	✓	Mich. Comp. Laws Ann. §§ 722.4-722.4e, 722.4e
Minor Living Apart			See Introduction
Married Minor	✓	✓	Mich. Comp. Laws Ann. §§ 551.103, 722.4
Pregnant Minor	✓	✓	Mich. Comp. Laws Ann. § 333.9132 Limited to pregnancy related care
Minor Parent	✓	✓	Mich. Comp. Laws Ann. § 333.9132 Authorizes minor parent to consent for child; for minor parent consent for self see Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Emancipated Minor and Married Minor
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care	✓	✓	Mich. Comp. Laws Ann. § 333.9132
Abortion	✓		Mich. Comp. Laws Ann. §§ 722.901 through 722.908 Planned Parenthood v. Attorney General, No. D 91-0571 AZ (Mich. Cir. Ct., 1994) 2001 Mich. Op. Att’y Gen. 7077 Parental consent required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Mich. Comp. Laws Ann. § 333.5127
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Mich. Comp. Laws Ann. § 333.5127
Drug/Alcohol Care	✓	✓	Mich. Comp. Laws Ann. §§ 333.6121, 333.6122, 333.6123
Outpatient Mental Health Services	✓	✓	Mich. Comp. Laws Ann. § 330.1707
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Mich. Comp. Laws Ann. §§ 330-1707, 722.4e, 333.5127, 333.6121, 333.9132
Medical Records	✓		
Other			
Blood Donation	✓	✓	Mich. Comp. Laws Ann. § 722.41
Minor in Law Enforcement Custody	✓	✓	Mich. Comp. Laws Ann. § 722.4
Sexual Assault Care	✓	✓	Mich. Comp. Laws Ann. § 333.21527
Financial Responsibility	✓		Mich. Comp. Laws Ann. §§ 330.1707, 333.5127, 333.6121, 722.4e

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/michigan/>.

Summary of Michigan Laws⁴

Minor Status

Age of Majority	<i>Mich. Comp. Laws Ann. § 722.52</i> provides that the age of majority is 18.
Emancipated Minor	<i>Mich. Comp. Laws Ann. § 722.4e</i> provides that an emancipated minor has the right to authorize his or her own preventive health, medical, dental and mental health care. <i>See Confidentiality & Disclosure</i> and <i>Financial Responsibility</i> . For requirements and procedures for emancipation of minors, <i>see Mich. Comp. Laws Ann. §§ 722.4 through 722.4e</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Mich. Comp. Laws Ann. § 722.4</i> provides that emancipation occurs as a matter of law when a minor is married. <i>See Emancipated Minor</i> . For the legal requirements for a minor to marry, <i>see Mich. Comp. Laws Ann. § 551.103</i> .
Pregnant Minor	<i>Mich. Comp. Laws Ann. § 333.9132</i> provides that a minor may consent for prenatal and pregnancy related treatment or services intended to maintain the life and improve the health of the minor and her child. <i>See Abortion, Confidentiality & Disclosure, and Financial Responsibility</i> .
Minor Parent	<i>Mich. Comp. Laws Ann. § 333.9132</i> provides that a minor may consent for treatment or services intended to maintain the life and improve the health of his or her child and the consent of no other person is necessary. <i>See Confidentiality & Disclosure and Financial Responsibility</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor and Married Minor</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	<i>Mich. Comp. Laws Ann. § 333.9132</i> provides that a minor may consent for prenatal and pregnancy related treatment or services intended to maintain the life and improve the health of the minor and her child. <i>See Abortion, Confidentiality & Disclosure, and Financial Responsibility</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<p><i>Mich. Comp. Laws Ann. §§ 722.901 through 722.908</i> provide that a person shall not perform an abortion on an unemancipated minor without first obtaining the written consent of the minor and one parent or guardian. The law includes a judicial bypass, a medical emergency exception, and special provisions related to sexual abuse. In <i>Planned Parenthood v. Attorney General, No. D 91-0571 AZ (Mich. Cir. Ct., 1994)</i>, a trial court rejected a constitutional challenge to the statute. In <i>2001 Mich. Op. Att’y Gen. 7077</i>, the Michigan Attorney General determined that the use of mifepristone to terminate a pregnancy constitutes an abortion for purposes of the parental consent law. For sources of additional information regarding the legal requirements for minors to obtain abortion, see <i>Appendix D</i>.</p>
STD/VD Care	<p><i>Mich. Comp. Laws Ann. § 333.5127</i> provides that a minor who is or professes to be infected with a venereal disease may consent for medical or surgical care, treatment or services and the consent of another person is not necessary. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i>.</p>
Reportable Disease Care	<p>No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See <i>STD/VD Care</i>.</p>
HIV/AIDS Care	<p><i>Mich. Comp. Laws Ann. § 333.5127</i> provides that a minor who is or professes to be infected with HIV may consent for medical or surgical care, treatment or services and the consent of another person is not necessary. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i>.</p>
Drug/Alcohol Care	<p><i>Mich. Comp. Laws Ann. §§ 333.6121 and 333.6122</i> provide that a minor between age 14 or older and under age 18 who is or professes to be a substance abuser may consent for substance abuse related medical or surgical care, treatment, or services by a hospital, clinic, or health professional and the consent of another person is not necessary. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i>.</p> <p><i>Mich. Comp. Laws Ann. §§ 333.6122 and 333.6123</i> provide that the parents of any minor may request substance abuse treatment and rehabilitation services be provided by a program. A substance abuse treatment and rehabilitation program may provide these services at the written request of a parent or guardian and without the minor’s consent if the minor is under age 14. If a minor between age 14 or older and under age 18 does not consent to these services, the program shall conduct a diagnostic evaluation to determine if the minor is physiologically dependent. If the diagnostic exam reveals that the minor needs detoxification, those services may be performed for 5 days without the minor’s consent but with the parent or guardian’s consent. Then the program shall complete a diagnostic exam. After completion of the diagnostic exam, substance abuse treatment and rehabilitation services may not be provided unless either the minor consents for these services or a court determines that the services are necessary for the minor. If the diagnostic evaluation reveals that the minor is physiologically dependent, the minor’s consent is not required for the provision of substance abuse treatment and rehabilitation services pending a court hearing. Psychotropic drugs may not be used on a minor unless the minor consents or the court orders the use of drugs at a hearing.</p>
Outpatient Mental Health Services	<p><i>Mich. Comp. Laws Ann. § 330.1707</i> provides that a minor age 14 or older may request and receive mental health services on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs. A mental health professional may provide these services without the consent or knowledge of the minor’s parent or guardian. Services under this section are limited to 12 sessions or 4 months per request for services. After this point, the mental health professional shall terminate the services or, with the minor’s consent, notify the parent or guardian. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i>.</p>

Confidentiality & Disclosure⁵**Disclosure to Parents**

Mich. Comp. Laws Ann. § 722.4e provides that an emancipated minor has the right to authorize his or her own preventive health, medical, dental, and mental health care without parental knowledge. *See Emancipated Minor.*

Mich. Comp. Laws Ann. § 9132 provides that before providing prenatal health care to a minor or health care to a minor's child, a health facility or agency or a health professional shall inform the minor that the putative father of the child or the minor's spouse, parent, guardian, or person *in loco parentis* may be notified for medical reasons at the discretion of the provider. For medical reasons, the treating physician, and on the advice and direction of the treating physician, a member of the medical staff of a health facility or agency or other health professional may, but is not obligated to, inform the putative father of the child or the spouse, parent, guardian, or person *in loco parentis* as to the health care given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information. At the initial visit to the health facility or health professional, permission shall be requested of the minor to contact the minor's parents for any additional medical information which may be necessary or helpful to the provision of proper health care. *See Minor Parent, Pregnant Minor, and Pregnancy Related Care.*

Mich. Comp. Laws Ann. § 333.5127 provides that when a minor consents for medical or surgical care or treatment for venereal disease or HIV, for medical reasons, the health care provider is permitted but not required to inform the spouse, parent or guardian of the treatment given or needed. The information may be given to or withheld from these persons without the minor's consent and even over the express refusal of the minor. *See STD/VD Care and HIV/AIDS Care. See Medical Records.*

Mich. Comp. Laws Ann. § 333.6121 provides that when a minor consents for substance abuse related medical or surgical care, treatment, or services by a hospital, clinic, or health professional, for medical reasons the health care provider is permitted but not required to inform the spouse, parent or guardian of the treatment given or needed. The information may be given to or withheld from these persons without the minor's consent and even over the express refusal of the minor. *See Drug/Alcohol Care.* For discussion of minors' authority with respect to medical records when they have consented to care, *see Medical Records.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Mich. Comp. Laws Ann. § 330.1707 provides that when a minor age 14 or older requests and receives mental health services on an outpatient basis, the minor's parent or guardian shall not be informed of the services without the minor's consent, unless the mental health professional determines that a compelling need for disclosure exists based on a substantial probability of harm to the minor or other persons. The mental health provider must notify the minor of the intent to inform the minor's parent or guardian. Services provided to a minor under this section shall, to the extent possible, promote the minor's relationship to the parent, guardian, or person *in loco parentis*, and shall not undermine the values that the parent, guardian, or person *in loco parentis* has sought to instill in the minor. *See Outpatient Mental Health Services. See Medical Records.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/michigan/>.

Confidentiality & Disclosure⁶

Medical Records *Mich. Comp. Laws Ann. §§ 333.26261 through 333.26271* comprise the Medical Records Access Act, and the provisions are applicable to the records from health care services of a minor when the minor has lawfully consented to the health care services without consent or notification of a parent, guardian, or other person acting *in loco parentis*. Such minors have the exclusive right to exercise the rights of a patient regarding his or her medical records relating to that care, e.g. accessing medical records.

Other

Blood Donation *Mich. Comp. Laws Ann. § 722.41* provides that a minor 17 years of age may consent to the donation of blood to a voluntary, noncompensatory blood program without the permission of a parent or guardian.

Minor in Custody of Law Enforcement *Mich. Comp. Laws Ann. § 722.4* provide that a minor who is in the custody of a law enforcement agency is considered emancipated for the purposes of consenting to certain types of health care if his or her parent or guardian cannot be promptly located; services the minor can consent to are routine, nonsurgical medical care, emergency medical treatment, preventative health care, surgery, dental care, and mental health care, but not vasectomies or any procedure related to reproduction. The emancipated status ends when the medical care ends or when the minor is released from custody, whichever occurs first. *See Financial Responsibility.*

Sexual Assault Care *Mich. Comp. Laws Ann. § 333.21527* provides that if an individual alleges to a physician or other member of the attending or admitting staff that within the preceding 24 hours the individual has been the victim of criminal sexual misconduct, the attending health care personnel responsible for examining or treating the individual immediately shall inform the individual of the availability of a sexual assault evidence kit and, with the consent of the individual, shall perform the procedures required by the sexual assault evidence kit. For the purposes of this section, the administration of a sexual assault evidence kit is not a medical procedure.

Financial Responsibility *Mich. Comp. Laws Ann. § 722.4e* provides that an emancipated minor has the right to authorize his or her own preventive health, medical, dental, and mental health care without parental liability. *See Emancipated Minor.*

Mich. Comp. Laws Ann. § 333.5127 provides that when a minor consents for medical or surgical care or treatment for venereal disease or HIV, for medical reasons, a spouse, parent, guardian, or person *in loco parentis* of a minor is not financially responsible for surgical care, treatment, or services provided. *See STD/VD Care and HIV/AIDS Care.*

Mich. Comp. Laws Ann. § 722.4 provides that the parent of a minor who consents to routine, nonsurgical medical care or emergency medical treatment while in the custody of a law enforcement agency is responsible for the cost of the treatment.

Mich. Comp. Laws Ann. § 333.6121 provides that when a minor consents for substance abuse related medical or surgical care, treatment, or services by a hospital, clinic, or health professional, a spouse, parent, guardian, or person *in loco parentis* of a minor is not financially responsible for surgical care, treatment, or services provided. *See Drug/Alcohol Care.*

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/michigan/>.

Other

Financial Responsibility

Mich. Comp. Laws Ann. § 330.1707 provides that when a minor age 14 or older requests and receives mental health services on an outpatient basis the minor's parent or guardian is not liable for costs of treatment. *See Outpatient Mental Health Services.*

Overview of Minnesota Laws

The age of majority in Minnesota is 18. However, Minnesota law authorizes minors to consent for health care in numerous situations. Minors who are living apart from their parents and managing their own financial affairs, married minors, and minor parents are generally allowed to consent for their own health care. Minor parents are also allowed to consent for care for their children. Minors are allowed to consent for pregnancy-related care, including prenatal and maternity care, care for STDs (“venereal disease”), Hepatitis B vaccination, tuberculosis screening, treatment for drug dependency, and outpatient mental health services (in specified circumstances). Although Minnesota does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. The state’s Attorney General has issued an opinion that giving contraceptives to minors without parental consent is not a crime. Written notice to at least one parent is required for a minor to obtain an abortion. The law includes a judicial bypass, an emergency exception, and an exception for sexual abuse, neglect, and physical abuse. Minnesota law specifies that minors who consent for care are financially responsible for the cost. Health care providers are entitled to rely in good faith on the representations of minors that they are authorized to give consent. Medical records concerning most care for which a minor has given consent are accessible to the minor patient and the parent unless the minor requests that the parent not have access. Health care professionals may inform parents of care minors have received based on their own consent if failure to do so would jeopardize the health of the minor.

Checklist of Minnesota Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Minn. Stat. Ann. §§ 645.45, 645.452
Emancipated Minor			See Introduction, Minor Living Apart, and Married Minor
Minor Living Apart	✓	✓	Minn. Stat. Ann. § 144.341
Married Minor	✓	✓	Minn. Stat. Ann. § 144.342
Pregnant Minor	✓	✓	Minn. Stat. Ann. § 144.343(1)
Minor Parent	✓	✓	Minn. Stat. Ann. § 144.342
Type of Care			
Emergency Care	✓	✓	Minn. Stat. Ann. § 144.344
General Medical Care			See Introduction, Minor Living Apart, and Married Minor
Family Planning & Contraceptive Care	✓	✓	Minn. Stat. Ann. § 144.343(1) Op. Att’y Gen. 494-b-39, August 25, 1972
Pregnancy Related Care	✓	✓	Minn. Stat. Ann. § 144.343(1)
Abortion	✓		Minn. Stat. Ann. §§ 144.343(2), 144.343(3), 144.343(4), 144.343(6) Hodgson v. Minnesota, 497 U.S. 417, 110 S. Ct. 2926 (1990) Parental notification required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Minn. Stat. Ann. § 144.343(1)
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care			See Introduction
Drug/Alcohol Care	✓	✓	Minn. Stat. Ann. § 144.343(1)
Outpatient Mental Health Services	✓	✓	Minn. Stat. Ann. § 144.343(1)
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Minn. Stat. Ann. §§ 144.341 through 144.3441, 144.346, 144.442
Medical Records	✓		Minn. Stat. Ann. §§ 144.291, 144.292, 144.341 through 141.347
Other			
Blood Donation	✓	✓	Minn. Stat. Ann. § 145.41
Hepatitis B Vaccination	✓	✓	Minn. Stat. Ann. § 144.3441
Tuberculosis Screening	✓	✓	Minn. Stat. Ann. §§ 144.341 through 144.347, 144.442
Financial Responsibility	✓		Minn. Stat. Ann. §§ 144.341 through 144.3441, 144.347
Good Faith Reliance	✓		Minn. Stat. Ann. § 144.345

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/minnesota/>.

Summary of Minnesota Laws^{4, 5}

Minor Status

Age of Majority	<i>Minn. Stat. Ann. §§ 645.45 and 645.452</i> provide that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction. See Minor Living Apart and Married Minor.</i>
Minor Living Apart	<i>Minn. Stat. Ann. § 144.341</i> provides that notwithstanding any other law, any minor who is living separate and apart from parents or guardian, with or without their consent and regardless of the duration of separation, and who is managing his or her own financial affairs regardless of the source or extent of the minor's income may consent for personal medical, dental, mental, or other health services. The consent of no other person is required. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Married Minor	<i>Minn. Stat. Ann. § 144.342</i> provides that any minor who has been married may consent for personal medical, mental, dental, and other health services. The consent of no other person is required. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Pregnant Minor	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated with pregnancy. The consent of no other person is required. <i>See Abortion, Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Minor Parent	<i>Minn. Stat. Ann. § 144.342</i> provides that any minor who has borne a child may consent for personal medical, mental, dental, and other health services, or to services for the minor's child. The consent of no other person is required. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>

Type of Care

Emergency Care	<i>Minn. Stat. Ann. § 144.344</i> provides that medical, dental, mental and other health services may be given to minors of any age without parent or guardian's consent when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would delay or deny treatment. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Minor Living Apart and Married Minor.</i>
Family Planning & Contraceptive Care	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated with pregnancy. The consent of no other person is required. In <i>Op. Att'y Gen. 494-b-39, August 25, 1972</i> , Minnesota Attorney General stated that the practice of giving contraceptives to minors without parental consent by physicians is not criminal conduct. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in Minnesota, *see Consent & Confidentiality: Providing Medical and Mental Health Care Services to Minors in Minnesota – Legal Guidelines for Professionals*, Minneapolis, MN: Hennepin County Medical Center, 2002.

Type of Care

Pregnancy Related Care	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated with pregnancy. The consent of no other person is required. <i>See Abortion, Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Abortion	<i>Minn. Stat. Ann. § 144.343(2), (3), (4), and (6)</i> provide that an abortion shall not be performed upon an unemancipated minor until after written notice has been delivered to both of the minor's parents or her guardian. Notification to one parent, if the other cannot be located, is sufficient. The law includes a judicial bypass, an emergency exception, and an exception for sexual abuse, neglect, or physical abuse. In <i>Hodgson v. Minnesota</i> , 497 U.S. 417, 110 S. Ct. 2926 (1990), the U.S. Supreme Court invalidated the part of the statute requiring that both parents be notified of the minor's intent to have an abortion, regardless of whether or not the parent has assumed any responsibility for upbringing the child. The rest of the statute, however, was held to be constitutional and enforceable. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D.</i>
STD/VD Care	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat venereal disease. The consent of no other person is required. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction.</i>
Drug/Alcohol Care	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat alcohol and other drug abuse. The consent of no other person is required. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.</i>
Outpatient Mental Health Services	<i>Minn. Stat. Ann. § 144.343(1)</i> provides that any minor may give effective consent for medical, mental, and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse. The consent of no other person is required.

Confidentiality & Disclosure⁶

Disclosure to Parents	<i>Minn. Stat. Ann. § 144.346</i> provides that a medical professional may inform the minor's parent or guardian of any treatment given or needed for which the minor is authorized to give consent under <i>Minn. Stat. Ann. §§ 144.341 through 144.3441</i> , when, in the professional's judgment, failure to inform the parent or guardian would seriously jeopardize the health of the minor. <i>See Minor Living Apart, Minor Parent, Married Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, Outpatient Mental Health Services, Tuberculosis Screening, and Hepatitis B Vaccination.</i> For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction.</i>
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⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/minnesota/>.

Confidentiality & Disclosure⁷

- Disclosure to Parents** *Minn. Stat. Ann. § 144.442* provides that when a school or board of health administers tuberculosis testing to some or all persons enrolled in a school, prior to screening a minor, the school shall inform in writing such persons and parents or guardians of minors.
- Medical Records** *Minn. Stat. Ann. § 144.292* provides that patients shall have access to medical records, with certain exceptions. *Minn. Stat. Ann. § 144.291* defines “patient”, in the case of minors, as including the parent or guardian, or a person acting as a parent or guardian, unless the minor has received health care services under *Minn. Stat. Ann. §§ 144.341 through 141.347*, in which case the minor is the patient. See *Minor Living Apart, Minor Parent, Married Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, Outpatient Mental Health Services, Tuberculosis Screening, and Hepatitis B Vaccination*.
- Minn. Stat. §§ 13.02 and 13.04* provide that a patient has the right to access identifiable data the state government creates, collects, receives, or maintains. These statutes provide that a parent has the right to access this data about his or her minor child, except upon the request of the minor; in such case the government authority may withhold data from the parent if it determines that doing so would be in the best interest of the minor.

Other

- Blood Donation** *Minn. Stat. Ann. § 145.41* provides that a minor 17 years of age may consent to donate blood to a voluntary, noncompensatory blood program without permission from a parent or guardian; a minor 16 years of age may donate blood to a voluntary, noncompensatory blood program with the consent of a parent or guardian.
- Hepatitis B Vaccination** *Minn. Stat. Ann. § 144.3441* provides that a minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required. See *Reportable Disease Care, Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance*.
- Tuberculosis Screening** *Minn. Stat. Ann. § 144.442* provides that the school or board of health may administer tuberculosis testing to some or all persons enrolled by the designated school. Any such testing shall be under the direction of a licensed physician. Prior to screening a minor for tuberculosis, the school shall inform in writing such persons and parents or guardians of minors. Minors may give consent to tuberculosis testing as set forth in *Minn. Stat. Ann. §§ 144.341 through 144.347*. See *Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance*.
- Financial Responsibility** *Minn. Stat. Ann. § 144.347* provides that a minor who consents for services pursuant to *Minn. Stat. Ann. §§ 144.341 through 144.3441* is financially responsible for the cost of the services. See *Minor Living Apart, Minor Parent, Married Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, Outpatient Mental Health Services, Tuberculosis Screening, and Hepatitis B Vaccination*.

⁷ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/minnesota/>.

Other

Good Faith Reliance

Minn. Stat. Ann. § 144.345 provides that the consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor. See *Minor Living Apart, Minor Parent, Married Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, Outpatient Mental Health Services, Tuberculosis Screening, and Hepatitis B Vaccination*.

Overview of Mississippi Laws

The age of majority in Mississippi is 21. However, Mississippi law authorizes minors to consent for health care in numerous situations. Mississippi does not have specific statutes authorizing minors to consent for their own care based on their status, certain groups such as emancipated minors and married minors may be able to do so based on historic common law principles. Minors are allowed to consent for contraception and pregnancy-related care, including prenatal and maternity care. The consent of at least one parent, or in some cases two parents, is required for an unemancipated minor under age 18 to obtain an abortion. The laws include a judicial bypass, a medical emergency exception, and a provision requiring the consent of only the mother in cases of incest. Minors are allowed to consent for diagnosis and treatment of STDs (“venereal disease”). Minors age 15 or older are also allowed to consent for care related to mental or emotional problems related to drugs or alcohol., Mississippi allows, in addition to specified relatives, an adult who has exhibited special care and concern for a minor to give consent. If a parent has refused consent and no other authorized person is immediately available, a court may give consent; under these circumstances the minor’s estate or any person responsible for “necessities” for the minor is financially responsible or if such person is unable to pay, the county is responsible for payment. Minors may participate in medical research based on their own consent if emancipated or with the consent of a parent. Health care professionals providing treatment to minors based on their own consent for STDs or drug or alcohol problems are not obligated to inform parents. Minors who are authorized to consent to their own care also have authority to authorize disclosure of information or medical records about the care.

Checklist of Mississippi Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Miss. Code Ann. § 1-3-27
Emancipated Minor	✓		Miss. Code Ann. §§ 41-41-3, 41-41-203, 93-19-9 See Introduction
Minor Living Apart			See Introduction
Married Minor	✓		Miss. Code Ann. § 41-42-7 See Introduction
Pregnant Minor	✓	✓	Miss. Code Ann. § 41-41-3
Minor Parent	✓	✓	Miss. Code Ann. §§ 41-41-3, 41-42-7 Authorizes minor parent to consent for child; for minor parent consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	Miss. Code Ann. § 41-41-7
General Medical Care			See Introduction
Family Planning & Contraceptive Care	✓	✓	Miss. Code Ann. § 41-42-7
Pregnancy Related Care	✓	✓	Miss. Code Ann. § 41-41-3
Abortion	✓		Miss. Code Ann. §§ 41-41-51 through 41-41-63 Parental consent required; law mandates a judicial bypass and other exceptions
STD/VD Care	✓	✓	Miss. Code Ann. § 41-41-13
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Miss. Code Ann. § 41-41-16 See Introduction and STD/VD Care
Drug/Alcohol Care	✓	✓	Miss. Code Ann. § 41-41-14
Outpatient Mental Health Services	✓	✓	Miss. Code Ann. § 41-41-14
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Miss. Code Ann. §§ 41-41-13, 41-41-14
Medical Records	✓		
Other			
Blood Donation	✓	✓	Miss. Code Ann. § 41-41-15
Medical Research	✓	✓	Miss. Code Ann. § 41-41-11 Authorizes emancipated minor to consent; see Emancipated Minor
Consent by Relative or Other Person	✓		Miss. Code Ann. § 41-41-3
Financial Responsibility	✓		Miss. Code Ann. § 41-41-9
Judicial Consent	✓		Miss. Code Ann. § 41-41-9

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/mississippi/>.

Summary of Mississippi Laws⁴

Minor Status

Age of Majority	<i>Miss. Code Ann. § 1-3-27</i> provides that the age of majority is 21. <i>Miss. Code Ann. § 41-41-203</i> provides that for purposes of the Uniform Health Care Decisions Act an adult is any person age 18 or older.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. <i>Miss. Code Ann. § 41-41-3</i> specifies who may consent for care for an unemancipated minor. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For a provision authorizing a court to enter a decree for the partial or general removal of the disability of age to enable a minor to act as if he or she had attained majority status, <i>see Miss. Code Ann. § 93-19-9</i> . <i>Miss. Code Ann. § 41-41-203</i> defines “emancipated minor” for purposes of the Uniform Health Care Decisions Act.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. <i>Miss. Code Ann. § 41-41-203</i> provides that minors who are or have been married are emancipated. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> . <i>Miss. Code Ann. § 41-42-7</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is married.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Miss. Code Ann. § 41-41-3</i> provides that any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. <i>See Abortion</i> .
Minor Parent	<i>Miss. Code Ann. § 41-42-7</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is a parent. <i>Miss. Code Ann. § 41-41-3</i> provides that consent for medical treatment or surgical procedures for an unemancipated minor may be given by the minor’s parent. This section does not exclude parents who are minors.

Type of Care

Emergency Care	<i>Miss. Code Ann. § 41-41-7</i> provides that consent for surgical or medical treatment or procedures, suggested, recommended, prescribed or directed by a duly licensed physician, will be implied where an emergency exists if there has been no protest from a person authorized and empowered to consent, or there has been a subsequent change in the person affected that is material and morbid, and there is no one immediately available who is authorized, empowered, willing, and capacitated to consent. An emergency is defined as a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties.
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	<i>Miss. Code Ann. § 41-42-7</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is a parent, or who is married, or who has parental consent, or who has been referred for such service by a physician, clergyman, family planning clinic, a school, or a state agency.
Pregnancy Related Care	<i>Miss. Code Ann. § 41-41-3</i> provides that any female regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. <i>See Abortion</i> .
Abortion	<i>Miss. Code Ann. §§ 41-41-51 through 41-41-63</i> provide that an unmarried, unemancipated minor under age 18 may not obtain an abortion without the written consent of both parents or a legal guardian, except in specified circumstances when the consent of one parent is sufficient. The law includes a judicial bypass, a medical emergency exception and special provisions for cases of incest. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D</i> .
STD/VD Care	<i>Miss. Code Ann. § 41-41-13</i> provides that any physician or any nurse practitioner who renders medical care to a minor for treatment of a venereal disease is under no obligation to obtain the consent of a parent or guardian, or to inform the parent or guardian of this treatment. <i>See Confidentiality & Disclosure</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Miss. Code Ann. § 41-41-16</i> provides that a hospital or physician may conduct an HIV test without specific consent for such tests if the health care provider determines that the test is necessary for diagnostic purposes to provide appropriate care or treatment to the patient. The test subject must be informed of the nature of the test. No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction</i> .
Drug/Alcohol Care	<i>Miss. Code Ann. § 41-41-14</i> provides that any physician or psychologist who consults with or prescribes medication for a minor who is age 15 or older for mental and emotional problems caused by or related to alcohol or drugs is under no obligation to obtain parent or guardian consent. The minor may consent for this treatment. <i>See Confidentiality & Disclosure</i> .
Outpatient Mental Health Services	<i>Miss. Code Ann. § 41-41-14</i> provides that any physician or psychologist who consults with or prescribes medication for a minor who is age 15 or older for mental and emotional problems caused by or related to alcohol or drugs is under no obligation to obtain parent or guardian consent. No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services other than for alcohol or drug problems.

Confidentiality & Disclosure⁵

Disclosure to Parents

Miss. Code Ann. § 41-41-13 provides that any physician or any nurse practitioner who renders medical care to a minor for treatment of a venereal disease is under no obligation to obtain the consent of a parent or guardian, or to inform the parent or guardian of this treatment.

Miss. Code Ann. § 41-41-14 provides that when a physician or psychologist consults with or prescribes medication for a minor who is age 15 or older for mental and emotional problems caused by or related to alcohol or drugs based on the consent of the minor, the provider may, but is not obligated to, inform the parent or guardian of the minor as to the treatment given or needed without the consent of the minor and even over the express refusal of the minor. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction*.

Medical Records

Miss. Code Ann. § 41-41-11 provides that any person who is authorized and empowered to consent for surgical or medical treatment or procedures for himself or herself may also waive the medical privilege for himself or herself and consent for the disclosure of medical information and the making and delivery of copies of medical or hospital records.

Other

Blood Donation

Miss. Code Ann. § 41-41-15 provides that a minor who is 17 years of age may consent to the voluntary donation of his or her blood to a licensed hospital, blood bank, community blood program, or other lawful activity engaged in processing and supplying human blood for transfusions and/or related medical purposes; no authorization from a parent is required. A minor 16 years of age may similarly donate blood with the written consent of a parent or guardian.

Medical Research

Miss. Code Ann. § 41-41-17 provides that an emancipated minor or a minor with the consent of a parent or guardian may participate as subjects in medical research that is conducted in accordance with federal law. *See Emancipated Minor*.

Consent by Relative or Other Person

Miss. Code Ann. § 41-41-3 provides that consent for medical treatment or surgical care for an unemancipated minor may be given by the minor's guardian or custodian, the minor's parent, an adult mother or sister of the minor, or the minor's grandparent, or in the absence of any of these individuals, an adult who has exhibited special care and concern for the minor.

Financial Responsibility

Miss. Code Ann. § 41-41-9 provides that when the court consents to or orders medical treatment for a minor, the reasonable expense of obtaining such surgical or medical treatment is to be paid by the minor's estate, or any person liable at law for his or her necessities, or if such person is unable to pay, by the county. *See Judicial Consent*.

Judicial Consent

Miss. Code Ann. § 41-41-9 provides that if a parent or guardian has refused consent for a minor's medical care, and if no other person known immediately available is authorized, empowered, willing, or capacitated to consent, then the court may consent to or order medical treatment for the minor. *See Financial Responsibility*.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/mississippi/>.

MISSOURI

Overview of Missouri Laws

The age of majority in Missouri is 18. However, Missouri law authorizes minors to consent for health care in numerous situations. Married minors and minor parents are generally allowed to consent for their own health care. Although Missouri does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for pregnancy-related care, including prenatal and maternity care. The consent of a parent is required for a minor to obtain an abortion. The law includes a judicial bypass. Minors age 12 or older are allowed to consent for treatment and other procedures for STDs (“venereal disease”), as well as for treatment and other procedures for drug and alcohol problems. Minors are also allowed to consent for medical examination related to rape or sexual assault. Parents are not financially responsible for services for which minors have consented unless the parents agree to be responsible. Health care professionals are entitled to rely in good faith on a minor’s representations that they can give consent. Missouri law provides that in some circumstances health professionals may but are not required to disclose information to parents. In other circumstances, disclosure to parents is required.

Checklist of Missouri Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Mo. Rev. Stat. § 431.055
Emancipated Minor	✓		French v. French, 599 S.W. 2d 40, 41 (Mo. Ct. App. 1980) See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	Mo. Rev. Stat. §§ 431.061(3), 431.065
Pregnant Minor	✓	✓	Mo. Rev. Stat. § 431.061(4)
Minor Parent	✓	✓	Mo. Rev. Stat. §§ 431.061(3), 431.065 Authorizes minor parent to consent for self and child
Type of Care			
Emergency Care	✓	✓	Mo. Rev. Stat. §§ 334.930, 431.063, 537.037
General Medical Care			See Introduction, Married Minor, and Minor Parent
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care	✓	✓	Mo. Rev. Stat. § 431.061(4)
Abortion	✓		Mo. Rev. Stat. § 188.028 Planned Parenthood Ass'n of Kansas City, Mo. V. Ashcroft, 462 U.S. 476 (1983) Parental consent required; law includes judicial bypass
STD/VD Care	✓	✓	Mo. Rev. Stat. § 431.061(4)
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care			See Introduction and STD/VD Care
Drug/Alcohol Care	✓	✓	Mo. Rev. Stat. § 431.061(4)
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Mo. Rev. Stat. §§ 191.225, 191.656, 431.061(4), 431.062
Other			
Sexual Assault Care	✓	✓	Mo. Rev. Stat. § 191.225
Suicide Prevention	✓		Mo. Rev. Stat. § 537.037
Financial Responsibility	✓		Mo. Rev. Stat. §§ 431.061(4), 431.062
Good Faith Reliance	✓		Mo. Rev. Stat. §§ 431.061(4), 431.061(5)

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/missouri/>.

Summary of Missouri Laws⁴

Minor Status

Age of Majority	<i>Mo. Rev. Stat. § 431.055</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . In <i>French v. French</i> , 599 S.W.2d 40 (Mo. Ct. App. 1980), the court discussed the circumstances in which a minor may become emancipated, including marriage and entry in to the armed services. The court in <i>Royall v. Legislation & Policy Div.</i> , 610 S.W.2d 377 (Mo. Ct. App. E.D. 1980), held that emancipation frees a child from the care, custody, control and service of the minor's parents
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	<i>Mo. Rev. Stat. § 431.061(3)</i> provides that any minor who has been lawfully married may consent to surgical or medical treatment. <i>Mo. Rev. Stat. § 431.065</i> provides that any minor who has been married is considered an adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for himself or herself.
Pregnant Minor	<i>Mo. Rev. Stat. § 431.061(4)</i> provides that any minor may consent for any medical, surgical, or other treatment or procedures in case of pregnancy, excluding abortion. <i>See Abortion, Confidentiality & Disclosure, Good Faith Reliance, and Financial Responsibility</i> .
Minor Parent	<i>Mo. Rev. Stat. § 431.061(3)</i> provides that any minor parent may consent to surgical or medical treatment for him or herself and for his or her child. <i>Mo. Rev. Stat. § 431.065</i> provides that any minor parent is considered an adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for himself or herself and his or her child.

Type of Care

Emergency Care	<p><i>Mo. Rev. Stat. § 431.063</i> provides that consent for surgical or medical treatment or procedures is implied where an emergency exists if there has been no protest or refusal of consent by a person authorized and empowered to consent, or, if so, there has been a subsequent change in the condition of the person affected that is material and morbid, and there is no one immediately available who is authorized, empowered, willing and capacitated to consent. An "emergency" is defined as a situation in which, based on competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties.</p> <p><i>Mo. Rev. Stat. § 334.930</i> provides immunity for civil damages to a respiratory care practitioner who, in good faith, renders emergency assistance without compensation to any minor involved in an accident (e.g. competitive sports) without first obtaining the consent of the minor's parent or guardian. The statute does not provide immunity for damages from negligence, or willful or wanton acts, or omissions by the person in rendering emergency care.</p>
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Emergency Care	<i>Mo. Rev. Stat. § 537.037</i> provides that any physician, surgeon, registered professional nurse, licensed practical nurse, or licensed mobile emergency medical technician is granted immunity for civil damages if he or she renders emergency care in good faith, without compensation at the scene of an accident (e.g. competitive sports) without first obtaining consent of the minor's parent or guardian. The statute does not provide immunity for damages from negligence, or willful or wanton acts, or omissions by the person in rendering emergency care.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> . <i>See Married Minor and Minor Parent</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	<i>Mo. Rev. Stat. § 431.061(4)</i> provides that any minor may consent for any medical, surgical, or other treatment or procedures in case of pregnancy, excluding abortion. <i>See Abortion, Confidentiality & Disclosure, Good Faith Reliance, and Financial Responsibility</i> .
Abortion	<i>Mo. Rev. Stat. § 188.028</i> provides that an unemancipated minor may not obtain an abortion without the written consent of a parent. The law includes a judicial bypass. A previous version of the law was ruled constitutional in <i>Planned Parenthood Ass'n of Kansas City, Mo. v. Ashcroft</i> , 462 U.S. 476 (1983). For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .
STD/VD Care	<i>Mo. Rev. Stat. § 431.061(4)</i> provides that any minor may consent for any medical, surgical, or other treatment or procedures in case of venereal disease. <i>See Confidentiality & Disclosure, Good Faith Reliance, and Financial Responsibility</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction</i> . <i>See Confidentiality & Disclosure</i> .
Drug/Alcohol Care	<i>Mo. Rev. Stat. § 431.061(4)</i> provides that any minor may consent for any medical, surgical, or other treatment or procedures in case of drug or substance abuse. <i>See Confidentiality & Disclosure, Good Faith Reliance, and Financial Responsibility</i> .
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Mo. Rev. Stat. § 431.062 provides that any physician or surgeon who provides medical or surgical care under *Mo. Rev. Stat. § 431.061(4)* to a minor based on the minor's consent, may, with or without the minor's consent, advise the parent or guardian of the health care given or needed if the provider knows the whereabouts of the parent or guardian. In the event that the minor is found not to be pregnant or not afflicted with a venereal disease or not suffering from drug or substance abuse, then no information with respect to any appointment, examination, test or other medical procedure shall be given to the parent, parents, conservator or any other person. *See Pregnant Minor, Pregnancy Related Care, STD/VD Care, and Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Mo. Rev. Stat. § 191.225 provides that when a minor victim of rape or sexual assault consents for a medical examination, the hospital or physician making the examination must give written notice to the parent or guardian of the minor that the examination has occurred.

Mo. Rev. Stat. § 191.656 provides that no person is liable for disclosure of HIV test results to the parents or guardian of an unemancipated, minor patient. This does not impose a duty on any person to disclose the results of an individual's HIV testing to a parent.

Mo. Rev. Stat. § 630.140 provides that the records of a minor in an alcohol or drug abuse residential facility or day program (defined in *Mo. Rev. Stat. § 630.005*) are confidential; but the facility must, upon request, disclose information and records including medication given, dosage levels, and individual ordering such medication to the parent or guardian of a minor patient, resident, or client. For discussion of the federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Other

Sexual Assault Care

Mo. Rev. Stat. § 191.225 provides that a minor victim of rape or sexual assault may consent for a medical examination. *See Confidentiality & Disclosure.*

Suicide Prevention

Mo. Rev. Stat. § 537.037 provides that any mental health professional, qualified counselor, physician, certified nurse practitioner, physician's assistant, or any other person may in good faith render suicide prevention interventions at the scene of a threatened suicide and is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering suicide prevention interventions.

Financial Responsibility

Mo. Rev. Stat. § 431.062 provides that when a minor consents for care under *Mo. Rev. Stat. § 431.061(4)*, the parents or conservators of the minor are not liable for payment for medical and surgical care of the minor unless the parents have expressly agreed to pay.

Good Faith Reliance

Mo. Rev. Stat. § 431.061(5) provides that any person acting in good faith and not having been put on notice to the contrary shall be justified in relying on the representations of a minor giving consent under *Mo. Rev. Stat. § 431.061(4)* including, but not limited to, his identity, his age, his marital status, and his relationship to any other person for whom the consent is purportedly given.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/missouri/>.

Overview of Montana Laws

The age of majority in Montana is 18. However, Montana law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents and providing self-support by any means, married minors, minor parents, and high school graduates are generally allowed to consent for their own health care. Pregnant minors are allowed to consent for pregnancy-related care, including contraception, prenatal and maternity care. Minors can consent for family planning services or contraceptive care in sites receiving federal Title X funds or when the services are funded by Medicaid. Minors also are allowed to consent for care for STDs and reportable diseases, including HIV and AIDS, treatment for drug or alcohol abuse, and outpatient mental health services. A law requiring notice to a parent before a minor can obtain an abortion was declared unconstitutional under the Montana Constitution and is not being enforced, so minors may consent for their own abortions without parent or court involvement. Montana relieves parents of financial responsibility for care in most situations when a minor has given consent unless the parents agree to pay; the minors who have given consent are financially responsible unless they are unable to pay and receive services in a public institution. Health care professionals who provide outpatient mental health services are relieved of liability unless they are negligent. Information about the care for which minors have given consent may be disclosed to parents in specified circumstances affecting the health of the minor or family members. Information about the care of emancipated minors may not be disclosed. Information also may not be disclosed without the consent of the minor if the minor is found not to be pregnant, not to have an STD, or not to be suffering from drug abuse. Minors who have consented to care have exclusive control over their medical records under the state's Uniform Health Care Information Act. Health care professionals are not required to accept the consent of a minor for health care. Minors age 15 or older may enter into contracts for health and life insurance.

Checklist of Montana Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Mont. Const., Art. II, § 14
Emancipated Minor	✓	✓	Mont. Code Ann. §§ 41-1-401, 41-1-402, 401-1-501
Minor Living Apart	✓	✓	Mont. Code Ann. § 41-1-402
Married Minor	✓	✓	Mont. Code Ann. § 41-1-402
Pregnant Minor	✓	✓	Mont. Code Ann. § 41-1-402
Minor Parent	✓	✓	Mont. Code Ann. § 41-1-402
Type of Care			
Emergency Care	✓	✓	Mont. Code Ann. §§ 41-1-402, 41-1-405
General Medical Care	✓	✓	Mont. Code Ann. § 41-1-405
Family Planning & Contraceptive Care	✓	✓	Mont. Code Ann. § 41-1-402
Pregnancy Related Care	✓	✓	Mont. Code Ann. §§ 41-1-402, 41-1-405
Abortion	✓	✓	Mont. Code Ann. §§ 50-20-203 through 50-20-215 Wicklund v. State, No. ADV-97-671 (Mont. Dist. Ct. Feb 11, 1999) (summary judgment), No. ADV-97-671 (Mont. Dist. Ct. Feb. 25, 1999) (permanent injunction), appeal filed, No. 99-311 (Mont. Apr. 15, 1999), appeal dismissed (Mont. Nov. 29, 1999)
STD/VD Care	✓	✓	Mont. Code Ann. §§ 41-1-402, 50-18-101
Reportable Disease Care	✓	✓	Mont. Code Ann. § 41-1-402 Mont. Admin. R. 37.114.203
HIV/AIDS Care	✓	✓	Mont. Code Ann. §§ 41-1-402, 50-16-1007(1) and (8), 50-18-101 Mont. Admin. R. 37.114.203
Drug/Alcohol Care	✓	✓	Mont. Code Ann. § 41-1-402
Outpatient Mental Health Services	✓	✓	Mont. Code Ann. §§ 41-1-406, 53-21-112
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Mont. Code Ann. §§ 41-1-402, 41-1-403
Medical Records	✓		Mont. Code Ann. §§ 15-16-501 through 15-16-553, 41-1-402, 50-16-521
Other			
Acceptance of Minor Consent	✓		Mont. Code Ann. § 41-1-407
Health Insurance Contract	✓		Mont. Code Ann. § 33-15-103
High School Graduate	✓	✓	Mont. Code Ann. § 41-1-402
Financial Responsibility	✓		Mont. Code Ann. §§ 41-1-402, 41-1-404
Physician Immunity	✓		Mont. Code Ann. § 41-1-407

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/montana/>.

Summary of Montana Laws⁴

Minor Status

Age of Majority	<i>Mont. Const., Art. II, § 14</i> provides that the age of majority is 18.
Emancipated Minor	<i>Mont. Code Ann. § 41-1-402</i> provides that an emancipated minor may consent for the provision of health services and may control access to protected health information under applicable law. <i>Mont. Code Ann. § 41-1-401</i> defines emancipated minor for the purpose of consenting to health care. <i>Mont. Code Ann. § 41-1-501</i> provides that a court may issue an order of limited emancipation to a youth, which may include the right to obtain access to medical treatment and records upon the youth's own authorization.
Minor Living Apart	<i>Mont. Code Ann. § 41-1-402</i> provides that a minor who professes to be or is found to be separated from the minor's parent and is providing self-support by whatever means may consent for the provision of health services. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i> .
Married Minor	<i>Mont. Code Ann. § 41-1-402</i> provides that a minor who professes to be or to have been married, or is found to be married, may consent for the provision of health services. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>Mont. Code Ann. § 41-1-402</i> provides that a minor who professes or is found to be pregnant may consent for health services given in connection with the prevention, diagnosis, and treatment of pregnancy. The treating health professional must provide counseling or refer the minor to another professional for counseling. See <i>Abortion, Confidentiality & Disclosure</i> , and <i>Financial Responsibility</i> .
Minor Parent	<i>Mont. Code Ann. § 41-1-402</i> provides that a minor who professes to have or is found to have a child may consent for the provision of health services for himself or herself. <i>Mont. Code Ann. § 41-1-402</i> provides that a minor who has a child may give effective consent for health service for the child. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i> .

Type of Care

Emergency Care	<i>Mont. Code Ann. § 41-1-402</i> provides that a minor who needs emergency care, including transfusions, without which his or her health will be jeopardized may consent for medical or surgical care or services. See <i>Confidentiality & Disclosure</i> . <i>Mont. Code Ann. § 41-1-405</i> provides that any health professional may render or attempt emergency services or first aid, medical, surgical, dental, or psychiatric treatment, without compensation, to any injured person regardless of age who is in need of immediate health care when the professional believes that the aid is the only alternative to probable death or serious physical or mental damage. Consent may not be required of a minor who does not possess the mental capacity or who has a physical disability that renders the minor incapable of giving consent and who has no known relatives or legal guardians, if a physician determines that the health service should be given.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> . <i>Mont. Code Ann. § 41-1-405</i> provides that a health professional may render non-emergency services to minors for conditions that will endanger the health or life of the minor if services would be delayed by obtaining consent from parents or legal guardian. See <i>Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, High School Graduate, Confidentiality & Disclosure</i> , and <i>Financial Responsibility</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

Mont. Code Ann. § 41-1-402 provides that a minor who professes or is found to be pregnant may consent for health services given in connection with the prevention of pregnancy. A health professional providing care in these cases of self-consent must provide counseling or refer the minor to another professional for counseling. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, see *Introduction*. See *Abortion, Confidentiality & Disclosure, and Financial Responsibility*.

Pregnancy Related Care

Mont. Code Ann. § 41-1-402 provides that a minor who professes or is found to be pregnant may consent for health services given in connection with the prevention, diagnosis, and treatment of pregnancy. The treating health professional must provide counseling and refer the minor to another professional for counseling. *Mont. Code Ann. § 41-1-405* provides that a minor may not consent for sterilization. See *Abortion, Confidentiality & Disclosure, and Financial Responsibility*.

Abortion

Mont. Code Ann. §§ 50-20-203 through 50-20-215 provide that an unmarried, unemancipated minor under age 18 may not obtain an abortion without prior actual notice to one parent or a legal guardian. The law includes a judicial bypass and a medical emergency exception. In *Wicklund v. State*, No. ADV-97-671 (*Mont. Dist. Ct. Feb 11, 1999*) (*summary judgment*), No. ADV-97-671 (*Mont. Dist. Ct. Feb. 25, 1999*) (*permanent injunction*), *appeal filed*, No. 99-311 (*Mont. Apr. 15, 1999*), *appeal dismissed* (*Mont. Nov. 29, 1999*), the court ruled that the law violates the Montana Constitution and enjoined its enforcement. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

STD/VD Care

Mont. Code Ann. § 41-1-402 provides that a minor who professes to be or is found to be afflicted with any reportable communicable disease, including a sexually transmitted disease, may consent for the provision of health services given in connection with the prevention, diagnosis and treatment of such disease. A health professional providing care in these cases of self-consent must provide counseling or refer the minor to another professional for counseling. *Mont. Code Ann. § 50-18-101* lists seven sexually transmitted diseases. Sexually transmitted diseases are contagious, infectious, communicable, and dangerous to public health. See *Confidentiality & Disclosure and Financial Responsibility*.

Reportable Disease Care

Mont. Code Ann. § 41-1-402 provides that a minor who professes to be or is found to be afflicted with any reportable communicable disease, including a sexually transmitted disease, may consent for the provision of health services given in connection with the prevention, diagnosis and treatment of such disease. A health professional providing care in these cases of self-consent must provide counseling or refer the minor to another professional for counseling. *Mont. Admin. R. 37.114.203* lists reportable diseases. See *Confidentiality & Disclosure and Financial Responsibility*.

HIV/AIDS Care

Mont. Code Ann. § 41-1-402 provides that a minor who professes to be or is found to be afflicted with any reportable communicable disease, including a sexually transmitted disease, may consent for the provision of health services given in connection with the prevention, diagnosis and treatment of such disease. A health professional providing care in these cases of self-consent must provide counseling or refer the minor to another professional for counseling. *Mont. Code Ann. § 50-18-101* provides that HIV is a sexually transmitted disease which is contagious, infectious, communicable, and dangerous to public health. *Mont. Admin. R. 37.114.203* provides that HIV is reportable. *Mont. Code Ann. §§ 50-16-1007(1) and (8)* provide that an HIV test may be ordered by a health care provider only after receiving the written informed consent of the test subject or the legal guardian. A minor may consent or refuse to consent for an HIV test under *Mont. Code Ann. § 41-1-402*. See *Confidentiality & Disclosure and Financial Responsibility*.

Type of Care

Drug/Alcohol Care

Mont. Code Ann. § 41-1-402 provides that a minor who professes or is found to be afflicted with drug and substance abuse, including alcohol, may consent for the provision of health services given in connection with the prevention, diagnosis, and treatment of this condition. A health professional providing care in these cases of self-consent must provide counseling or refer the minor to another professional for counseling. See *Confidentiality & Disclosure* and *Financial Responsibility*.

Outpatient Mental Health Services

Mont. Code Ann. § 53-21-112 provides that notwithstanding any other provision of law, a minor who is age 16 or older may consent for mental health services by a physician or licensed psychologist or in a facility that is not a state institution. *Mont. Code Ann. § 41-1-406* provides that a minor may consent for psychiatric or psychological counseling when the physician or psychologist believes that an urgent need for the counseling because of danger to the life, safety, or property of a minor or other persons exists and the consent of a parent or guardian cannot be obtained within a reasonable amount of time. See *Physician Immunity*.

Confidentiality & Disclosure⁵

Disclosure to Parents

Mont. Code Ann. § 41-1-403 provides that emancipated minors and their health information are not subject to the disclosure of information to a parent, custodian, or guardian of a minor by a health professional.

Mont. Code Ann. § 41-1-403 provides that a health professional may inform the parent or guardian of a minor authorized to consent for health care under *Mont. Code Ann. § 41-1-402* of any treatment given or needed when: in the judgment of the health professional, severe complications are present or anticipated; major surgery or prolonged hospitalization is needed; failure to inform the parent/guardian would jeopardize the safety and health of the minor patient, younger siblings, or the public; informing them would benefit the minor's physical and mental health and family harmony; or the health professional or health care facility providing treatment desires a third-party commitment to pay for services. If the minor is found not to be pregnant or not afflicted with a sexually transmitted disease or not suffering from drug abuse, then information may not be given to the parent or guardian without the consent of the minor, if they have not already been informed pursuant to this section. See *Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, Drug/Alcohol Care, and High School Graduate*. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, see *Introduction*.

Mont. Code Ann. § 41-1-402 provides that when a minor receives emergency care without parental consent, the parent or guardian shall be informed as soon as practical, except in the case of minors who authorized to give their own consent for care under *Mont. Code Ann. § 41-1-402*. See *Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, Drug/Alcohol Care, and High School Graduate*.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/montana/>.

Confidentiality & Disclosure⁶**Medical Records**

Mont. Code Ann. § 41-1-402 provides that a minor who is authorized to consent for health care under § 41-1-402 may also control access to protected health care information. *Mont. Code Ann. § 50-16-521* provides that when a minor is authorized under § 41-1-402 to consent for care without parental consent, only the minor may exclusively exercise the rights of a patient under the state's Uniform Health Care Information Act. See *Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, Drug/Alcohol Care, and High School Graduate*. For provisions of the Montana Uniform Health Care Information Act, see *Mont. Code Ann. §§ 15-16-501 through 15-16-553*.

Other

Acceptance of Minor Consent

Mont. Code Ann. § 41-1-407 provides that no physician, surgeon, dentist, or health or mental health care facility may be compelled against their best judgment to treat a minor on his or her own consent.

Health Insurance Contract

Mont. Code Ann. § 33-15-103 provides that a minor who is at least 15 years of age may contract for life and health insurance.

High School Graduate

Mont. Code Ann. § 41-1-402 provides that a minor who professes to be or to have been graduated from high school may consent for the provision of health services and may control access to protected health information. See *Confidentiality & Disclosure* and *Financial Responsibility*.

Financial Responsibility

Mont. Code Ann. § 41-1-404 provides that the spouse, parent, parents, or legal guardian of a minor who consents for services under *Mont. Code Ann. § 41-1-402* are not liable for payment for the service unless the spouse, parent, parents, or legal guardian have expressly agreed to pay for the care. Minors giving consent for the health services are financially responsible for the cost, except those who are proven unable to pay and who receive the services in public institutions. If the minor is covered by health insurance, payment may be applied to cover services rendered.

Mont. Code Ann. § 41-1-406 provides that a parent shall not be liable for the cost of psychiatric or psychological counseling for which the minor consented under *Mont. Code Ann. § 41-1-406* without the consent of the parent.

Physician Immunity

Mont. Code Ann. § 41-1-407 provides that the physician or licensed psychologist who provides counseling services under *Mont. Code Ann. § 41-1-406* is not civilly or criminally liable by reason of having provided the services, but the immunity does not extend to negligent acts or omissions.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/montana/>.

Overview of Nebraska Laws

The age of majority in Nebraska is 19. However, Nebraska law authorizes minors to consent for health care in some situations. Although Nebraska does not have specific statutes authorizing them to do so, emancipated minors, married minors, and minor parents should generally be allowed to consent for health care based on traditional principles of common law. Although Nebraska does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Nebraska does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Parental notice or consent is required for abortion, but the law provides for a judicial bypass, an emergency exception, and an exception for reported cases of sexual abuse, abuse, or neglect. Minors are allowed to consent for diagnosis and treatment of STDS and for care related to drug and alcohol problems. Minors age 17 or older are also allowed to consent for donation of blood. Nebraska law provides that it is not necessary for a health care professional providing STD care to a minor to notify the parents. However, when a minor who is in the custody of his or her parents is treated for STDs the parents are financially responsible for the care.

Checklist of Nebraska Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Neb. Rev. Stat. § 43-2101
Emancipated Minor	✓		Accent Service Co, Inc. v. Violet Ebsen, 306 N.W.2d 575 (Neb. 1981) Neb. Rev. Stat. § 43-2101 See Introduction
Minor Living Apart			See Introduction
Married Minor	✓		Neb. Rev. Stat. §§ 42-105, 43-2101 See Introduction
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		Neb. Rev. Stat. §§ 71-6901 through 71-6908 Parental notice or consent required; the law contains a judicial bypass and other exceptions
STD/VD Care	✓	✓	Neb. Rev. Stat. §§ 42-105, 43-2101
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Neb. Rev. Stat. § 71-531 See Introduction & STD/VD Care
Drug/Alcohol Care	✓	✓	Neb. Rev. Stat. § 71-918
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Confidentiality Protection	✓		Neb. Rev. Stat. § 71-531
Disclosure to Parents	✓		Neb. Rev. Stat. §§ 71-504
Other			
Blood Donation	✓	✓	
Financial Responsibility	✓		Neb. Rev. Stat. § 71-504

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized; it does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/nebraska/>.

Summary of Nebraska Laws⁴

Minor Status

Age of Majority	<i>Neb. Rev. Stat. § 43-2101</i> provides that the age of majority is 19.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For the circumstances establishing emancipation of minors, <i>see Accent Service Co, Inc. v. Violet Ebsen</i> , 306 N.W.2d 575 (Neb. 1981) and <i>Wulff v. Wulff</i> , 243 Neb. 616 (Neb. 1993). <i>Neb. Rev. Stat. § 43-2101</i> provides that if a minor marries under the age of 19, the period of minority ends.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents for consent to health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> . <i>Neb. Rev. Stat. § 43-2101</i> provides that if a minor marries under the age of 19, the period of minority ends. <i>Neb. Rev. Stat. § 42-105</i> outlines the conditions under which a marriage license may be issued to a minor.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction</i> . <i>See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<i>Neb. Rev. Stat. §§ 71-6901 through 71-6908</i> provide that an unemancipated minor under age 18 may not obtain an abortion without prior written notice to a parent or written authorization from a person entitled to notice. The law includes a judicial bypass, an emergency exception, and an exception for reported cases of sexual abuse, abuse, or neglect. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> .
STD/VD Care	<i>Neb. Rev. Stat. § 71-504</i> provides that any health care provider, upon consultation with and consent of the patient, shall make a diagnostic examination for sexually transmitted diseases and prescribe for and treat the patient for sexually transmitted diseases when the patient is suspected of having a sexually transmitted disease. Consent of a parent or guardian is not necessary. See <i>Confidentiality & Disclosure</i> and <i>Financial Responsibility</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Neb. Rev. Stat. § 71-531</i> provides that a person may not be tested for HIV unless he or she has given written informed consent. A parent or judicially appointed guardian of a minor may give such consent. See <i>Confidentiality & Disclosure</i> . No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, see <i>Introduction</i> .
Drug/Alcohol Care	<i>Neb. Rev. Stat. § 71-918</i> provides that any person may apply for voluntary admission for treatment of alcoholism or drug abuse.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Confidentiality Protection	<i>Neb. Rev. Stat. § 71-531</i> provides that a person seeking an HIV test has the right to remain anonymous. A health care provider shall confidentially refer such person to a site that provides anonymous testing.
Disclosure to Parents	<i>Neb. Rev. Stat. § 71-504</i> provides that it is not necessary for a health care provider, providing examination, diagnosis, or treatment to a minor for sexually transmitted diseases to notify the minor's parent. See <i>STD/VD Care</i> and <i>Financial Responsibility</i> .

Other

Blood Donation	<i>Neb. Rev. Stat. § 71-4808</i> provides that a minor who is 17 or 18 years of age and of sound mind may consent to donate whole blood for the purposes of injecting, transfusing, or transplanting such blood in the human body; no 17 or 18 year old minor may give blood for compensation without parental permission or authorization.
Financial Responsibility	<i>Neb. Rev. Stat. § 71-504</i> provides that when a health care provider, upon consultation with and consent of the patient, makes a diagnostic examination for sexually transmitted diseases or prescribes for or treats a minor patient for sexually transmitted diseases, the parents are liable for the expenses if the minor is in their custody. See <i>STD/VD Care</i> and <i>Confidentiality & Disclosure</i> .

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/nebraska/>.

Overview of Nevada Laws

The age of majority in Nevada is 18. However, Nevada law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents for at least four months, married minors, and minor parents are generally allowed to consent for their own health care. Minor parents are also allowed to consent for their children. A minor who is in danger of suffering a serious health hazard if health care services are not provided may consent for examination or treatment if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. Although Nevada does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based in other settings on the constitutional right of privacy and on the Nevada law allowing minors to consent if they would suffer a health hazard without the care. Similarly, although Nevada does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy or Nevada's law allowing minors to consent for care if they would otherwise suffer a health serious health hazard. A law requiring notice to a parent before a minor can obtain an abortion was declared unconstitutional and is not being enforced, so minors may consent for their own abortions without parent or court involvement. Minors are allowed to consent for care for STDs, including HIV and AIDS, and treatment for drug or alcohol abuse. Do Not Resuscitate Orders require the assent of a mature minor, in addition to the consent of a parent. Nevada relieves parents of financial responsibility for care in most situations, other than emergencies, when a minor has given consent, except for emergency care, unless the parents agree to pay. Health care professionals who provide services to minor based on their own consent are not liable for doing so unless they are negligent. Health care providers must attempt to secure the minor's consent to communicate with parents unless doing so would jeopardize the treatment or result in a health hazard. Specific provisions address sharing information about drug and alcohol treatment.

Checklist of Nevada Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Nev. Rev. Stat. § 129.010
Emancipated Minor	✓	✓	Nev. Rev. Stat. §§ 129.080 through 129.140, 129.130
Minor Living Apart	✓	✓	Nev. Rev. Stat. § 129.030
Married Minor	✓	✓	Nev. Rev. Stat. § 129.030
Pregnant Minor		✓	See Introduction and General Medical Care
Minor Parent	✓	✓	Nev. Rev. Stat. § 129.030 Authorizes minor parent to consent for self and child
Type of Care			
Emergency Care	✓	✓	Nev. Rev. Stat. §§ 129.030, 129.040
General Medical Care	✓	✓	Nev. Rev. Stat. § 129.030
Family Planning & Contraceptive Care		✓	See Introduction and General Medical Care
Pregnancy Related Care		✓	See Introduction and General Medical Care
Abortion	✓	✓	Nev. Rev. Stat. §§ 442.255 and 442.2555 Glick v. McKay, 937 F.2d 434 (9 th Cir. 1991 and No. C_N-85-331- ECR 9 (D. Nev. Oct. 10, 1991) Parental notification required; the law contains a judicial bypass and other exceptions but has been enjoined and is not being enforced.
STD/VD Care	✓	✓	Nev. Rev. Stat. §§ 129.060, 441A.310
Reportable Disease Care		✓	See General Medical Care and STD/VD Care
HIV/AIDS Care	✓	✓	Nev. Rev. Stat. § 441A.310, Nev. Admin. Code ch. 441A.775
Drug/Alcohol Care	✓	✓	Nev. Rev. Stat. §§ 129.050, 453.700
Outpatient Mental Health Services		✓	See Minor Living Apart and General Medical Care
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Nev. Rev. Stat. §§ 129.030, 129.050
Other			
Blood Donation	✓	✓	Nev. Rev. Stat. Ann. § 460.040
Do Not Resuscitate Orders	✓		Nev. Rev. Stat. § 450B-525
Financial Responsibility	✓		Nev. Rev. Stat. § 129.030
Physician Immunity	✓		Nev. Rev. Stat. Ann § 129.030
State Family Resource Centers	✓		Nev. Rev. Stat. Ann. § 430A.180

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/nevada/>.

Summary of Nevada Laws⁴

Minor Status

Age of Majority	<i>Nev. Rev. Stat. § 129.010</i> provides that the age of majority is 18.
Emancipated Minor	<i>Nev. Rev. Stat. § 129.130</i> provides that an emancipated minor is authorized to give consent for medical, dental, or psychiatric care without parental consent, knowledge, or liability. <i>Nev. Rev. Stat. §§ 129.080 through 129.140</i> set forth the criteria and procedures for a minor to be emancipated.
Minor Living Apart	<i>Nev. Rev. Stat. § 129.030</i> provides that a minor who has lived apart from his or her parents for at least 4 months, with or without the consent of the parent(s) or guardian, may consent for examination or treatment, excluding sterilization, by a health care provider if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. <i>See Confidentiality & Disclosure.</i>
Married Minor	<i>Nev. Rev. Stat. § 129.030</i> provides that a minor who is or has been married may consent for examination or treatment, except sterilization, if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. <i>See Confidentiality & Disclosure.</i>
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent to reproductive health care, <i>see Introduction. See General Medical Care, and Abortion.</i>
Minor Parent	<i>Nev. Rev. Stat. § 129.030</i> provides that a minor who is a mother or has borne a child may consent for examination or treatment, except sterilization, by a health care provider for herself or the child if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. <i>See Confidentiality & Disclosure.</i>

Type of Care

Emergency Care	<p><i>Nev. Rev. Stat. § 129.030</i> provides that a minor who is in danger of suffering a serious health hazard if health care services are not provided may consent for examination or treatment, except sterilization, if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. <i>See Confidentiality & Disclosure.</i></p> <p><i>Nev. Rev. Stat. Ann § 129.040</i> provides that, notwithstanding any other provision of law, in cases of emergency in which a minor is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts made under the circumstances the parents of the minor cannot be located for the purpose of consenting, then consent for such emergency may be given by any person standing <i>in loco parentis</i> to such minor.</p>
General Medical Care	<p><i>Nev. Rev. Stat. § 129.030</i> provides that a minor who is in danger of suffering a serious health hazard if health care services are not provided may consent for examination or treatment, except sterilization, if the minor understands the nature and purpose of the proposed examination or treatment and its probable outcome, and voluntarily requests it. <i>See Confidentiality & Disclosure.</i></p>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Minor Living Apart and General Medical Care.</i>
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Minor Living Apart, General Medical Care, and Abortion.</i>
Abortion	<i>Nev. Rev. Stat. §§ 442.255 and 442.2555</i> provide that an unmarried unemancipated minor under age 18 may not obtain an abortion unless one parent has been personally notified. The law includes a judicial bypass and an emergency exception. In <i>Glick v. McKay</i> , 937 F.2d 434 (9 th Cir. 1991), a court ruled that the statute is unconstitutional and has enjoined its enforcement. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i>
STD/VD Care	<i>Nev. Rev. Stat. § 129.060</i> provides that, notwithstanding any other provision of law, the consent of a parent or guardian is not necessary to authorize an examination and treatment of any minor who is suspected of being or is found to be infected with any sexually transmitted disease. <i>Nev. Rev. Stat. § 441A.310</i> provides that when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of his parents consents.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See General Medical Care, STD/VD Care, and HIV/AIDS.</i>
HIV/AIDS Care	<i>Nev. Rev. Stat. § 129.060</i> provides that, notwithstanding any other provision of law, the consent of a parent or guardian is not necessary to authorize an examination and treatment of any minor who is suspected of being or is found to be infected with any sexually transmitted disease. <i>Nev. Rev. Stat. § 441A.310</i> provides that when any minor is suspected of having or is found to have a sexually transmitted disease, the health authority may require the minor to undergo examination and treatment, regardless of whether the minor or either of his parents consents. <i>Nev. Admin. Code ch. 441A.775</i> provides that "sexually transmitted diseases" includes Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV).
Drug/Alcohol Care	<i>Nev. Rev. Stat. § 129.050</i> provides that any minor who is under the influence of, or suspected to be under the influence of a controlled substance may consent, or if unable to express consent, shall be deemed to consent for the furnishing of hospital, medical, surgical or other care for the treatment of drug abuse or related illness, at a facility other than a halfway house for alcohol and drug abusers, and the consent of a parent or guardian is not necessary. <i>Nev. Rev. Stat. § 453.700</i> provides that any person who believes himself to be a narcotic addict may apply for voluntary submission to treatment to the health division of the department. <i>See Confidentiality & Disclosure.</i>
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. <i>See General Medical Care.</i>

Confidentiality & Disclosure⁵

Disclosure to Parents

Nev. Rev. Stat. § 129.030 provides that before initiating treatment based on a minor's consent, the health care provider shall make reasonable efforts to obtain the minor's consent to communicate with his or her parent or guardian. If the provider believes that such efforts would jeopardize the treatment necessary to the minor's life or necessary to avoid a serious and immediate threat to the minor's health, the provider may forego attempts to obtain the minor's consent to communication. The reasonable efforts made or the justification for not making them must be noted in the record. *See Minor Living Apart, Married Minor, Minor Parent, Emergency Care, General Medical Care, and Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

When treating a minor for drug abuse or related illness, *Nev. Rev. Stat. § 129.050* provides that the physician shall make every reasonable effort to report this treatment to the minor's parents or guardian within a reasonable time after treatment. *See Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Other

Blood Donation

Nev. Rev. Stat. Ann. § 460.040 provides that any person who is at least 17 years or older may donate his blood without the consent of his or her parent or guardian.

Do Not Resuscitate Orders

Nev. Rev. Stat. § 450B.525 provides that a parent can execute a do not resuscitate order for a minor child. If, in the opinion of the attending physician, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment, then the do-not-resuscitate identification obtained pursuant to this section is not effective without the assent of the minor. The minor may revoke the authorization to withhold life-resuscitating treatment.

Financial Responsibility

Nev. Rev. Stat. § 129.030 provides that the parents or legal guardian of a minor who receives services based on his or her own consent are not financially liable unless they have consented for the services, except in the case of emergency services. *See Minor Living Apart, Married Minor, Minor Parent, and General Medical Care.*

Physician Immunity

Nev. Rev. Stat. Ann. § 129.030 provides that no person providing services under this section is subject to civil or criminal liability for providing those services; the service provider may still be liable for negligence. *See Minor Living Apart, Married Minor, Minor Parent, Emergency Care, General Medical Care, and Financial Responsibility.*

State Family Resource Centers

Nev. Rev. Stat. Ann. § 430A.180 provides that any family resource center that has received a grant from the director of the state Department of Health & Human Services must have consent from the minor's parent, guardian, or legal custodian before administering drugs or contraceptives to or performing medical or dental procedures for a minor.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/nevada/>.

NEW HAMPSHIRE

Overview of New Hampshire Laws

The age of majority in New Hampshire is 18. However, New Hampshire law authorizes minors to consent for health care in several situations. New Hampshire laws do not specifically authorize any groups of minors to consent for health care based on their status. However, common law principles would support emancipated minors and married minors being able to consent for their own care. New Hampshire does not have a law allowing minors to consent for general health care, but they should be able to do so based on the mature minor doctrine. Although New Hampshire does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although New Hampshire does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Subsequent to extensive litigation in the federal courts, a 2003 law was repealed that required parental notification for minors to obtain an abortion. Minors age 14 or older are allowed to consent for diagnosis and treatment of STDs. Although New Hampshire law does not expressly authorize minors to consent for HIV/AIDS testing or treatment, an HIV test may not be performed without the consent of the patient, subject to certain exceptions. Minors age 12 or older are allowed to consent for treatment for drug dependency or any problem related to the use of drugs. Minors may apply to community mental health programs to receive services from the state mental health system. New Hampshire relieves parents of financial responsibility when the minor has consented for drug treatment. Minors may receive treatment for STD services without the knowledge of the parent. When a minor is tested for HIV, the parent or guardian may be informed and family members may be informed when seriously or chronically mentally ill persons receive treatment from community mental health programs or state facilities, treatment information may be disclosed to family member with the consent of the patient.

Checklist of New Hampshire Laws

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.H. Rev. Stat. Ann. § 21:44
Emancipated Minor			See Introduction
Minor Living Apart			See Introduction
Married Minor			See Introduction
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	N.H. Rev. Stat. Ann. § 153-A:18
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓	✓	Planned Parenthood of N. New Eng. v. Heed, 269 F. Supp. 2d 59 (D.N.H. 2003), affirmed 390 F.3d 53, 2004 (2004) Law requiring parental notification was declared unconstitutional and repealed.
STD/VD Care	✓	✓	N.H. Rev. Stat. Ann. § 141-C:18
Reportable Disease Care	✓		N.H. Rev. Stat. Ann. § 141-C:15 N.H. Code Admin. R. Ann. He-P 301.03
HIV/AIDS Care	✓	✓	N.H. Rev. Stat. Ann. § 141-F:5 See Introduction and STD/VD Care
Drug/Alcohol Care	✓	✓	N.H. Rev. Stat. Ann. § 318-B:12-a
Outpatient Mental Health Services	✓	✓	N.H. Rev. Stat. Ann. § 135-C:12
Confidentiality & Disclosure³			
Disclosure to Parents	✓		N.H. Rev. Stat. Ann. §§ 135-C:19-a, 141-C:18, 141-F:7
Outpatient Mental Health Services	✓		
Sexual Assault Care	✓		N.H. Rev. Stat. Ann. § 173-C:3
Other			
Blood Donation	✓	✓	N.H. Rev. Stat. Ann. § 571-C:1
Financial Responsibility	✓		N.H. Rev. Stat. Ann. § 318-B:12-a

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/new-hampshire/>.

Summary of New Hampshire Laws⁴

Minor Status

Age of Majority	<i>N.H. Rev. Stat. Ann. § 21:44</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	<i>N.H. Rev. Stat. Ann. § 153-A:18</i> provides that no licensed emergency medical care provider or any health professional is subject to civil liability for failure to obtain consent in rendering emergency medical services to any person, regardless of age, where the person is unable to give consent for any reason, including minority status, and there is no other person reasonably available who is legally authorized to consent for the care, and the provider has acted in good faith knowledge of facts negating consent.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	No specific provision was found expressly authorizing minors to consent for abortion or requiring parental notice or consent. For sources of additional and updated information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> . The 2003 Parental Notification Prior to Abortion Act, <i>N.H. Rev. Stat. Ann. §§ 132:24-:28</i> , was declared unconstitutional in <i>Planned Parenthood of N. New Eng. v. Heed</i> , 269 F. Supp. 2d 59 (D.N.H. 2003), affirmed 390 F.3d 53 (2004), vacated and remanded in <i>Ayotte v. Planned Parenthood</i> , 546 US 320 (2006). The Act was repealed in 2007.
STD/VD Care	<i>N.H. Rev. Stat. Ann. § 141-C:18</i> provides that any minor age 14 or older may voluntarily consent for medical diagnosis and treatment for sexually transmitted diseases, and a licensed physician may diagnose, treat or prescribe for the treatment of sexually transmitted diseases in a minor age 14 or older without the knowledge or consent of the parent or guardian.
Reportable Disease Care	<i>N.H. Rev. Stat. Ann. § 141-C:15</i> provides that any person infected with a communicable disease, or reasonably suspected of being infected with a communicable disease, and whose continued presence among the citizenry poses a significant threat to health and life, shall be ordered by the commissioner to report to a health care provider or health care facility to undergo such treatment and care as the commissioner may deem necessary to eliminate the threat. <i>N. H. Code Admin. R. Ann. He-P 301.03</i> sets forth procedures for reporting communicable diseases, including HIV.
HIV/AIDS Care	<i>N.H. Rev. Stat. Ann. § 141-F:5</i> provides that no health care provider may test for HIV unless the person being tested consents after being informed about the medical interpretations of test findings, or the test is to verify the safety of donated body fluids or organs, the test is for research, the subject is confined to a correctional facility, or the subject is incapable of informed consent and the test is necessary to protect the person's health. No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, see <i>Introduction</i> . See <i>STD/VD Care</i> and <i>Confidentiality & Disclosure</i> .
Drug/Alcohol Care	<i>N.H. Rev. Stat. Ann. § 318-B:12-a</i> provides that any minor age 12 or older may voluntarily submit himself or herself to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian. A minor who is of sufficient maturity to understand the nature of the treatment shall not be considered legally incapable of consenting for medical treatment provided that such minor is of sufficient maturity to understand the nature of such treatment and the consequences thereof. A parent or legal guardian is not liable for payment for services under this section.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors generally to consent for outpatient mental health services. <i>N.H. Rev. Stat. Ann. § 135-C:12</i> provides that a minor may apply to an approved community mental health program to receive services from the state mental health services system, though the application may be made by the minor's parent or guardian. See <i>Confidentiality & Disclosure</i> .

Confidentiality & Disclosure⁵**Disclosure to Parents**

N.H. Rev. Stat. Ann. § 141-C:18 provides that any minor age 14 or older may receive voluntary treatment for sexually transmitted diseases without the knowledge of the parent or guardian. *See STD/VD Care.*

N.H. Rev. Stat. Ann. § 141-F:7 provides that HIV test results shall be disclosed by the physician or the person authorized by the physician to the person who was tested. Such person shall be provided with appropriate counseling at the time of notification. If the person with an HIV positive test result is under age 18, the physician or the person authorized by the physician may disclose the test results to a parent or legal guardian. In such cases, the parent or legal guardian shall be entitled to appropriate counseling. *See HIV/AIDS Care.*

N.H. Rev. Stat. Ann. § 135-C:19-a provides that treatment information regarding a seriously or chronically mentally ill person receiving services from a community mental health program or state facility, may be disclosed to a family member who lives with the person or provides direct care, after the facility has received the written consent of the patient or, if consent cannot be obtained, has notified the patient in writing as to what is being disclosed, the reason for its disclosure, and to whom. *See Outpatient Mental Health Services.*

Outpatient Mental Services

The court in *In re Berg*, 152 N.H. 658 interprets *N.H. Rev. Stat. Ann. § 330-A:32* to include a therapist-client privilege to cover minor clients, and the privilege may not always be waived by the minor client's parent. (A father was not allowed to access his minor child's psychotherapy notes in a custody dispute).

Other

Blood Donation

N.H. Rev. Stat. Ann. § 571-C:1 provides that any minor of sound mind who is 17 years of age or any minor who is married regardless of age, may donate blood in any voluntary and noncompensatory blood program without the consent of his or her parent or guardian. *N.H. Rev. Stat. Ann. § 571-C:1* provides that any minor of sound mind who is 16 years of age may donate blood in a voluntary and noncompensatory blood program with the written consent of a parent, guardian, or other legal custodian.

Financial Responsibility

N.H. Rev. Stat. Ann. § 318-B:12-a provides that when a minor voluntarily submits himself or herself to treatment for drug dependency or any problem related to the use of drugs without the consent of a parent or legal guardian, the parent or legal guardian is not liable for payment for services.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-hampshire/>.

Overview of New Jersey Laws

The age of majority in New Jersey is 18. However, New Jersey law authorizes minors to consent for health care in numerous situations. Married minors and pregnant minors are generally allowed to consent for their own health care and for their children's care. Although New Jersey does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for pregnancy-related care, including prenatal and maternity care, care for STDs ("venereal disease") and HIV and AIDS (age 13 and older), and for treatment for drug or alcohol abuse, and care related to a sexual assault. A law requiring notice to a parent before a minor can obtain an abortion was declared unconstitutional and is not being enforced, so minors may consent for their own abortions without parent or court involvement. Information about the care for which minors have given consent may be disclosed to parents in specified circumstances. Disclosure of information related to HIV/AIDS and drug and alcohol treatment requires the consent of the minor. Parents must be notified when care is being provided related to a sexual assault, unless it would not be in the best interest of the minor to do so. Special confidentiality protections apply to mental health information and records.

Checklist of New Jersey Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.J. Stat. Ann. §§ 9:17B-1, 9:17B-3
Emancipated Minor	✓		N.J. Stat. Ann. §§ 2C:25-19, 9:17A-1.3, 55:14L-2 See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	N.J. Stat. Ann. § 9:17A-1
Pregnant Minor	✓	✓	N.J. Stat. Ann. § 9:17A-1
Minor Parent	✓	✓	N.J. Stat. Ann. § 9:17A-1 Authorizes pregnant or married minor to consent for self and child
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction, Married Minor, Pregnant Minor, and Minor Parent
Family Planning & Contraceptive Care			See Introduction, Married Minor, and Minor Parent
Pregnancy Related Care	✓	✓	N.J. Stat. Ann. § 9:17A-1
Abortion	✓	✓	N.J. Stat. Ann. §§ 9:17A-1.1 through 9:17A-1.12 Planned Parenthood of Cent. N.J. v. Farmer, 762 A.2d 620 (N.J. 2000) Parental notice required; law includes a judicial bypass and other exceptions; the law currently is not being enforced
STD/VD Care	✓	✓	N.J. Stat. Ann. § 9:17A-4
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	N.J. Stat. Ann. § 9:17A-4
Drug/Alcohol Care	✓	✓	N.J. Stat. Ann. §§ 9:17A-4, 9:17A-4.1
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Confidentiality Protection	✓		N.J. Stat. Ann. §§ 9:17A-4, 26:5C-5, 26:5C-7, 26:5C-8, 26:5C-13
Disclosure to Parents	✓		N.J. Stat. Ann. §§ 9:17A-1, 9:17A-4, 9:17A-5
Other			
Blood Donation	✓	✓	N.J. Stat. Ann. § 9:17A-6
Sexual Assault Care	✓	✓	N.J. Stat. Ann. § 9:17A-4

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-jersey/>.

Summary of New Jersey Laws⁴

Minor Status

Age of Majority	<i>N.J. Stat. Ann. §§ 9:17B-1 and 9:17B-3</i> provide that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For statutory definitions of emancipated minor for different purposes, <i>see N.J. Stat. Ann. §§ 9:17A-1.3 (abortion), 55:14L-2 (AIDS housing benefits), 2C:25-19 (domestic violence)</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	<i>N.J. Stat. Ann. § 9:17A-1</i> provides that a married minor may consent for medical or surgical care and procedure by a hospital or physician. <i>See Confidentiality & Disclosure</i> .
Pregnant Minor	<i>N.J. Stat. Ann. § 9:17A-1</i> provides that a pregnant minor may consent to medical and surgical care and procedure by a hospital or physician, and for such purposes she is deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age. <i>See Abortion and Confidentiality & Disclosure</i> .
Minor Parent	<i>N.J. Stat. Ann. § 9:17A-1</i> provides that a married or pregnant minor may consent for medical or surgical care and procedure by a hospital or physician for himself or herself and for his or her child. <i>See Confidentiality & Disclosure</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Married Minor and Minor Parent</i> .
Pregnancy Related Care	<i>N.J. Stat. Ann. § 9:17A-1</i> provides that a pregnant minor may consent for hospital, medical and surgical care related to her pregnancy. <i>See Abortion and Confidentiality & Disclosure</i> .
Abortion	<i>N.J. Stat. Ann. §§ 9:17A-1.1 through 9:17A-1.12</i> provide that an abortion may not be performed on an unmarried, unemancipated minor without prior written notice to a parent. The law includes a judicial bypass and an emergency exception. The law was held unconstitutional in <i>Planned Parenthood of Cent. N. J. v. Farmer</i> , 762 A.2d 620 (N.J. 2000). The law is currently not being enforced. For sources of additional information regarding the legal requirements for minors to obtain abortion, <i>see Appendix D</i> .
STD/VD Care	<i>N.J. Stat. Ann. § 9:17A-4</i> provides that a minor who is or professes to be afflicted with a venereal disease may consent for medical or surgical care or services by a hospital or physician. <i>See Confidentiality & Disclosure</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care and HIV/AIDS Care.</i>
HIV/AIDS Care	<i>N.J. Stat. Ann. § 9:17A-4</i> provides that a minor who is at least 13 years of age and is or believes that he or she may be infected with HIV or AIDS may consent to medical or surgical care or services by a hospital, public clinic, or licensed physician. <i>See Confidentiality & Disclosure.</i>
Drug/Alcohol Care	<i>N.J. Stat. Ann. § 9:17A-4</i> provides that when a minor believes that he or she is suffering from the use of drugs or alcohol or is a drug dependent person or an alcoholic, he or she may consent for treatment and the consent of no other person is necessary. <i>N.J. Stat. Ann. § 9:17A-4.1</i> also provides that it does not interfere with any parental rights to place a child in treatment on a voluntary or involuntary basis under applicable state law. Treatment programs are not required to admit minors, and may establish their own admission and reimbursement criteria, which may include parental notification and involvement.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Confidentiality Protection	<p>According to <i>N.J. Stat. Ann. § 26:5C-5</i>, for purposes of the New Jersey AIDS Assistance Act, a “minor” is a person under the age of 12. <i>N.J. Stat. Ann. §§ 26:5C-7 and 26:5C-8</i> provide that health records which contain identifying information about a person suspected of having AIDS or HIV are confidential and may only be disclosed with the written informed consent of the person, except in enumerated circumstances. <i>N.J. Stat. Ann. § 26:5C-13</i> provides that when consent is required for disclosure of the record of a minor (i.e. a person under age 12) who has or is suspected of having AIDS or HIV infection, consent shall be obtained from the parent, guardian, or other individual authorized under State law to act in the minor’s behalf. <i>See HIV/AIDS Care.</i></p> <p><i>N.J. Stat. Ann. § 9:17A-4</i> provides that when a minor believes that he or she is suffering from the use of drugs or alcohol or is a drug dependent person or an alcoholic, he or she may consent for treatment. The consent of no other person is necessary. Treatment for drug use, drug abuse, alcohol use, or alcohol abuse is confidential information between the health care provider and the minor patient. <i>See Drug/Alcohol Care.</i></p>
Disclosure to Parents	<i>N.J. Stat. Ann. § 9:17A-5</i> provides that at the advice and direction of a treating physician, a member of a medical staff is permitted, but not required, to inform the spouse, parent, or guardian of a minor as to the treatment given or needed by a minor who is authorized to consent under <i>N.J. Stat. Ann. §§ 9:17A-1 and 9:17A-4</i> . Such information may be given to or withheld from the spouse, parent, or guardian without the consent and even over the express refusal of the minor. <i>See Minor Parent, Married Minor, Pregnant Minor, Pregnancy Related Care, STD/VD Care, Drug/Alcohol Care, and Sexual Assault Care.</i> For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction.</i>

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-jersey/>.

Confidentiality & Disclosure⁶

Disclosure to Parents

N.J. Stat. Ann. § 9:17A-4 provides that in the case of a minor who appears to have been sexually assaulted, the minor's parents or guardian shall be notified immediately, unless the attending physician believes that it is in the best interests of the patient not to do so; however, inability of the treating physician, hospital or clinic to locate or notify the parents or guardian shall not preclude the provision of any necessary emergency medical or surgical care to the minor. *See Sexual Assault Care.*

N.J. Admin. Code § 13:34-2.1 provides that a licensed family and marriage therapist must make available his or her records to a client, but the section expressly excludes any requirement to release to the parent or guardian of a minor of records or information relating to STDs or abortion except with the minor's consent.

N.J. Admin. Code § 13:42-8.6 provides that a licensed psychologist is not required to release to a minor's parent or guardian records or information relating to the minor's STD, termination of pregnancy, or substance abuse or any other information that in the reasonable exercise of the licensee's professional judgment may adversely affect the minor's health or welfare.

N.J. Admin. Code § 13:42-8.6 provides that *N.J. Admin. Code §§ 13:42-8.3, 8.4, and 8.5* apply to the records of minors (i.e. the rights of access to copy of client record, access by a managed health care plan to information in client record, and confidentiality).

Other

Blood Donation

N.J. Stat. Ann. § 9:17A-6 provides that a minor 17 years of age may consent to donate blood in any voluntary and noncompensatory blood program without the necessity of obtaining parental permission or authorization. *N.J. Stat. Ann. § 9:17A-6* provides that a minor 16 years of age may consent to donate blood in any voluntary and noncompensatory blood program with the written permission of a parent, guardian, or other legally responsible adult, as appropriate.

Sexual Assault Care

N.J. Stat. Ann. § 9:17A-4 provides that a minor who in the judgment of a treating physician appears to have been sexually assaulted may consent for medical or surgical care or services by a hospital or physician. *See Confidentiality & Disclosure.*

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-jersey/>.

NEW MEXICO

Overview of New Mexico Laws

The age of majority in New Mexico is 18. However, New Mexico law authorizes minors to consent for health care in numerous situations. Emancipated minors, including minors in the military, minors living apart from their parents, married minors, and minor parents are generally allowed to consent for their own health care. Minors are allowed to consent for family planning and contraception and for pregnancy related care including examination, diagnosis, prenatal, delivery, and postnatal care.

Provisions of a law requiring that both a minor and one parent request an abortion were held unconstitutional and are not being enforced, thus allowing minors to consent for their own abortions. Minors are allowed to give their own consent for examination and treatment for STDs, HIV testing, and substance abuse treatment. Minors are also allowed to consent for outpatient mental health services, with variation in the scope of services for which they may consent depending on whether the minor is under age 14. New Mexico relieves parents of financial responsibility for care in most situations when a minor has given consent and allows health care professionals to rely in good faith on the representations of minors that they are allowed to consent for their own care. New Mexico law includes provisions regarding the disclosure of confidential health information for minors and access to their medical records that are designed to be in compliance with the HIPAA Privacy Rule.

Checklist of New Mexico Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.M. Stat. Ann. § 28-6-1
Emancipated Minor	✓	✓	N.M. Stat. Ann. §§ 24-7A-1, 24-7A-2, 24-10-1, 32A-21-3, 32A-21-4, 32A-21-5
Minor Living Apart	✓	✓	N.M. Stat. Ann. § 24-7A-6.2
Married Minor	✓	✓	N.M. Stat. Ann. § 24-10-1
Pregnant Minor	✓	✓	N.M. Stat. Ann. §§ 24-1-13, 24-1-13.1
Minor Parent	✓	✓	N.M. Stat. Ann. § 24-7A-6.2 Authorizes minor parent to consent for self; for minor parent's consent for child, see Introduction
Type of Care			
Emergency Care	✓	✓	N.M. Stat. Ann. § 24-10-2
General Medical Care			See Introduction, Emancipated Minor, Minor Living Apart, Married Minor, and Minor Parent
Family Planning & Contraceptive Care	✓	✓	N.M. Stat. Ann. § 24-8-5
Pregnancy Related Care	✓	✓	N.M. Stat. Ann. §§ 24-1-13, 24-1-13.1
Abortion	✓	✓	N.M. Stat. Ann. § 30-5-1 Op. Att'y Gen. No. 90-19 (Oct. 3, 1990) Parental consent required; law declared unconstitutional
STD/VD Care	✓	✓	N.M. Stat. Ann. §§ 24-1-9, 24-1-9.3
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	N.M. Stat. Ann. §§ 24-2B-3, 24-2B-4
Drug/Alcohol Care	✓	✓	N.M. Stat. Ann. § 32A-6A-15
Outpatient Mental Health Services	✓	✓	N.M. Stat. Ann. §§ 32A-6A-14, 32A-6-15, 32A-6-16
Confidentiality & Disclosure³			
Disclosure to Parents	✓		N.M. Stat. Ann. §§ 24-1-9.4, 32A-6A-15
Medical Records	✓		N.M. Stat. Ann. §§ 24-7A-8, 32A-6A-24
Other			
Blood Donation	✓	✓	N.M. Stat. Ann. § 24-10-6
Minor in the Military	✓	✓	N.M. Stat. Ann. § 32A-21-3
Financial Responsibility	✓		N.M. Stat. Ann. § 24-7A-6.2
Good Faith Reliance	✓		N.M. Stat. Ann. § 24-7A-6.2, 24-7A-6.2(A)

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/new-mexico/>.

Summary of New Mexico Laws⁴

Minor Status

Age of Majority	<i>N.M. Stat. Ann. § 28-6-1</i> provides that the age of majority is 18.
Emancipated Minor	<i>N.M. Stat. Ann. § 24-10-1</i> provides that notwithstanding any other law, any emancipated minor may consent for hospital, medical, and surgical care. The consent of the parent is not necessary. <i>N.M. Stat. Ann. § 32A-21-5</i> provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent, knowledge or liability. For the criteria for emancipation of minors, see <i>N.M. Stat. Ann. §§ 32A-21-3 and 32A-21-4</i> . For purposes of the Uniform Health Care Decisions Act, <i>N.M. Stat. Ann. § 24-7A-2</i> provides that an emancipated minor has the right to make his or her own health care decisions and may give an individual written or oral instruction. If the instruction is oral, it must be made by personally informing a health care provider. An emancipated minor may execute a power of attorney for health care, which may authorize the agent to make any health care decision the principal could have made while having capacity. <i>N.M. Stat. Ann. § 24-7A-1</i> sets forth the criteria for a minor to be considered emancipated under the Uniform Health Care Decisions Act.
Minor Living Apart	<i>N.M. Stat. Ann. § 24-7A-6.2</i> provides that an unemancipated minor with the capacity to consent may consent to medically necessary health care, including clinical and rehabilitative, physical, mental or behavioral health services, provided that the minor is living apart from his or her parents or legal guardian. See <i>Emancipated Minor</i> .
Married Minor	<i>N.M. Stat. Ann. § 24-10-1</i> provides that notwithstanding any other law, any minor who is or has been married may consent for hospital, medical or surgical care. Subsequent annulment or divorce shall not deprive minor of ability to consent.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. <i>N.M. Stat. Ann. § 24-1-13</i> provides that any person, regardless of age, may consent for an examination and diagnosis by a licensed physician for pregnancy. <i>N.M. Stat. Ann. § 24-1-13.1</i> provides that a health care provider shall have the authority, within the limits of his or her license, to provide prenatal, delivery and postnatal care to a female minor, and a female minor shall have the capacity to consent for prenatal, delivery and postnatal care by a licensed health care provider. See <i>Pregnancy Related Care</i> and <i>Abortion</i> .
Minor Parent	<i>N.M. Stat. Ann. § 24-7A-6.2</i> provides that an unemancipated minor 14 and older with the capacity to consent may consent to medically necessary health care, including clinical and rehabilitative, physical, mental or behavioral health services, provided that the minor is the parent of a child.

Type of Care

Emergency Care	<i>N.M. Stat. Ann. § 24-10-2</i> provides that notwithstanding any other law, in cases of emergency when a minor needs immediate hospitalization, medical attention, or surgery and the parents cannot be located after reasonable efforts, any person standing in lieu of the parents may consent for the emergency attention. No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, see <i>Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> . See <i>Emancipated Minor</i> , <i>Minor Living Apart</i> , <i>Married Minor</i> , and <i>Minor Parent</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Family Planning & Contraceptive Care

N.M. Stat. Ann. § 24-8-5 provides that neither the state nor local government nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite to the receipt of any requested family planning service except in specified circumstances not related to age. *See Pregnancy Related Care.*

Pregnancy Related Care

N.M. Stat. Ann. § 24-1-13 provides that any person, regardless of age, may consent for an examination and diagnosis by a licensed physician for pregnancy. *N.M. Stat. Ann. § 24-1-13.1* provides that a health care provider shall have the authority, within the limits of his or her license, to provide prenatal, delivery and postnatal care to a female minor, and a female minor shall have the capacity to consent for prenatal, delivery and postnatal care by a licensed health care provider. *See Abortion.*

Abortion

N.M. Stat. Ann. § 30-5-1 provides that an abortion may not be performed on a minor unless the procedure is requested by both the minor and one of her parents. *State v. Strance, 506 P.2d 1217 (1973)* ruled that all parts of the statute except the portion that provided 'one may not perform an abortion on an dissenting woman' was unconstitutional. In *Op. Att'y Gen. No. 90-19 (Oct. 3, 1990)*, the New Mexico Attorney General determined that the law is unenforceable because it fails to provide the constitutionally required judicial bypass procedure which would allow a minor to seek court authorization for an abortion without first involving her parents. The law currently is not being enforced. For sources of additional information regarding the legal requirements for minors to obtain abortions, *see Appendix D.*

STD/VD Care

N.M. Stat. Ann. § 24-1-9 provides that any person, regardless of age, may consent for an examination and treatment by a licensed physician for any sexually transmitted disease. *N.M. Stat. Ann. § 24-1-9.3* provides that a positive test result for a sexually transmitted disease shall not be revealed to the person upon whom the test was performed without the person performing the test, or the health facility at which the test was performed, providing or referring that person for individual counseling. Counseling shall include information about the meaning of the test results, the possible need for additional testing, the availability of appropriate health care services, including mental health care, social and support services, and the benefits of locating and counseling any individual by whom the infected person may have been exposed to the sexually transmitted disease and any individual whom the infected person may have exposed to the sexually transmitted disease. *See Confidentiality & Disclosure.*

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See STD/VD Care.*

HIV/AIDS Care

N.M. Stat. Ann. § 24-2B-3 provides that a minor has the capacity to give informed consent for an HIV test. *N.M. Stat. Ann. § 24-2B-4* provides that a positive test result shall not be revealed to the subject of the test without the health care provider referring the test subject for individual counseling about the meaning of the test results, the need for additional testing, the availability of health care services (including mental health care), and the benefits of informing other exposed parties.

Drug/Alcohol Care

N.M. Stat. Ann. § 32A-6A-15 provides that a child 14 or older with the capacity to consent may consent to substance abuse treatment without the consent of a legal custodian. *See Outpatient Mental Health Services.*

Type of Care

Outpatient Mental Health Services

N.M. Stat. Ann. § 32A-6A-14 provides that the informed consent of the child's legal custodian is necessary before a child under 14 undergoes treatment or habilitation. However, a child under 14 may initiate and consent to an initial assessment with a clinician and for medically necessary early intervention verbal therapy services. The clinician may conduct an initial assessment and provide medically necessary early intervention service limited to verbal therapy with or without the consent of a legal guardian if such service will not extend beyond two calendar weeks. *N.M. Stat. Ann. § 32A-6A-15* provides that a child 14 or older with the capacity to consent may consent, without the consent of a legal custodian, to forms of treatment that do not include aversive interventions. *N.M. Stat. Ann. § 32A-6A-15* provides that a child 14 or older with the capacity to consent may give informed consent for the administration of psychotropic drugs, but the clinician shall inform the legal custodian of the child 14 or older. *N.M. Stat. Ann. § 32A-6A-16* lays out procedures to determine if a child 14 or older does not have the capacity to consent. In such cases, a legal custodian may consent if the child does not object. See *Disclosure to Parents* and *Medical Records*.

Confidentiality & Disclosure⁵**Disclosure to Parents**

N.M. Stat. Ann. § 24-1-9.4 provides that except in situations of the testing of criminal sex offenders, the identity of a person tested for a sexually transmitted disease or the results of the test shall not be disclosed in a manner that permits identification of the subject of the test, except to the subject of the test or the subject's legally authorized representative, guardian or legal custodian.

N.M. Admin. Code § 8.8.5.7 provides that a parent, guardian, or other person acting *in loco parentis* is authorized as an unemancipated minor's personal representative in matters regarding the inspection and copying of the minor's protected health information. *N.M. Admin. Code § 8.8.5.12* provides that if the patient is an unemancipated minor but is authorized to give lawful consent to health care without consent of the minor's personal representative, and the minor has not requested that the person be treated as the minor's personal representative, or the personal representative has assented to agreement of confidentiality between the Children, Youth, and Families Department and the minor, then the Department will not treat a parent, guardian, or other person acting *in loco parentis* as the minor's personal representative. *N.M. Admin. Code § 8.8.5.6* provides that the objective of both statutes is to be in compliance with HIPAA.

N.M. Stat. Ann. § 32A-6A-15 provides that a child 14 or older may give informed consent for the administration of psychotropic drugs, but the clinician shall inform the legal custodian of the child 14 or older.

Medical Records

N. M. Stat. Ann. § 24-7A-8 provides that unless otherwise specified in an advance health-care directive, a person then authorized to make health-care decisions for a patient has the same rights as the patient to request, receive, examine, copy and consent to the disclosure of medical or any other health-care information.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/new-mexico/>.

Confidentiality & Disclosure⁶

Medical Records

N.M. Stat. Ann. § 32A-6A-24 provides that a child has a right of access to his or her confidential mental health or developmental information unless the treating professional believes disclosure would not be in the child's best interest. The legal custodian of a child under 14 years of age who is receiving services in a mental health or developmental disabilities facility has a right to authorize disclosure of records. *N.M. Stat. Ann. § 32A-6A-24* provides that a child 14 or older with the capacity to consent to disclosure of medical information shall have the right to authorize disclosure of mental health or habilitation records. The child's authorization is not required when disclosure to a primary caregiver is essential for treatment of the child, and the disclosure is only of information necessary for the continuation of the child's treatment.

N.M. Admin. Code § 8.8.5.9 provides that minors held in lawful custody by the juvenile justice division do not have a right to receive notice of the Children, Youth and Families Department's privacy practices for protected health information.

Other

Blood Donation

N.M. Stat. Ann. § 24-10-6 provides that a minor who is at least 17 years of age may donate blood to a licensed, accredited or approved blood bank, storage facility or hospital without parental consent; the minor may not receive monetary payment for his or her donation of blood or blood components.

Minor in the Military

N.M. Stat. Ann. § 32A-21-3 provides that a minor who is on active duty with the U.S. Armed Forces is emancipated. *See Emancipated Minor.*

Financial Responsibility

N.M. Stat. Ann. § 24-7A-6.2 provides that the parent or guardian of an unemancipated minor is not liable for payment for medically necessary health care services rendered to the minor for which the minor consented, unless the parent or guardian consented to those services. A parent or legal guardian shall still be held liable for payment for emergency health care provided to a minor.

Good Faith Reliance

N.M. Stat. Ann. § 24-7A-6.2 provides that a health care provider or institution shall not be held liable for reasonably relying on statements made by an unemancipated minor that he or she is eligible to give consent pursuant to *N.M. Stat. Ann. § 24-7A-6.2(A)* (i.e. that the minor is 14 or older and living apart from his or her parents or is the parent of a child).

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-mexico/>.

NEW YORK

Overview of New York Laws

The age of majority in New York is 18. However, New York law authorizes minors to consent for health care in numerous situations. Although New York does not expressly authorize emancipated minors to consent for their own health care apart from mental health services and treatment for chemical dependency they should be able to do so for other services based on common law principles. Married minors and minor parents are allowed to consent for their own care generally; and minor parents are also allowed to consent for care for their children. Incarcerated minors are able to consent for routine care. Although New York does not have a specific law allowing minors to consent for family planning services or contraceptive care in general, they can do so for services provided through the state's Adolescent Pregnancy Prevention and Services Program, and in sites receiving federal Title X funds or when the services are funded by Medicaid; and they also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for prenatal care and New York does not have a law requiring parental notification or consent for abortion, thus allowing minors to consent for themselves. Minors are allowed to consent for diagnosis and treatment of STDs and HIV testing. Although New York has provisions to encourage involvement of parents in treatment of drug and alcohol problems and in outpatient mental health services, minors may give their own consent for these services under specified circumstances. New York allows health care professionals to rely in good faith on the representations of minors that they are allowed to consent for their own care. New York law contains several provisions addressing the disclosure of minors' health information to parents, with some of the laws allowing disclosure or access to records and others protecting minors' confidential information unless they agree to disclosure.

Checklist of New York Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.Y. C.P.L.R. 105; N.Y. Dom. Rel. Law § 2 N.Y. Gen. Oblig. Law § 1-202; N.Y. Pub. Health Law § 2504
Emancipated Minor	✓	✓	N.Y. Mental Hyg. Law §§ 22.11, 33.21 Authorizes emancipated minor to consent for outpatient mental health services and services for chemical dependence. See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	N.Y. Mental Hyg. Law § 22.11; N.Y. Pub. Health Law § 2504
Pregnant Minor	✓	✓	N.Y. Pub. Health Law § 2504
Minor Parent	✓	✓	N.Y. Mental Hyg. Law § 22.11 N.Y. Pub. Health Law § 2504 Authorizes minor parent to consent for self and child
Type of Care			
Emergency Care	✓	✓	N.Y. Pub. Health Law § 2504
General Medical Care			See Introduction
Family Planning & Contraceptive Care	✓	✓	N.Y. Pub. Health Law § 2515 Carey v. Population Services, 97 S. Ct. 2010 (1977) See Introduction
Pregnancy Related Care	✓	✓	N.Y. Pub. Health Law § 2504
Abortion		✓	See Introduction
STD/VD Care	✓	✓	N.Y. Pub. Health Law § 2305
Reportable Disease Care			See STD/VD Care and HIV/AIDS Care
HIV/AIDS Care	✓	✓	N.Y. Pub. Health Law §§ 2780, 2781
Drug/Alcohol Care	✓	✓	N.Y. Mental Hyg. Law § 22.11
Outpatient Mental Health Services	✓	✓	N.Y. Mental Hyg. Law § 33.21
Confidentiality & Disclosure³			
Consent for Disclosure	✓		N.Y. Pub. Health Law § 2780
Disclosure to Parents	✓		N.Y. Mental Hyg. Law § 33.16 N.Y. Pub. Health Law §§ 17, 18(2)(c), 18(3)(c), 2305, 2306
Other			
Blood Donation	✓	✓	N.Y. Pub. Health Law § 3123
Do Not Resuscitate Orders	✓	✓	N.Y. Pub. Health Law § 2967 Consent of parent and minor required if minor has capacity
Incarcerated Minors	✓	✓	N.Y. Correct. Law § 140; N.Y. Penal Law § 70.20
Minors in Family Court	✓		N.Y. Family Ct. Act § 233
Good Faith Reliance	✓		N.Y. Pub. Health Law § 2504

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-york/>.

Summary of New York Laws^{4, 5}

Minor Status

Age of Majority	<i>N.Y. C.P.L.R. 105,,N.Y. Dom. Rel. Law § 2, N.Y. Gen. Oblig. Law § 1-202, and N.Y. Pub. Health Law § 2504</i> provide that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction. N.Y. Mental Hyg. Law § 33.21</i> provides that an emancipated minor may consent for outpatient mental health services. <i>N.Y. Mental Hyg. Law § 22.11</i> provides that an emancipated minor may consent for treatment for chemical dependence without notification to the minor's parents or guardian.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction.</i>
Married Minor	<i>N.Y. Pub. Health Law § 2504</i> provides that any person who has married may consent for medical, dental, health, and hospital care and the consent of no other person is necessary. <i>N.Y. Mental Hyg. Law § 22.11</i> provides that married minors may consent for treatment for chemical dependence without notification to the minor's parents or guardian.
Pregnant Minor	<i>N.Y. Pub. Health Law § 2504</i> provides that any pregnant person may consent for medical, dental, health and hospital services relating to prenatal care. <i>See Abortion.</i>
Minor Parent	<i>N.Y. Pub. Health Law § 2504</i> provides that any person who is the parent of a child may consent for medical, dental, health and hospital services for himself or herself and for the child and the consent of no other person is necessary. <i>N.Y. Mental Hyg. Law § 22.11</i> provides that a minor who is the parent of a child may consent for treatment for chemical dependence without notification to the minor's parents or guardian.

Type of Care

Emergency Care	<i>N.Y. Pub. Health Law § 2504</i> provides that medical, dental, health, and hospital services may be rendered to persons of any age without the consent of a parent or guardian when, in the physician's judgment an emergency exists and the person is in immediate need of medical attention and an attempt to secure consent would delay treatment and increase the risk to life or health.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in New York, *see J. Feierman, D. Lieberman, Y. Chu. Teenagers, Health Care & the Law: A Guide to the Law on Minor's Rights in New York. New York: NYCLU Reproductive Rights Project, 2002*, available at <http://www.nyclu.org/files/thl.pdf>, and *2008 Update to Teenagers, Health Care, & the Law*, available at <http://www.nyclu.org/thlupdate>.

Type of Care

Family Planning & Contraceptive Care

No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, *see Introduction*. *N.Y. Pub. Health Law § 2515* provides that the Adolescent Pregnancy Prevention and Services Program permits eligible adolescents to receive family planning services, defines an eligible adolescent as a person age 21 or younger who is at risk for becoming a parent, is pregnant, or is a parent, and that services for eligible adolescents include family planning. In *Carey v. Population Services*, 97 S. Ct. 2010 (1977) the Supreme Court held unconstitutional a New York law that limited the sale of non-prescriptions to minors and determined that minors' access to contraceptives cannot be restricted without a compelling reason.

Pregnancy Related Care

N.Y. Pub. Health Law § 2504 provides that any pregnant person may consent for medical, dental, health, and hospital services relating to prenatal care. *See Abortion*.

Abortion

New York has not enacted a law requiring parental consent or notice for a minor to obtain an abortion. For discussion of a minor's right to consent for reproductive health care, *see Introduction*. For sources of additional information regarding the legal requirements for minors to obtain abortions, *see Appendix D*.

STD/VD Care

N.Y. Pub. Health Law § 2305 provides that a licensed physician or hospital physician may diagnose, treat, or prescribe for a person under age 21 without the consent of a parent or guardian if the minor is infected or has been exposed to infection with a sexually transmitted disease. *See Confidentiality & Disclosure*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. *See STD/VD Care* and *HIV/AIDS Care*.

HIV/AIDS Care

N.Y. Pub. Health Law § 2780 provides that for purposes of HIV or AIDS care, capacity to consent means an individual's ability, determined without regard to the individual's age, to understand and appreciate the nature and consequences of a proposed health care service, treatment, or procedure, or of a proposed disclosure of confidential HIV-related information, and to make an informed decision concerning the service, treatment, procedure, or disclosure. *N.Y. Pub. Health Law § 2781* provides that except as otherwise provided by law, no person shall order the performance of an HIV test without first receiving the written, informed consent of the test subject who has the capacity to consent. When the test subject lacks the capacity to consent, another authorized individual must consent. Prior to receiving informed consent, the person ordering the HIV test must provide the test subject or authorized individual an explanation of the nature of AIDS and HIV illness, information about discrimination problems which test disclosure could cause and legal protections against such discrimination, and information about behavior known to pose risks for transmission of HIV. At the time of communicating the test result to the test subject, the person ordering the performance of the test shall provide the test subject or authorized individual with counseling or referrals for counseling.

Drug/Alcohol Care

N.Y. Mental Hyg. Law § 22.11 provides that parent or guardian involvement and consent is generally required for chemical dependence treatment of a minor. Parent or guardian consent is not required if, in the judgment of a physician, parent or guardian involvement and consent would have a detrimental effect on the course of treatment of minor voluntarily seeking treatment for chemical dependence, or if a parent or guardian refuses to consent and the physician believes treatment is necessary to best interests of the minor. Parental consent or involvement is not required for a married minor, a minor parent, or an emancipated minor.

Type of Care

Outpatient Mental Health Services

N.Y. Mental Hyg. Law § 33.21 provides that, as clinically appropriate, steps must be taken to involve the parents and the consent of the parents is required for outpatient mental health services for a minor. However, a mental health practitioner may provide outpatient mental health services to a minor voluntarily seeking such services without parental consent if the practitioner determines that the minor knowingly and voluntarily seeks services; provision of services is necessary to the minor's well-being; and requiring parental consent or involvement would have a detrimental effect on treatment *or* the parent or guardian refuses to consent even though a physician finds treatment is necessary and in the best interests of child. A practitioner may provide a minor voluntarily seeking outpatient services an initial interview without parent or guardian consent or involvement to determine if these criteria are present.

Confidentiality & Disclosure⁶**Disclosure to Parents**

N.Y. Pub. Health Law § 2305 provides that parental knowledge is not required for a minor to receive diagnosis or treatment for sexually transmitted diseases. *N.Y. Pub. Health Law § 2306* provides that sexually transmitted disease information obtained by a public health board or officer is confidential. *See STD/VD Care.*

N.Y. Pub. Health Code § 18(2)(c) provides that, upon written request, a parent or guardian of a minor has the right to inspect any patient information concerning care and treatment of the minor for which the consent of such parent or guardian was obtained, or where care was provided without consent in an emergency which was the result of accidental injury or the unexpected onset of serious illness. The parent or guardian is not entitled to inspect or make copies of any patient information concerning the care and treatment of the minor where the health care provider determines that access to the information requested by the parent or guardian would have a detrimental effect on the provider's professional relationship with the minor, or on the care and treatment of the minor, or on the minor's relationship with his or her parents or guardian.

N.Y. Pub. Health Law § 18(3)(c) provides that a minor over the age of 12 may be notified of a request by his parent or guardian to review his or her patient information; if the minor objects to disclosure, the provider may deny the request.

N.Y. Pub. Health Law § 17 provides that records concerning the treatment of a minor patient for venereal disease or the performance of an abortion operation upon a minor may not be released to a parent or guardian.

N.Y. Mental Hyg. Law § 33.16(b)(3) provides that a parent may have access to the mental health records of a minor, unless the treating practitioner determines that access would have a detrimental effect on the practitioner's professional relationship with the minor, or the minor's care and treatment, or on the minor's relationship with his or her parents or guardians.

Consent for Disclosure

N.Y. Pub. Health Law § 2780(5) provides that for purposes of disclosure of HIV or AIDS information, capacity to consent means an individual's ability, determined without regard to the individual's age, to understand and appreciate the nature and consequences of a proposed disclosure of confidential HIV-related information, and to make an informed decision concerning disclosure.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/new-york/>.

Other

- Blood Donation** *N.Y. Pub. Health Law § 3123* provides that any person at least 17 years of age is eligible to donate blood in any voluntary and non-compensatory blood program without the necessity of obtaining parental permission or authorization.
- Do Not Resuscitate Orders** *N.Y. Pub. Health Law § 2967* provides that an attending physician, in consultation with the minor patient’s parent or legal guardian, shall determine whether a minor has the capacity to make a decision regarding resuscitation. The consent of a minor’s parent or legal guardian and the consent of the minor, if the minor has capacity, must be obtained prior to issuing an order not to resuscitate the minor. Where the attending physician has reason to believe that there is another parent or a non-custodial parent who has not been informed of a decision to issue an order not to resuscitate the minor, the attending physician or his or her agent must make reasonable efforts to determine if the uninformed parent or non-custodial parent has maintained substantial and continuous contact with the minor and, if so, must make diligent efforts to notify that parent or non-custodial parent of the decision prior to issuing the order. If the attending physician knows there is a dispute between the parents, then the attending physician must submit the matter to the dispute mediation system. A parent or legal guardian of a minor, in making a decision regarding cardiopulmonary resuscitation, shall consider the minor patient’s wishes, including a consideration of the minor patient’s religious and moral beliefs. The parent or legal guardian must comply with specific rules regarding how the consent must be documented as listed in *N.Y. Pub. Health Law § 2967*, and the parent or legal guardian may only consent to do not resuscitate orders if the minor is suffering from a medical condition set forth in *N.Y. Pub. Health Law § 2965-3(c)* (e.g. the minor has a terminal condition).
- Incarcerated Minors** *N.Y. Correct. Law § 140* and *N.Y. Penal Law § 70.20* provide that a minor who is committed or transferred to the Department of Corrections with no medical consent obtained prior to commitment or transfer, the commitment order shall be deemed to grant to the minor the capacity to consent to routine medical, dental and mental health services and treatment.
- Minors in Family Court** *N.Y. Family Ct. Act § 233* provides that whenever a minor within the jurisdiction of Family Court appears to the Court to be in need of medical, surgical, therapeutic, or hospital care or treatment, a suitable order may be made.
- Good Faith Reliance** *N.Y. Pub. Health Law § 2504* provides that anyone who acts in good faith based on the representation by a person that he or she is eligible to consent pursuant to the terms of this section shall be deemed to have received effective consent. *See Married Minor, Pregnant Minor, Minor Parent, Emergency Care, and Pregnancy Related Care.*

NORTH CAROLINA

Overview of North Carolina Laws

The age of majority in North Carolina is 18. However, North Carolina law authorizes minors to consent for health care in numerous situations. Emancipated minors and married minors are generally allowed to consent for their own health care. Minors are allowed to consent for the prevention, diagnosis, and treatment of pregnancy, including contraception. Minors also are allowed to consent for prevention, diagnosis, and treatment for STDs (“venereal disease”) and reportable diseases, including HIV and AIDS, drug dependency, and emotional disturbance. The written consent of the minor and one parent is required for a minor to obtain an abortion. The law includes a judicial bypass, an emergency exception, and an exception for rape or incest. North Carolina grants physicians immunity for treating a minor based on his or her own consent under the state’s minor consent laws and allows health care providers to rely on the consent of someone with a signed authorization to consent for health care for a minor. Notification of parents concerning services for which a minor has given consent is not allowed without the permission of the minor unless notification is essential to the life or health of the minor. However, if the parent initiates contact, the physician may give information.

Checklist of North Carolina Laws

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.C. Gen. Stat. § 48A-2
Emancipated Minor	✓	✓	N.C. Gen. Stat. §§ 7B-3402, 7B-3500 through 7B-3506, 90-21.5
Minor Living Apart			See Introduction and Emancipated Minor
Married Minor	✓	✓	N.C. Gen. Stat. § 7B-3509
Pregnant Minor	✓	✓	N.C. Gen. Stat. § 90-21.5
Minor Parent	✓	✓	N.C. Gen. Stat. §§ 32A-30, 90-21.5 Authorizes minor parent who is emancipated to consent for child; for minor parent consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	N.C. Gen. Stat. § 90-21.1 Opinion of Attorney General to Mr. Ed McClearsen, Staff Attorney, Mental Health Study Commission, 47 N.C.A.G. 83 (1977)
General Medical Care			See Introduction, Emancipated Minor, and Married Minor
Family Planning & Contraceptive Care	✓	✓	N.C. Gen. Stat. § 90-21.5
Pregnancy Related Care	✓	✓	N.C. Gen. Stat. §§ 90-21.5, 90-21.5(a), 90-271, 90-272
Abortion	✓		N.C. Gen. Stat. §§ 90-21.6 through 21.10 Consent of parent or grandparent required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	N.C. Gen. Stat. § 90-21.5
Reportable Disease Care	✓	✓	N.C. Gen. Stat. §§ 90-21.5, 130A-135 N.C. Admin. Code tit. 10A, r. 41A.0101
HIV/AIDS Care	✓	✓	N.C. Gen. Stat. §§ 90-21.5, 130A-148 N.C. Admin. Code tit. 10A, r. 41A.0101
Drug/Alcohol Care	✓	✓	N.C. Gen. Stat. § 90-21.5
Outpatient Mental Health Services	✓	✓	N.C. Gen. Stat. § 90-21.5
Confidentiality & Disclosure³			
Disclosure to Parents	✓		N.C. Gen. Stat. §§ 90-21.4, 90-21.5
Other			
Physician Immunity	✓		N.C. Gen. Stat. § 90-21.4

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/north-carolina/>.

Summary of North Carolina Laws^{4, 5}

Minor Status

Age of Majority	<i>N.C. Gen. Stat. § 48A-2</i> provides that the age of majority is 18.
Emancipated Minor	<i>N.C. Gen. Stat. § 90-21.5</i> provides that an emancipated minor may consent for any medical treatment, dental, and health services for himself or herself. For the criteria and procedures for emancipation of minors, see <i>N.C. Gen. Stat. §§ 7B-3500 through 7B-3506</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of mature minor doctrine, see <i>Introduction</i> . See <i>Emancipated Minor</i> .
Married Minor	<i>N.C. Gen. Stat. § 7B-3509</i> provides that a married minor is emancipated. See <i>Emancipated Minor</i> .
Pregnant Minor	No specific provision was found expressly authorizing a pregnant minor to consent for health care generally. <i>N.C. Gen. Stat. § 90-21.5</i> provides that a minor may give consent to a physician for medical health services for the diagnosis and treatment of pregnancy. See <i>Abortion and Confidentiality & Disclosure</i> .
Minor Parent	<i>N.C. Gen. Stat. §§ 90-21.5 and 32A-30</i> provide that an emancipated minor may consent for any medical treatment, dental, and health services for his or her child. For discussion of the authority of a minor parent to consent for care in the absence of a statute, see <i>Introduction</i> .

Type of Care

Emergency Care	<p><i>N.C. Gen. Stat. § 90-21.1</i> provides that a physician may treat a minor without the consent of a parent, guardian, or person <i>in loco parentis</i> if the parent or guardian cannot be contacted with reasonable diligence during the time within which the minor needs to receive the treatment; or the minor's identity is unknown, or where the necessity for immediate treatment is so apparent that any effort to secure approval would delay the treatment so long as to endanger the life of the minor; or an effort to contact the parent or guardian would result in a delay that would seriously worsen the physical condition of the minor. Physicians may also treat a minor without the consent of a parent, guardian, or person <i>in loco parentis</i> if the parents refuse to consent for a procedure and the delay to obtain a court order would endanger the life or seriously worsen the physical condition of the child; but in such a case, a second physician's opinion is required stating that treatment is necessary to prevent immediate harm to the child. In <i>Opinion of Attorney General to Mr. Ed McCleary, Staff Attorney, Mental Health Study Commission, 47 N.C.A.G. 83 (1977)</i>, the North Carolina Attorney General found that the protections of <i>N.C. Gen. Stat. § 90-21.1</i> extend to social workers and psychologists working under physicians.</p> <p><i>N.C. Gen. Stat. § 90-21.2</i> defines the word "treatment" as used in <i>§ 90.21.1</i> as any medical procedure or treatment, including X rays, the administration of drugs, blood transfusions, use of anesthetics, and laboratory or other diagnostic procedures employed or ordered by a licensed physician, is exercised with reasonable care, and is equal to the standards normally employed in the community.</p>
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⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in North Carolina, see A. Dellinger, A.M. Davis. *Health Care for Pregnant Adolescents: A Legal Guide*. Chapel Hill, NC: UNC Institute of Government, 2001.
<http://www.sog.unc.edu/programs/app/pdf/HCP91901.pdf>.

Type of Care

Emergency Care	<p><i>N.C. Gen. Stat. § 90-21.3</i> adds any surgical procedure to the definition of “treatment” used in <i>§ 90-21.1</i>, but requires a second opinion confirming that surgery is necessary as set out in <i>§ 90-21.1</i>. <i>N.C. Gen. Stat. § 90-21.3</i> provides an exception to the requirement of a second opinion, if circumstances leave the surgeon no possibility of obtaining a second opinion, e.g. a rural community.</p>
General Medical Care	<p>No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i>. <i>See Emancipated Minor, Married Minor, and Minor Parent</i>.</p>
Family Planning & Contraceptive Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that a minor may give consent to a physician for medical health services for the prevention, diagnosis, and treatment of pregnancy, not including an abortion or sterilization. <i>See Confidentiality & Disclosure</i>.</p>
Pregnancy Related Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that a minor may give consent to a physician for medical health services for the diagnosis and treatment of pregnancy. <i>See Abortion and Confidentiality & Disclosure</i>. <i>N.C. Gen. Stat. § 90-21.5</i> provides that an emancipated minor may give consent for his or her sterilization; however, where a minor may consent for his or her own health care for the prevention, diagnosis, and treatment of venereal disease and other reportable diseases, pregnancy, abuse of controlled substances or alcohol, and emotional disturbance, the ability to consent for treatment does not include sterilization. <i>N.C. Gen. Stat. §§ 90-271 and 90-272</i> provide that a married minor under age 18 may give consent for surgical sterilization.</p>
Abortion	<p><i>N.C. Gen. Stat. §§ 90-21.6 through 21.10</i> provide that an unemancipated minor may not obtain an abortion without the written consent of the minor and a parent or legal guardian, or grandparent with whom the minor has lived for at least six months immediately preceding the consent. The law includes a judicial bypass, a medical emergency exception, and an exception for rape or incest. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i>.</p>
STD/VD Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that any minor may give consent to a physician for medical health services for prevention, diagnosis, and treatment of venereal disease. <i>See Confidentiality & Disclosure</i>.</p>
Reportable Disease Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis, and treatment of reportable diseases. <i>N.C. Gen. Stat. § 130A-134</i> provides that the Commission for Public Health must create a list of reportable diseases. The full list created by the Commission for Public Health can be found at http://www.epi.state.nc.us/epi/gcdc/manual/reportable_diseases.html. <i>See Confidentiality & Disclosure</i>.</p>
HIV/AIDS Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that any minor may give effective consent to a physician licensed to practice medicine in North Carolina for medical health services for the prevention, diagnosis, and treatment of reportable diseases. <i>N.C. Admin. Code tit. 10A, r. 41A.0101</i> lists HIV as a reportable disease. <i>See Confidentiality & Disclosure</i>. <i>N.C. Gen. Stat. § 130A-148</i> provides that an unemancipated minor may be tested for AIDS without the consent of the parent or guardian of the minor when the parent or guardian has refused to consent for such testing and there is reasonable suspicion that the minor has the AIDS virus or HIV infection or the minor has been sexually abused.</p>
Drug/Alcohol Care	<p><i>N.C. Gen. Stat. § 90-21.5</i> provides that any minor may consent to a physician for medical health services for prevention, diagnosis, and treatment of abuse of controlled substances or alcohol. <i>See Confidentiality & Disclosure</i>.</p>

Type of Care

**Outpatient Mental
Health Services**

N.C. Gen. Stat. § 90-21.5 provides that any minor may consent to a physician for medical health services for prevention, diagnosis, and treatment of emotional disturbance. See *Emergency Care and Confidentiality & Disclosure*.

Confidentiality & Disclosure⁶**Disclosure to Parents**

N.C. Gen. Stat. § 90-21.4 provides that a physician providing health services to a minor based on the minor's consent shall not notify a parent, legal guardian, person standing *in loco parentis*, or a legal custodian without the permission of the minor, concerning the medical health services set out in *N.C. Gen. Stat. § 90-21.5* unless the situation in the opinion of the attending physician indicates that notification is essential to the life or health of the minor. If a parent, legal guardian, person standing *in loco parentis*, or a legal custodian contacts the physician concerning the treatment or medical services being provided to the minor, the physician may give information. See *Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, and Outpatient Mental Health Services*.

Other

Physician Immunity

N.C. Gen. Stat. § 90-21.4 provides that a physician shall not be liable in a civil or criminal proceeding for treating a minor without parental consent under *N.C. Gen. Stat. § 90-21.5*. See *Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, Drug/Alcohol Care, and Outpatient Mental Health Services*.

N.C. Gen. Stat. § 32A-33 allows any physician, dentist, or other health care provider involved in the health care of a minor to rely upon the authority of the agent named in a signed and acknowledged authorization to consent to health care for a minor in the absence of actual knowledge that the authorization has been revoked or is otherwise invalid. Any physician, dentist, or other health care provider relying in good faith on the authority of an agent shall be protected from liability for actions taken pursuant to agent's consent.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/north-carolina/>.

Overview of North Dakota Laws

The age of majority in North Dakota is 18. However, North Dakota law authorizes minors to consent for health care in several situations. North Dakota does not expressly authorize emancipated minors or married minors to consent for their own health care, but they should be able to do so based on common law principles. The right of a minor parent to consent for health care for the minor's child also should be recognized based on common law and constitutional principles. Although North Dakota does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although North Dakota does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. North Dakota law requires the written consent of the minor and both parents for an unemancipated minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. Minors age 14 or older are allowed to consent for examination, care, and treatment for STDs as well as for drug and alcohol problems. HIV is classified as a STD, suggesting that minors age 14 or older may consent for HIV testing and treatment.

Checklist of North Dakota Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		N.D. Cent. Code § 14-10-01
Emancipated Minor			See Introduction
Minor Living Apart			See Introduction
Married Minor			See Introduction
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	N.D. Cent. Code § 14-10-17.1
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care	✓		N.D. Cent. Code § 23-12-13 See Introduction
Abortion	✓		N.D. Cent. Code §§ 14-02.1-03 and 14-02.1-03.1 Parental consent required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	N.D. Cent. Code § 14-10-17
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	N.D. Cent. Code §§ 23-07.5-02, 23-07-07
Drug/Alcohol Care	✓	✓	N.D. Cent. Code § 14-10-17
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
<i>No Provision Found</i>			

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/north-dakota/>.

Summary of North Dakota Laws⁴

Minor Status

Age of Majority	<i>N.D. Cent. Code § 14-10-01</i> provides that the age of majority is 18. Unless otherwise specified in the code, “child” and “minor” are interchangeable terms.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	<i>N.D. Cent. Code § 14-10-17.1</i> provides that a minor may contract for and receive emergency examination, care, or treatment in a life-threatening situation without parental permission, authority, or consent.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor’s constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor’s constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion. N.D. Cent. Code § 23-12-13</i> provides that no person may provide informed consent for a minor for his or her sterilization.
Abortion	<i>N.D. Cent. Code § 14-02.1-03 and 14.02.1-03.1</i> provide that an unemancipated minor may not obtain an abortion without the written consent of the minor and both parents. The law includes a judicial bypass and an emergency exception. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>N.D. Cent. Code § 14-10-17</i> provides that any minor age 14 or older may contract for and receive examination, care, or treatment for sexually transmitted diseases without permission, authority, or consent of a parent or guardian.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care and HIV/AIDS Care.</i>
HIV/AIDS Care	<i>N.D. Cent. Code § 23-07-07</i> suggests that North Dakota classifies HIV as a sexually transmitted disease. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction. N.D. Cent. Code § 23-07.5-02</i> provides that except for as otherwise provided for by law, nobody may subject a person to an HIV test without the informed consent of the subject or the parent or guardian of a minor subject. <i>See Confidentiality & Disclosure.</i>
Drug/Alcohol Care	<i>N.D. Cent. Code § 14-10-17</i> provides that any minor age 14 or older may contract for and receive examination, care, or treatment for alcoholism or drug abuse without permission, authority, or consent of a parent or guardian.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

No Provision Found

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/north-dakota/>.

Overview of Ohio Laws

The age of majority in Ohio is 18. However, Ohio law authorizes minors to consent for health care in several situations. Ohio does not expressly authorize emancipated minors or married minors to consent for their own health care, but they should be able to do so based on common law principles. The right of a minor parent to consent for health care for the minor's child is recognized in Ohio law. Minors incarcerated in the state correctional institution are allowed to consent for their own health care. Although Ohio does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Ohio does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Ohio has enacted two parental involvement laws for minors seeking abortions. One of the laws was held unconstitutional and is not being enforced. The other law has been held constitutional by the courts and requires either consent or notification of a parent. The law includes a judicial bypass and special provisions for notification of other relatives in cases of physical, sexual, or emotional abuse. Minors are allowed to consent for diagnosis and treatment of STDs ("venereal disease") and for HIV testing as well as for diagnosis and treatment of drug and alcohol problems and for outpatient mental health services (age 14 or older). Minors are also allowed to consent for examination related to sexual assault and must be informed of services available for STDs and pregnancy as well as other medical and psychiatric services. Ohio law relieves parents of financial liability for most services when the minor has consented. Ohio law provides confidentiality protection when minors consent for outpatient mental health counseling. When a minor victim of a sex offense consents for examination, the parent or guardian must be notified in writing.

Checklist of Ohio Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Ohio Rev. Code Ann. § 3109.01
Emancipated Minor	✓		Dudziak v. Dudziak, 611 N.E. 2d 337, 341 (Ohio Ct. App. 1992) See Introduction
Minor Living Apart			See Introduction, Emancipated Minor, and Outpatient Mental Health Services
Married Minor	✓		See Introduction and Emancipated Minor
Pregnant Minor			See Introduction
Minor Parent	✓	✓	Ohio Rev. Code Ann. § 2317.5 Minor parent consent for child is not invalid
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		Ohio Rev. Code Ann. §§ 2919.12, 2151.85, 2505.073, 2919.12(B) Ohio v. Akron Center for Reproductive Health, 497 U.S. 502 (1990) Parental consent or notification of a parent or relative required; law includes judicial bypass and other exceptions The law is being enforced Ohio Rev. Code Ann. § 2919.121, Cincinnati Women's Servs. v. Voinovich, No. C-1-98-289 (S.D. Ohio, Apr. 29, 1998) The law is not being enforced
STD/VD Care	✓	✓	Ohio Rev. Code Ann. § 3709.241
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Ohio Rev. Code Ann. § 3701.242
Drug/Alcohol Care	✓	✓	Ohio Rev. Code Ann. § 3719.012
Outpatient Mental Health Services	✓	✓	Ohio Rev. Code Ann. § 5122.04
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Ohio Rev. Code Ann. §§ 2907.29, 5122.04
Other			
Blood Donation	✓	✓	Ohio Rev. Code Ann. § 2108.21
Sexual Assault Care	✓	✓	Ohio Rev. Code Ann. § 2907.29
Incarcerated Minors	✓	✓	Ohio Rev. Code Ann. § 5120.172
Financial Responsibility	✓		Ohio Rev. Code Ann. §§ 3701.242, 3709.241, 3719.012

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/ohio/>.

Summary of Ohio Laws⁴

Minor Status

Age of Majority	<i>Ohio Rev. Code Ann. § 3109.01</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For criteria for determining the emancipation of a minor, <i>see Dudziak v. Dudziak</i> , 611 N.E.2d 337, 341 (Ohio Ct. App. 1992). In <i>Andrus v. Andrus</i> , 1982 Ohio App. No. L-80-322 (Not Reported), the court held that minors have been found to be emancipated where the minor is living separately from his parents, with consent, and managing his own financial affairs. <i>See Minor Living Apart</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> . <i>See Emancipated Minor</i> and <i>Outpatient Mental Health Services</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> . In <i>Andrus v. Andrus</i> , 1982 Ohio App. No. L-80-322 (Not Reported) and <i>In re Montgomery</i> , 1988 Ohio App. No. CA87-09-123 (Not Reported) the court held that minors have been found to be emancipated upon marriage. <i>See Emancipated Minor</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . <i>See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> . <i>Ohio Rev. Code Ann. § 2317.54</i> provides that informed consent for a minor's treatment is not invalid based on authorization given by a minor parent.

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	Ohio has two laws requiring parental involvement for an unemancipated minor to obtain an abortion. The older law, enacted in 1985 and set forth in <i>Ohio Rev. Code Ann. §§ 2919.12, 2151.85, and 2505.073</i>) requires either consent of a parent, or notification of a parent, or notification of another relative (sibling age 21 or older, step-parent, or grandparent) in cases involving patterns of physical, sexual, or emotional abuse. The law includes a judicial bypass. <i>In re Doe, 2002 Ohio 6081</i> states the factors for proving maturity in a judicial bypass proceeding. This law was held constitutional in <i>Ohio v. Akron Center for Reproductive Health, 497 U.S. 502 (1990)</i> , and is being enforced. The more recently enacted law, contained in <i>Ohio Rev. Code Ann. § 2919.121</i> , would require the informed written consent of one parent. It includes a judicial bypass. This law was enjoined in <i>Cincinnati Women's Servs. v. Voinovich, No. C-1-98-289 (S.D. Ohio, Apr. 29, 1998)</i> and is not being enforced. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> .
STD/VD Care	<i>Ohio Rev. Code Ann. § 3709.241</i> provides that notwithstanding any other provision of law a minor may consent for the diagnosis or treatment of any venereal disease by a licensed physician. Consent of the parent or guardian is not required. See <i>Financial Responsibility</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Ohio Rev. Code Ann. § 3701.242</i> and <i>Ohio Admin. Code Ann. § 3701-3-11</i> provide that a minor may consent for an HIV test. Both statutes state that the consent is not subject to disaffirmance because of minority. See <i>Financial Responsibility</i> .
Drug/Alcohol Care	<i>Ohio Rev. Code Ann. § 3719.012</i> provides that notwithstanding any other provision of law a minor may consent for the diagnosis or treatment of any condition which one reasonably believes is caused by a drug, beer, or intoxicating liquor. See <i>Financial Responsibility</i> .
Outpatient Mental Health Services	<i>Ohio Rev. Code Ann. § 5122.04</i> provides that a minor age 14 or older may consent for outpatient mental health services, excluding the use of medication, and the consent of the minor's parent or guardian is not necessary. Services are limited to not more than 6 sessions or 30 days of services, whichever occurs sooner. After this point, the professional shall terminate services, or with the consent of the minor, notify the parent or guardian to obtain consent for further services. See <i>Confidentiality & Disclosure</i> . <i>Ohio Rev. Code Ann. § 5119.64</i> provides that a runaway minor does not need the consent of his or her parent, guardian, or custodian for short-term counseling at a shelter for runaways. The statute defines a runaway minor as any minor, whether a resident or nonresident of the state, who is separated from a person having responsibility for his care or education, and appears to be in need of emergency housing and other services; included are minors who return to their families and those whose return is inadvisable for protective reasons or a stressful family situation.

Confidentiality & Disclosure⁵

Disclosure to Parents

Ohio Rev. Code Ann. § 5122.04 provides that when a minor age 14 or older consents for outpatient mental health services, the minor's parent or guardian shall not be informed without the minor's consent unless the professional determines that there is a compelling need for disclosure based on the probability of harm to the minor or other persons. The minor must be notified of the professional's intent to inform the parent or guardian. *See Outpatient Mental Health Services.*

Ohio Rev. Code Ann. § 2907.29 provides that when a minor victim of a sex offense consents for examination, the hospital must notify the parent or guardian in writing that the examination has taken place. *See Sexual Assault Care.*

Other

Blood Donation

Ohio Rev. Code Ann. § 2108.31 provides that any person 17 years of age or older may donate blood in a voluntary blood program, which is not operated for profit, without consent of his or her parent or guardian. The statute specifies that before obtaining blood donations from students at high schools, joint vocational schools, or technical schools, a blood program must arrange for the dissemination of written donation information to students to be shared with their parents or guardians.

Sexual Assault Care

Ohio Rev. Code Ann. § 2907.29 provides that notwithstanding any other provision of law a minor victim of a sex offense may consent for examination and must be informed of available venereal disease, pregnancy, medical, and psychiatric services. Parent or guardian consent is not required for the examination. *See Disclosure to Parents.*

Incarcerated Minors

Ohio Rev. Code Ann. § 5120.172 provides that incarcerated minors shall be deemed emancipated for purposes of consenting for medical treatment while confined in the state correctional institution.

Financial Responsibility

Ohio Rev. Code Ann. § 3709.241 provides that when a minor consents for the diagnosis or treatment of venereal disease, parents are not liable for payment for services rendered under this section without their consent. *See STD/VD Care.*

Ohio Rev. Code Ann. § 3701.242 and *Ohio Admin. Code Ann. § 3701-3-11* provide that when a minor consents for an HIV test, the parents or guardian of the minor are not liable for payment for an HIV test given to the minor without the consent of a parent or guardian. *See HIV/AIDS Care.*

Ohio Rev. Code Ann. § 3719.012 provides that when a minor consents for the diagnosis or treatment of any condition which one reasonably believes is caused by a drug, beer, or intoxicating liquor, the parent or legal guardian is not liable for the payment of any charges made for medical or surgical services rendered to such minor, unless the parent or legal guardian has also given consent for the services. *See Drug/Alcohol Care.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/ohio/>.

OKLAHOMA

Overview of Oklahoma Laws

The age of majority in Oklahoma is 18. However, Oklahoma law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors who are living apart from their parents and are not supported by their parents, married minors, minor parents, and minors in the military are generally allowed to consent for their own health care. Minor parents may also consent for health care for their children. Minors who are or have been pregnant are allowed to consent for health services for the prevention, diagnosis, and treatment of pregnancy. Although Ohio does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for care for STDs (“venereal disease”) and reportable diseases, including HIV and AIDS, and treatment for drug dependency. Parental consent and notification is required for a minor to obtain an abortion. The law includes a judicial bypass, an emergency exception, and an exception for sexual abuse. Oklahoma relieves parents of financial responsibility for care in most situations when a minor has given consent and provides that the minor is financially responsible. Health care providers are entitled to rely in good faith on the representations of minors that they are authorized to give consent as well as on the representations of any adult that he or she is authorized to consent for a minor. In most circumstances when a minor consents to care the health professional is permitted but not required to inform the parent or guardian. Information about the care may not be disclosed to others without the permission of the minor unless disclosure is legally required or necessary to the health of the minor. Minors may review records or consent for disclosure of medical information about care for which are allowed to consent.

Checklist of Oklahoma Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Okla. Stat. Ann. tit. 15, § 13
Emancipated Minor	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602
Minor Living Apart	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602
Married Minor	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602
Pregnant Minor	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602
Minor Parent	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602 Minor parent may consent for self and child
Type of Care			
Emergency Care	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602, 2604
General Medical Care			See Introduction, Emancipated Minor, Minor Living Apart, Married Minor, and Minor Parent
Family Planning & Contraceptive Care			Okla. Stat. Ann. tit. 63, §§ 2601, 2602
	✓	✓	Okla. Op. Att’y Gen. No. 85-73, January 24, 1986
Pregnancy Related Care	✓	✓	Okla. Stat. Ann. tit. 63, §§ 2601, 2602
Abortion	✓		Okla. Stat. Ann. tit. 63, §§ 1-740, 1-740.1 through 1-740.5, 2601; Nova Health Sys. v. Edmondson, 460 F.3d 1295 (C.A. 10 Okla, 2006), confirmed, 10th Cir. Okla., Aug. 25, 2006 Parental consent and notification required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Okla. Stat. Ann. tit. 63, §§ 1-532.1, 2601, 2602
Reportable Disease Care	✓	✓	Okla. Admin. Code § 310:515-1-4 Okla. Stat. Ann. tit. 63, §§ 2601, 2602
HIV/AIDS Care			Okla. Admin. Code § 310:515-1-4
	✓	✓	Okla. Stat. Ann. tit. 63, §§ 1-502.3, 2601, 2602
Drug/Alcohol Care	✓	✓	Okla. Stat. Ann. tit. 43A, § 5-503, tit. 63, §§ 2601, 2602
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Okla. Stat. Ann. tit. 63, § 2602
Medical Records	✓		Okla. Admin. Code § 752:15-1-5
Other			
Blood Donation	✓	✓	Okla. Stat. Ann. tit. 63 § 2152
Do Not Resuscitate Orders	✓	✓	Okla. Stat. Ann. tit. 63, §§ 3131.4, 3131.7
Minor in the Military	✓	✓	Okla. Stat. Ann. tit. 63, § 2601
Financial Responsibility	✓		Okla. Stat. Ann. tit. 63, §§ 2602, 2603
Good Faith Reliance	✓		Okla. Stat. Ann. tit. 63, § 2602
Physician Right to Refuse	✓		Okla. Stat. Ann. Tit. 63, §2605

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/oklahoma/>.

Summary of Oklahoma Laws⁴

Minor Status

Age of Majority	<i>Okla. Stat. Ann. tit. 15, § 13</i> provides that the age of majority is 18.
Emancipated Minor	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who is emancipated may consent for health services, excluding sterilization and abortion. <i>See Confidentiality & Disclosure and Good Faith Reliance.</i>
Minor Living Apart	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who is separated from his or her parents or guardian for whatever reason and is not supported by his parents or guardian may consent for health services, excluding sterilization and abortion. <i>See Confidentiality & Disclosure and Good Faith Reliance.</i>
Married Minor	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who is married may consent for health services, excluding sterilization and abortion. <i>See Confidentiality & Disclosure and Good Faith Reliance.</i>
Pregnant Minor	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who is or has been pregnant may consent for health services for the prevention, diagnosis, and treatment of pregnancy, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. <i>See Abortion, Confidentiality & Disclosure, and Good Faith Reliance.</i>
Minor Parent	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who has a dependent child may consent for health services, excluding sterilization and abortion, and any minor parent may consent for health services, excluding sterilization and abortion, for his or her child. <i>See Confidentiality & Disclosure and Good Faith Reliance.</i>

Type of Care

Emergency Care	<i>Okla. Stat. Ann. tit. 63, §§ 2601 and 2602</i> provide that any minor who is in need of emergency services for conditions which will endanger his or her health or life if obtaining parent or guardian consent would result in delay may consent for health services, excluding any medicine or device for the prevention of pregnancy and excluding sterilization and abortion. The health professional is required to make a reasonable attempt to notify the minor's spouse, parent, or legal guardian of the emergency treatment. <i>See Confidentiality & Disclosure and Good Faith Reliance.</i> <i>Okla. Stat. Ann. tit. 63, § 2604</i> provides that concurrence from another physician is required for major surgery, general anesthesia, or a life-threatening procedure except in an emergency in a community where no other surgeon can be contacted in a reasonable time. In cases where emergency care is needed and the minor is unable to give consent, a parent, spouse, or legal guardian may consent. <i>Okla. Stat. Ann. tit. 59, § 518</i> provides that no person who is a licensed practitioner of a healing art in Oklahoma, who in good faith renders emergency care or treatment at the scene of an emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering care, and no such person may be prosecuted under the criminal statutes of Oklahoma for treatment of a minor without the consent of a minor's parent or guardian.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor, Minor Living Apart, Married Minor, Minor Parent.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Family Planning & Contraceptive Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is or has been pregnant may consent for health services for the prevention, diagnosis, and treatment of pregnancy, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. See *Confidentiality & Disclosure* and *Good Faith Reliance*. In *Okla. Op. Att’y Gen. No. 85-73, January 24, 1986*, the Oklahoma Attorney General opined that state law requiring parental consent before family planning services can be offered to certain minors violated Title X of the federal Public Health Services Act; thus, a state entity which receives funds under that Act would be precluded from requiring parental consent for certain minors.

Pregnancy Related Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is or has been pregnant may consent for health services for the prevention, diagnosis, and treatment of pregnancy, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. See *Abortion, Confidentiality & Disclosure*, and *Good Faith Reliance*.

Abortion

Okla. Stat. Ann. tit. 63, § 1-740 provides that any person who performs an abortion on a minor without parental consent or knowledge shall be liable for the cost of any subsequent medical treatment such minor might require because of the abortion. *Okla. Stat. Ann. tit. 63, §§ 1-740.1 through 1-740.5* provide that no person may perform an abortion on an unemancipated minor without parental consent and notification; an unemancipated minor means any person less than 18 years of age who is not married or who is under the care, custody and control of the person’s parent, guardian, or juvenile court. This law includes a judicial bypass, a medical emergency exception, and an exception for sexual abuse. This law was held constitutional in *Nova Health Sys. v. Edmondson*, 460 F.3d 1295 (C.A. 10 Okla, 2006), confirmed, 10th Cir. Okla., Aug. 25, 2006. *Okla. Stat. Ann. tit. 63, § 2601* provides that the health services for which a minor may consent do not include sterilization or abortion. For discussion of the constitutional right of a minor to consent for reproductive health care, see *Introduction*. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

STD/VD Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is or has been afflicted with any reportable communicable disease may consent for health services for the prevention, diagnosis, and treatment of the reportable disease, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. See *Confidentiality & Disclosure* and *Good Faith Reliance*.

Okla. Stat. Ann. tit. 63, § 1-532.1 provides that any person, regardless of age, has the capacity to consent for examination and treatment by a licensed physician for any venereal disease.

Reportable Disease Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is or has been afflicted with any reportable communicable disease may consent for health services for the prevention, diagnosis, and treatment of the reportable disease, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. See *Confidentiality & Disclosure* and *Good Faith Reliance*. A list of reportable diseases can be found at *Okla. Admin. Code § 310:515-1-4*.

Okla. Stat. Ann. tit. 63, § 1-532.1 provides that any person, regardless of age, has the capacity to consent for examination and treatment by a licensed physician for any venereal disease.

Type of Care

HIV/AIDS Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is or has been afflicted with any reportable communicable disease may consent for health services for the prevention, diagnosis, and treatment of the reportable disease, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. *See Confidentiality & Disclosure* and *Good Faith Reliance*. A list of reportable diseases can be found at *Okla. Admin. Code § 310:515-1-4*. *Okla. Admin. Code § 310:515-1-4* provides that HIV and AIDS are reportable diseases. *Okla. Stat. Ann. tit. 63, § 1-502.3* provides that written consent by the person whose blood is to be withdrawn and tested is required for an HIV test, with certain exceptions .

Okla. Stat. Ann. tit. 63, § 1-532.1 provides that any person, regardless of age, has the capacity to consent for examination and treatment by a licensed physician for any venereal disease.

Drug/Alcohol Care

Okla. Stat. Ann. tit. 63, §§ 2601 and 2602 provide that any minor who is abusing or has abused drugs or alcohol may consent for health services for prevention, diagnosis, and treatment of drug or alcohol abuse, excluding sterilization and abortion. Any health professional who accepts the responsibility of providing these health services also assumes the obligation to provide counseling for the minor by a health professional. *See Confidentiality & Disclosure* and *Good Faith Reliance*.

Okla. Stat. Ann. tit. 43A, §§ 5-503 provides that a minor who is at least 16 years of age may consent to inpatient substance abuse treatment. If such minor subsequently revokes consent at any time, the minor must be discharged within 48 hours, excluding weekends and holidays, unless so ordered by the district attorney.

Outpatient Mental Health Services

No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Okla. Stat. Ann. tit. 63, § 2602 provides that when a minor has consented to emergency services, the provider must make a reasonable effort to notify the parent or guardian of the treatment. *Okla. Stat. Ann. tit. 63, § 2602* provides that when a minor has consented to care under *tit. 63, § 2602* (except for emergency services), the health professional is permitted but not required to inform the parent or guardian of any treatment needed or provided. The judgment of the health professional as to notification shall be final. Information about the minor obtained through care by a health professional under the provisions of this statute shall not be disseminated to any health professional, school, law enforcement agency or official, court authority, government agency, or official employer, without the consent of the minor, except through specific legal requirements or if necessary to the health of the minor and the public. If the minor is found not to be pregnant, or afflicted with a communicable reportable disease, or abusing drugs or alcohol, the health professional shall not reveal any information to the parent or guardian without the minor's consent. *See Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, and Drug/Alcohol Care.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/oklahoma/>.

Confidentiality & Disclosure⁶

Medical Records

Okla. Admin. Code. § 752:15-1-5 provides that a patient, his or her legal guardian or his or her authorized representative has the right to review and have copies of his or her medical record, with the exception of psychiatric, alcohol or substance abuse treatment records. A minor patient may not sign for treatment, review of the record, or consent for the disclosure of medical information except under special circumstances such as treatment of venereal disease, treatment of alcohol or substance abuse, treatment in connection with pregnancy or childbirth, procurement of family planning information and services, or blood donation, unless emancipated. An emancipated minor patient may sign for a copy of his or her medical records. A statement of emancipation must be signed, together with the authorization. See *Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, and Drug/Alcohol Care*.

Other

Blood Donation

Okla. Stat. Ann. tit. 63 § 2152 provides that any person at least 17 years of age is eligible to donate blood voluntarily without the necessity of obtaining parental permission or authorization; only persons 18 years of age or older may receive compensation for blood so donated.

Do Not Resuscitate Orders

Okla. Stat. Ann. tit. 63, § 3131.4 provides that if a parent or guardian wishes to withhold cardiopulmonary resuscitation in the event of the minor child's cardiac or respiratory arrest, the consent of the minor is also required if the minor possesses sufficient understanding and appreciates the nature and consequences of the treatment regardless of the chronological age. *Okla. Stat. Ann. tit. 63, § 3131.7* provides that at any time, a minor, despite the minor's age, may revoke the do-not-resuscitate consent for himself, if the minor is capable of doing so and possesses sufficient understanding and appreciation of the nature and consequences of the treatment decision.

Minor in the Military

Okla. Stat. Ann. tit. 63, § 2601 provides that for the purpose of consenting to medical care, any person who is on active duty with or has served any branch of the U.S. Armed Services is considered an adult.

Financial Responsibility

Okla. Stat. Ann. tit. 63, § 2603 provides that the spouse, parent, or legal guardian of a minor who consents to health care under *Okla. Stat. Ann. tit. 63, § 2602*, is not liable for payment of the health care unless they have expressly agreed to pay for such care; minors consenting to health services must assume financial responsibility for the cost of the services, except those who are proven unable to pay and who receive the services in public institutions.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/oklahoma/>.

Other**Good Faith Reliance**

Okla. Stat. Ann. tit. 63, § 2602 provides that if any minor falsely represents that he or she may give consent and a health professional provides health services in good faith based upon that misrepresentation, the minor shall receive full services without the consent of the minor's parent or legal guardian and the health professional shall incur no liability except for negligence or intentional harm. See *Emancipated Minor, Minor Living Apart, Minor Parent, Married Minor, Pregnant Minor, Emergency Care, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, and Drug/Alcohol Care*.

Okla. Stat. Ann. tit. 10, § 170.1 provides that if any adult falsely represents in writing that he or she has authority to consent for health care for a minor, and if a health professional provides health services in good faith upon such misrepresentation, the health professional shall incur no liability except for negligence or intentional harm.

Physician's Right to Refuse

Okla. Stat. Ann. tit. 63, § 2605 provides that *Okla. Stat. Ann. tit. 63, § 2602* does not require any health professional to provide health care, nor shall any health professional be liable for refusal to give health care.

Overview of Oregon Laws

The age of majority in Oregon is 18. However, Oregon law authorizes minors to consent for health care in numerous situations. Although Oregon does not have provisions specifically authorizing minors who are emancipated, living apart from their parents, married, or parents to consent for their own care, other provisions allow minors to consent and would enable these minors to do so.

Oregon law provides that married minors are deemed to have reached the age of majority, and thus they would be able to consent for their own health care. Oregon law allows minors age 15 or older to consent for their own care provided by a licensed physician, dentist, or nurse practitioner. Minors are allowed to consent for family planning services and contraception. Although Oregon does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy or under the law allowing minors age 15 or older to consent. Oregon does not have a law requiring parental consent or notification for a minor to obtain an abortion. Minors are allowed to consent for diagnosis and treatment of reportable venereal disease (any age), as well as for diagnosis and treatment of drug and alcohol problems (age 14), and for outpatient mental health treatment or counseling (age 14). For drug and alcohol treatment and outpatient mental health treatment, the parents must be involved prior to the end of treatment unless there are clear indications to the contrary. Minors are allowed to consent for HIV testing and treatment, including minors who are in the custody of Social Services or the Oregon Youth Authority. Oregon law also allows treatment of wards of the court and dependent and delinquent minors without consent if prompt action is reasonably necessary to avoid unnecessary suffering or discomfort. Oregon law allows disclosure of information to parents when minors have consented to general medical care or family planning services (except in Title X funded sites). Specified health care professionals may also disclose information to parents when minors have consented to care for chemical dependency (subject to federal drug and alcohol confidentiality regulations) or mental or emotional disorders if the disclosure is clinically appropriate or other

Overview of Oregon Laws

criteria are met; additional provisions apply when minors are admitted or referred to alcohol or drug abuse treatment facilities. Parents are not financially responsible when minors who consent for their own care related to venereal disease or HIV, or for chemical dependency or mental or emotional disorders. Health care professionals are not liable for care provided in good faith for chemical dependency or mental or emotional disorder without the consent of a parent or guardian.

Checklist of Oregon Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Or. Rev. Stat. § 109.510
Emancipated Minor	✓	✓	Or. Rev. Stat. §§ 127.505(1), 419B.558 See Introduction and General Medical Care
Minor Living Apart		✓	See General Medical Care, Drug/Alcohol Care, and Outpatient Mental Health Services
Married Minor	✓	✓	Or. Rev. Stat. § 109.520 See General Medical Care
Pregnant Minor		✓	See Introduction and General Medical Care
Minor Parent		✓	See Introduction and General Medical Care
Type of Care			
Emergency Care		✓	See Introduction and General Medical Care
General Medical Care	✓	✓	Or. Rev. Stat. § 109.640
Family Planning & Contraceptive Care	✓	✓	Or. Rev. Stat. § 109.640
Pregnancy Related Care		✓	See Introduction and General Medical Care
Abortion		✓	See Introduction and General Medical Care
STD/VD Care	✓	✓	Or. Admin. R. 333-018-0015 Or. Rev. Stat. § 109.610
Reportable Disease Care		✓	See General Medical Care, STD/VD Care, and HIV/AIDS Care
HIV/AIDS Care	✓	✓	Or. Admin. R. 333-018-0015 Or. Rev. Stat. §§ 109.610, 433.045
Drug/Alcohol Care	✓	✓	Or. Rev. Stat. § 109.675
Outpatient Mental Health Services	✓	✓	Or. Rev. Stat. § 109.675
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Or. Rev. Stat. §§ 109.640, 109.650, 109.675, 109.680
Other			
Blood Donation	✓	✓	Or. Rev. Stat. § 109.670
Sterilization	✓	✓	Or. Rev. Stat. §§ 436.205, 436.225
Consent by Others	✓		Or. Rev. Stat. § 109.056
Financial Responsibility	✓		Or. Rev. Stat. §§ 109.610, 109.690
Good Faith Reliance	✓		Or. Rev. Stat. § 109.685
Minor in State Custody	✓		Or. Rev. Stat. § 418.307

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/oregon/>.

Summary of Oregon Laws⁴

Minor Status

Age of Majority	<i>Or. Rev. Stat. § 109.510</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For the criteria and procedures for emancipation of minors, <i>see Or. Rev. Stat. § 419B.558</i> . Also, <i>Or. Rev. Stat. § 127.505(1)</i> provides that an emancipated minor is considered an adult for health care power of attorney and advance directive purposes. <i>See Introduction</i> and <i>General Medical Care</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. <i>See General Medical Care, Drug/Alcohol Care, and Outpatient Mental Health Services</i> .
Married Minor	<i>Or. Rev. Stat. § 109.520</i> provides that married minors are deemed to have reached the age of majority. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction. See General Medical Care</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See General Medical Care</i> and <i>Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. <i>See General Medical Care</i> . For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction. See General Medical Care</i> . <i>Or. Admin. Rule 818-012-0010</i> provides that in an emergency situation, a licensed dentist may render treatment in a reasonable manner according to community standards if a minor patient's guardian is unavailable.
General Medical Care	<i>Or. Rev. Stat. § 109.640</i> provides that a minor age 15 or older may consent for hospital care, medical, dental, and surgical diagnosis or treatment by a licensed physician or dentist without the consent of a parent or guardian, and may consent to diagnosis or treatment by a licensed nurse practitioner without the consent of a parent or guardian. <i>See Confidentiality & Disclosure</i> .
Family Planning & Contraceptive Care	<i>Or. Rev. Stat. § 109.640</i> provides that any physician may provide birth control information and services to any person without regard to the age of such person. <i>See Confidentiality & Disclosure</i> . <i>Or. Admin. Rule 333-004-0060(1)</i> provides that Family Planning Expansion Programs under the Department of Human Services must receive informed consent from minors receiving contraceptive management services voluntarily and without bias or coercion.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See General Medical Care</i> and <i>Abortion</i> .
Abortion	Oregon does not have a law requiring parental consent or notification for a minor to obtain an abortion. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .
STD/VD Care	<i>Or. Rev. Stat. § 109.610</i> provides that a minor who may have come into contact with any venereal disease may consent for hospital, medical, or surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation to be reported to the local or state health officer board. The consent of the parent or guardian is not necessary to authorize this care. Reportable diseases are listed at <i>Or. Admin. R. 333-018-0015</i> . <i>See Financial Responsibility</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases generally. <i>See General Medical Care, STD/VD Care, and HIV/AIDS Care</i> .
HIV/AIDS Care	<i>Or. Rev. Stat. § 433.045</i> provides that no person shall subject the blood of an individual to an HIV test without first obtaining informed consent, with limited exceptions. An HIV test shall be considered diagnosis of venereal disease for purposes of <i>Or. Rev. Stat. § 109.610</i> , which provides that a minor who may have come into contact with any venereal disease may consent for hospital, medical, or surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation to be reported to the local or state health officer board. Reportable diseases are listed at <i>Or. Admin. R. 333-018-0015</i> . <i>See Financial Responsibility</i> . <i>Or. Admin. Rule 333-012-0265(1)</i> provides that a minor under 15 years of age may give consent to an HIV test. <i>Or. Admin. Rule 413-040-0430</i> and <i>Or. Admin. Rule 416-600-0030</i> provide that a minor of any age in Social Services custody or in Oregon Youth Authority custody may consent to an HIV test, and when the minor's consent is given, the consent of the minor's parents or guardian is not necessary for diagnosis, care or treatment; such consent must be informed consent.
Drug/Alcohol Care	<i>Or. Rev. Stat. § 109.675</i> provides that a minor age 14 or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a chemical dependency, excluding methadone maintenance. The person providing treatment shall have the minor's parents involved before the end of treatment unless the parents refuse or there are clear clinical indications to the contrary. Parental involvement is not required if the minor has been sexually abused by a parent, or the minor is an emancipated minor, whether emancipated by law or by virtue of having lived apart from the parent or guardian while being self-sustaining for 90 days prior to treatment. <i>See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance</i> .

Type of Care

Outpatient Mental Health Services

Or. Rev. Stat. § 109.675 provides that a minor age 14 or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a mental or emotional disorder from a physician, psychologist, nurse practitioner, clinical social worker, or community mental health center. The person providing treatment shall have the minor's parents involved before the end of treatment unless the parents refuse or there are clear clinical indications to the contrary. Parental involvement is not required if the minor has been sexually abused by a parent, or the minor is an emancipated minor, whether emancipated by law or by virtue of having lived apart from the parent or guardian while being self-sustaining for 90 days prior to treatment. *See Confidentiality & Disclosure, Financial Responsibility, and Good Faith Reliance.*

Or. Admin. Rule 309-033-0625 provides that when a minor is receiving outpatient mental health services, the physician must make a reasonable effort to contact the legal guardian prior to the administration of medication or treatment, but if efforts to contact the guardian are not successful, the physician may only administer medication or treatment in an emergency and shall notify the legal guardian as soon as possible, otherwise the physician shall not administer medication until consent is obtained from the guardian.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Or. Rev. Stat. § 109.650 provides that a hospital or physician or dentist may advise the parent or guardian of a minor's care, diagnosis, treatment, or need of treatment without the consent of the minor patient, when the minor consents for general medical care or family planning services or pursuant to *Or. Rev. Stat. § 109.640*. *See General Medical Care and Family Planning & Contraceptive Care.* For discussion of confidentiality requirements applicable in the federal Title X Family Planning Program, *see Introduction.*

Or. Rev. Stat. § 109.680 provides that a physician, psychologist, nurse practitioner, licensed clinical social worker, or community mental health worker may advise the parent or guardian of any minor described under *Or. Rev. Stat. § 109.675* of the diagnosis or treatment for chemical dependency or mental or emotional disorder whenever the disclosure is clinically appropriate and will serve the best interests of the minor's treatment because the minor's condition has deteriorated or the risk of a suicide attempt has become such that inpatient treatment is necessary, or the minor's condition requires detoxification in a residential or acute care facility. For a discussion of the federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Or. Rev. Stat. § 430.397 provides that when a minor is admitted or referred to an alcohol or drug abuse treatment facility, the director of the treatment facility must notify the minor's parent or guardian. For a discussion of the federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Other

Blood Donation

Or. Rev. Stat. § 109.670 provides that any person 16 years of age or older may donate blood without permission from a parent or guardian to any voluntary, noncompensatory blood program that has been approved by the American Association of Blood Banks or the American Red Cross.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/oregon/>.

Other

- Sterilization** *Or. Rev. Stat. § 436.205* provides that, for purposes of sterilization, “informed consent” means wholly voluntary consent, given by a competent individual age 15 or older that is based upon a full understanding of the nature and consequences of sterilization. *Or. Rev. Stat. § 436.225* provides that a natural parent, legal guardian, or conservator of a minor child may not give substituted consent for sterilization. Whenever any physician has reason to believe an individual age 15 or older is unable to give informed consent, no sterilization shall be performed until it is determined by a circuit court that the individual involved is able to and has given informed consent. Whenever the court determines, under the provisions of this chapter, that a person lacks the ability to give informed consent, the court shall permit sterilization only if the person is age 18 or older and only upon showing that such operation, treatment, or procedure is in the best interest of the individual.
- Consent by Others** *Or. Rev. Stat. § 109.056* provides that a parent or guardian may delegate authority to consent for health care for a minor for up to six months, or may delegate such authority to a school official for up to twelve months. A service member-parent may delegate such authority for up to the period of active duty plus 30 days.
- Financial Responsibility** *Or. Rev. Stat. § 109.610* provides that when a minor consents for hospital, medical, or surgical care related to the diagnosis or treatment of a reportable venereal disease, including HIV, the parents shall not be liable for payment for care rendered without parental consent. *See STD/VD Care and HIV/AIDS Care.*
- Or. Rev. Stat. § 109.690* provides that the parents or legal guardian of the minor are not liable for payment if diagnosis or treatment services for chemical dependency or mental or emotional disorder are provided to a minor without consent of the minor’s parent or legal guardian. *See Drug/Alcohol Care and Outpatient Mental Health Services.*
- Good Faith Reliance** *Or. Rev. Stat. § 109.685* provides that a physician, psychologist, nurse practitioner, licensed clinical social worker, or community mental health program who in good faith provides diagnosis or treatment to a minor for chemical dependency or mental or emotional disorder shall not be subject to any civil liability for providing such diagnosis or treatment without consent of the parent or legal guardian of the minor.
- Minor in State Custody** *Or. Rev. Stat. § 418.307* provides that a licensed physician, dentist, or hospital is authorized to treat a child who is ward of the court or is a dependent or delinquent child in accord with the physician’s best medical judgment without consent if prompt action is reasonably necessary to avoid unnecessary suffering or discomfort or to effect a more expedient or effective care *and* it is impossible or highly impractical to obtain consent for treating the child from the child-caring agency, the child’s parent or the child’s legal guardian. *See General Medical Care.*

PENNSYLVANIA

Overview of Pennsylvania Laws

The age of majority in Pennsylvania is 21. However, minors who are age 18 may consent for their own health care; and Pennsylvania law authorizes minors to consent for health care in numerous other situations. High school graduates, minors who have been married or have been pregnant are generally allowed to consent for their own care. Emancipated minors would likely be able to do so as well, based on traditional common law principles, although there is no Pennsylvania law that explicitly provides for this. Minor parents also are allowed to consent for health care for their children. Although Pennsylvania does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Minors are allowed to consent for pregnancy related care, for STDs (“venereal disease”) and reportable diseases, including HIV and AIDS, for diagnosis or treatment for use of a controlled substance, and for outpatient mental health examination and treatment (at age 14 or older). The informed consent of the minor and one parent is required for a minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. Pennsylvania law contains specific provisions related to disclosure of information and records pertaining to counseling for use of a controlled or harmful substance or to outpatient mental health treatment. Health care providers are entitled to rely in good faith on the representations of minors that they are authorized to give consent.

Checklist of Pennsylvania Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		1 Pa. Cons. Stat. Ann. § 1991 23 Pa Cons. Stat. Ann. § 5101 Pa. R.C.P. No. 76
Emancipated Minor	✓		Berks County Children and Youth Services v. Rowan, 631 A.2d 615 (Pas. Super. 1993) See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	35 Pa. Cons. Stat. Ann. §§ 10101, 10102
Pregnant Minor	✓	✓	35 Pa. Cons. Stat. Ann. § 10101
Minor Parent	✓	✓	35 Pa. Cons. Stat. Ann. § 10102 Authorizes minor parent to consent for child; for minor parent consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	35 Pa. Cons. Stat. Ann. § 10104
General Medical Care	✓	✓	35 Pa. Cons. Stat. Ann. § 10101 Authorizes persons age 18 or older and high school graduates to consent; also see Married Minor and Pregnant Minor
Family Planning & Contraceptive Care		✓	See Introduction, Married Minor, Pregnant Minor, and General Medical Care
Pregnancy Related Care	✓	✓	35 Pa. Cons. Stat. Ann. §§ 10101, 10103
Abortion	✓		18 Pa. Cons. Stat. Ann. § 3206 Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992) Parental consent required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	35 Pa. Cons. Stat. Ann. §§ 521.14a, 10103
Reportable Disease Care	✓	✓	28 Pa. Code §§ 27.21a, 27.22, 27.32a, 27.33, 27.97 35 Pa. Cons. Stat. Ann. § 10103
HIV/AIDS Care	✓	✓	28 Pa. Code § 27.32a 35 Pa. Cons. Stat. Ann. §§ 7605, 10103
Drug/Alcohol Care	✓	✓	71 Pa. Cons. Stat. Ann. § 1690.112
Outpatient Mental Health Services	✓	✓	35 Pa. Cons. Stat. Ann. § 10101.1
Confidentiality & Disclosure³			
Disclosure to Parents	✓		71 Pa. Cons. Stat. Ann. § 1690.112
Other			
Blood Donation	✓	✓	35 Pa. Stat. Ann. § 10002
Good Faith Reliance	✓		35 Pa. Cons. Stat. Ann. § 10105

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/pennsylvania/>.

Summary of Pennsylvania Laws^{4,5}

Minor Status

Age of Majority	<i>1 Pa. Cons. Stat. Ann. § 1991</i> provides that the age of majority is 21. <i>23 Pa. Cons. Stat. Ann. § 5101</i> provides that any individual age 18 or older shall be deemed an adult, except where otherwise provided by law, and may enter into legally enforceable contracts and sue or be sued. <i>Pa. R.C.P. No. 76</i> defines an adult as age 18 or older. <i>See General Medical Care.</i>
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For discussion of the criteria in Pennsylvania for determining on a case by case basis whether a minor is emancipated, <i>see Berks County Children and Youth Services v. Rowan</i> , 631 A.2d 615 (Pas. Super. 1993). <i>20 Pa. Cons. Stat. Ann. § 5822</i> provides that an emancipated minor who has not been deemed incapacitated or severely mentally disabled, may make a declaration governing the initiation, continuation, withholding, or withdrawal of mental health treatment. <i>See Outpatient Mental Health Services.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	<i>35 Pa. Cons. Stat. Ann. § 10101</i> provides that any minor who has married may consent for medical, dental, and health services for himself or herself. <i>35 Pa. Cons. Stat. Ann. § 10102</i> provides that any minor who has been married may consent for medical, dental, and health services for his or her child.
Pregnant Minor	<i>35 Pa. Cons. Stat. Ann. § 10101</i> provides that any minor who has been pregnant may consent for medical, dental, and health services for herself. <i>See Abortion.</i>
Minor Parent	<i>35 Pa. Cons. Stat. Ann. § 10102</i> provides that any minor who has borne a child may consent for medical, dental, and health services for his or her child.

Type of Care

Emergency Care	<i>35 Pa. Cons. Stat. Ann. § 10104</i> provides that medical, dental, and health services may be provided to minors of any age without parent or guardian consent when, in the physician's judgment, an attempt to secure consent would delay treatment and thus would increase the risk to the minor's life or health.
General Medical Care	<i>35 Pa. Cons. Stat. Ann. § 10101</i> provides that any minor who is age 18 or older or has graduated from high school or has married or has been pregnant may consent for medical, dental, and health services for himself or herself and the consent of no other person shall be necessary.
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See General Medical Care and Pregnant Minor.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

⁵ For a detailed discussion of consent and confidentiality laws for minors in Pennsylvania, *see L.M. Rosado. Consent to Treatment and Confidentiality Provisions Affecting Minors in Pennsylvania*, 2nd Ed. Philadelphia, PA: Juvenile Law Center, 2006. Available at: <http://www.jlc.org/files/publications/consent2ndedition.pdf>.

Type of Care

Pregnancy Related Care	<p>35 Pa. Cons. Stat. Ann. § 10101 provides that any minor who has been pregnant may consent for medical, dental, and health services for herself. 35 Pa. Cons. Stat. Ann. § 10103 provides that any minor may consent for medical and health services to determine the presence of or to treat pregnancy. <i>See Abortion.</i></p>
Abortion	<p>18 Pa. Cons. Stat. Ann. § 3206 provides that an abortion may not be performed on an unemancipated minor under age 18 without the informed consent of the minor and one parent. The law includes a judicial bypass and an emergency exception. The law was held constitutional in <i>Planned Parenthood of Southeastern Pennsylvania v. Casey</i>, 505 U.S. 833 (1992) and is in effect. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i></p>
STD/VD Care	<p>35 Pa. Cons. Stat. Ann. § 10103 provides that any minor may consent for medical and health services to determine the presence of or to treat venereal disease and other diseases which are reportable. 35 Pa. Cons. Stat. Ann. § 521.14a provides that any minor infected with a venereal disease may be given appropriate treatment by a physician and that if the minor consents for treatment, parent or guardian consent is not necessary. <i>See Reportable Disease Care.</i> 28 Pa. Code § 27.97 provides that a person under 21 years of age may give consent for medical and other health services to determine the presence of or to treat a sexually transmitted disease and any other reportable disease, infection or condition. The statute also provides that if the minor consents to undergo diagnosis or treatment, approval or consent of another person is not necessary.</p>
Reportable Disease Care	<p>35 Pa. Cons. Stat. Ann. § 10103 and 28 Pa. Code § 27.97 provide that any minor may give effective consent for medical and health services to determine the presence of or to treat reportable diseases and the consent of no other person is necessary. Reportable diseases are listed in 28 Pa. Code §§ 27.21a, 27.22, 27.32a, and 27.33.</p>
HIV/AIDS Care	<p>35 Pa. Cons. Stat. Ann. § 10103 provides that any minor may give effective consent for medical and health services to determine the presence of or to treat reportable diseases and the consent of no other person is necessary. 28 Pa. Code § 27.32a lists HIV and AIDS as reportable diseases. 35 Pa. Cons. Stat. Ann. § 7605 provides that an HIV test may not be performed without first obtaining the informed written consent of the subject. Prior to the test, the subject must be given an explanation of the test, information regarding measures for the prevention of, exposure to and transmission of HIV, and an opportunity for individual, face-to-face counseling.</p>
Drug/Alcohol Care	<p>71 Pa. Cons. Stat. Ann. § 1690.112 provides that a minor who suffers from the use of a controlled or harmful substance may consent for medical care or counseling related to diagnosis or treatment. The consent of a parent or guardian is not necessary. <i>See Confidentiality & Disclosure.</i></p>
Outpatient Mental Health Services	<p>35 Pa. Cons. Stat. Ann. § 10101.1 provides that any minor who is 14 years of age or older may consent to outpatient mental health examination and treatment, and the minor's parent's or legal guardian's consent shall not be necessary. The statute also provides that a parent or legal guardian of a minor less than 18 years of age may consent to voluntary outpatient mental health examination or treatment on behalf of the minor, and the minor's consent shall not be necessary. Additionally, the statute provides that a minor may not abrogate consent provided by a parent or legal guardian on the minor's behalf, nor may a parent or legal guardian abrogate consent given by the minor on his or her own behalf. <i>See Emancipated Minor and Confidentiality & Disclosure.</i></p>

Confidentiality & Disclosure⁶**Disclosure to Parents**

71 Pa. Cons. Stat. Ann. § 1690.112 provides that any physician or any agency or organization operating a drug abuse program that provides counseling to a minor who uses any controlled or harmful substance is permitted but not required to inform the parents or guardian of the treatment given or needed. *See Drug/Alcohol Care*. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction*.

35 Pa. Stat. Ann. § 10101.2 provides that when a minor has provided consent to outpatient mental health treatment under 35 Pa. Stat. Ann. § 10101.1, the minor has control over the records of treatment; if the minor is later treated with consent from his or her parent or legal guardian and the records are deemed pertinent by the minor's current mental health treatment provider, then the records are available to the minor's parent or legal guardian.

Other**Blood Donation**

35 Pa. Stat. Ann. § 10002 provides that a person who is at least 17 years of age is eligible to donate blood in a voluntary and noncompensatory blood program without the permission of a parent or guardian; the consent is not subject to later disaffirmance because of minority. The statute also provides that a person who is 16 years of age may donate blood in a voluntary and noncompensatory blood collection program if the minor obtains written permission from the minor's parent or guardian.

Good Faith Reliance

35 Pa. Cons. Stat. Ann. § 10105 provides that a physician may rely in good faith on the representations of a minor that he or she is an individual whose consent is valid.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/pennsylvania/>.

Overview of Rhode Island Laws

The age of majority in Rhode Island is 18. However, Rhode Island law authorizes minors to consent for health care in several situations. Married minors are allowed to consent for their own care and minor parents may consent for health care for their children. Although Rhode Island does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Rhode Island does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. The consent of the minor and one parent is required for a minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. Minors are allowed to consent for care for STDs and reportable diseases, including HIV and AIDS, and for treatment for drug abuse or chemical dependency in specific circumstances. Rhode Island law contains specific provisions about involving parents in the treatment of minors for substance abuse or chemical dependency, subject to federal confidentiality rules.

Checklist of Rhode Island Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		R.I. Gen. Laws § 15-12-1
Emancipated Minor			See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	R.I. Gen. Laws § 23-4.6-1
Pregnant Minor			See Introduction
Minor Parent	✓	✓	R.I. Gen. Laws § 23-4.6-1 Authorizes minor parent to consent for child; for minor parent consent for self see Introduction
Type of Care			
Emergency Care	✓	✓	R.I. Gen. Laws § 23-4.6-1
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		R.I. Gen. Laws §§ 23-4.7-4, 23-4.7-6 Parental consent required; law includes judicial bypass and emergency exception.
STD/VD Care	✓	✓	R.I. Gen. Laws § 23-11-11
Reportable Disease Care	✓	✓	R.I. Gen. Laws § 23-8-1.1 Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS, available at http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3844.pdf .
HIV/AIDS Care	✓	✓	R.I. Gen. Laws § 23-8-1.1 Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS, available at http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3844.pdf .
Drug/Alcohol Care	✓	✓	R.I. Gen. Laws §§ 14-5-3, 14-5-4
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		R.I. Gen. Laws §§ 14-5-3, 14-5-4
Other			
Blood Donation	✓	✓	R.I. Gen. Laws § 23-4.5-1

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/rhode-island/>.

Summary of Rhode Island Laws⁴

Minor Status

Age of Majority	<i>R.I. Gen. Laws § 15-12-1</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	<i>R.I. Gen. Laws § 23-4.6-1</i> provides that any married person may consent for routine emergency medical or surgical care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion</i> .
Minor Parent	<i>R.I. Gen. Laws § 23-4.6-1</i> provides that a minor parent may consent to treatment for his or her child.

Type of Care

Emergency Care	<i>R.I. Gen. Laws § 23-4.6-1</i> provides that any person age 16 or older or married may consent for routine emergency medical or surgical care.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emergency Care</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion</i> .
Abortion	<i>R.I. Gen. Laws §§ 23-4.7-4</i> and <i>23-4.7-6</i> provide that an abortion shall not be performed upon an unmarried or unemancipated minor under age 18 unless the consent of both the pregnant woman and at least one of her parents is obtained. The law includes a judicial bypass and an emergency exception. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .
STD/VD Care	<i>R.I. Gen. Laws § 23-11-11</i> provides that minors may consent for examination and treatment for any sexually transmitted disease.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Reportable Disease Care	<i>R.I. Gen. Laws § 23-8-1.1</i> provides that minors may give legal consent for testing, examination and/or treatment for any reportable communicable disease. Reportable diseases are listed in <i>Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS</i> , available at http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3844.pdf .
HIV/AIDS Care	<i>R.I. Gen. Laws § 23-8-1.1</i> provides that minors may give legal consent for testing, examination, or treatment for any reportable communicable disease. HIV is listed as a reportable disease in <i>Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases, R23-10-DIS</i> , available at http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3844.pdf . <i>R.I. Gen. Laws § 23-6-12</i> provides that, subject to specific exceptions, no person may be tested for presence of AIDS, where the test can be identified with a specific individual, unless he or she has given his or her informed consent by his or her signature or that of a parent or guardian.
Drug/Alcohol Care	<i>R.I. Gen. Laws § 14-5-3</i> provides that parental consent for treatment of a minor for substance abuse or chemical dependency is required, except as provided in § 14-5-4. <i>R.I. Gen. Laws § 14-5-4</i> provides that if a minor refuses permission to contact parents to seek parental consent and if, in the judgment of a qualified professional, such contact would not be helpful or would be deleterious to the minor who is voluntarily seeking treatment for substance abuse or chemical dependency, then noninvasive, noncustodial treatment services may be provided by a qualified professional without parental consent. <i>See Confidentiality & Disclosure</i> .
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>R.I. Gen. Laws § 14-5-3</i> provides that in all treatment of a minor for substance abuse or chemical dependency, the licensed treatment facility shall require the parents to participate in the treatment. <i>R.I. Gen. Laws § 14-5-4</i> provides that if treatment is provided without parental consent, during the course of treatment, the qualified professional shall make attempts to obtain permission from the child to obtain parental consent for and involvement in the treatment services. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction</i> .
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Other

Blood Donation	<i>R.I. Gen. Laws § 23-4.5-1</i> provides that any person at least 17 years of age is eligible to donate blood in any voluntary and noncompensatory blood program without the necessity of obtaining parental permission or authorization.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/rhode-island/>.

Overview of South Carolina Laws

The age of majority in South Carolina is 18. However, South Carolina law authorizes minors to consent for health care in several situations. Married minors are allowed to consent for their own care and minor parents may consent for health care for their children. South Carolina allows minors age 16 or older to consent for any health care other than operations. South Carolina law allows minors to consent for family planning services under the age of 16 if in the judgment of a physician the services are necessary for the well-being of the minor. Although South Carolina does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so if they are age 16 or older and, at younger ages, based on the constitutional right of privacy. Similarly, minors who are age 16 or older would be able to consent for care for STDs and reportable diseases, including HIV and AIDS, treatment for drug abuse or chemical dependency, and outpatient mental health services. An abortion may not be performed on an unmarried, unemancipated minor under age 17 without the informed written consent of one minor and of one parent, a legal guardian, a grandparent, or a person standing *in loco parentis*. The law includes a judicial bypass and medical emergency and incest exceptions. South Carolina law includes several provisions related to the disclosure of sensitive health information about minors to third parties.

Checklist of South Carolina Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		S.C. Code Ann. § 15-1-320
Emancipated Minor		✓	See Introduction, General Medical Care, and Drug/Alcohol Care
Minor Living Apart		✓	See General Medical Care
Married Minor	✓	✓	S.C. Code Ann. § 63-5-330
Pregnant Minor		✓	See Introduction and General Medical Care
Minor Parent	✓	✓	S.C. Code Ann. §§ 63-5-330, 63-5-360 Authorizes minor parent to consent for child; for minor parent's consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	S.C. Code Ann. § 63-5-350
General Medical Care	✓	✓	S.C. Code Ann. §§ 63-5-340, 63-5-350
Family Planning & Contraceptive Care	✓	✓	S.C. Op. Att'y Gen. No. 596 (March 11, 1976) S.C. Code Ann. § 20-7-290 See Introduction and General Medical Care
Pregnancy Related Care		✓	See Introduction and General Medical Care
Abortion	✓		S.C. Code Ann. §§ 44-41-10(m), 44-41-10(n), 44-41-30 through 44-41-37 Consent of parent, grandparent, or person <i>in loco parentis</i> required; law includes judicial bypass and other exceptions
STD/VD Care		✓	See General Medical Care
Reportable Disease Care		✓	See General Medical Care
HIV/AIDS Care		✓	See General Medical Care
Drug/Alcohol Care		✓	See General Medical Care
Outpatient Mental Health Services		✓	See General Medical Care
Confidentiality & Disclosure³			
Disclosure to Others	✓		S.C. Code Ann. § 44-29-135

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/south-carolina/>.

Summary of South Carolina Laws⁴

Minor Status

Age of Majority	<i>S.C. Code Ann. § 15-1-320</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction. See General Medical Care and Drug/Alcohol Care.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine, <i>see Introduction. See General Medical Care.</i>
Married Minor	<i>S.C. Code Ann. § 63-5-330</i> provides that a married minor may consent for any licensed medical, surgical, dental, or hospital care for any lawful diagnostic or therapeutic surgical procedure for himself or herself.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See General Medical Care and Abortion.</i>
Minor Parent	<i>S.C. Code Ann. § 63-5-360</i> provides that any minor who has borne a child may consent for health services for the child. <i>S.C. Code Ann. § 63-5-330</i> provides that a married minor may consent for any licensed medical, surgical, dental, or hospital care for any lawful diagnostic, therapeutic surgical, or postmortem procedure upon his or her child.

Type of Care

Emergency Care	<i>S.C. Code Ann. § 63-5-350</i> provides that health services of any kind may be rendered to minors of any age without the consent of a parent or guardian when, in the judgment of a person authorized by law to render a particular health service, such services are necessary, except for operations. An operation may be performed only if it is essential to the health or life of a minor in the opinion of the performing physician and a consulting physician if one is available.
General Medical Care	<i>S.C. Code Ann. § 63-5-340</i> provides that any minor age 16 or older may consent for any health service other than operations, which may be performed only if essential to the health or life of the minor in the opinion of the physician and a consulting physician if one is available. <i>S.C. Code Ann. § 63-5-350</i> provides that health services of any kind may be rendered to minors of any age without the consent of a parent or guardian when, in the judgment of a person authorized by law to render a particular health service, such services are necessary, except for operations.
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. <i>See General Medical Care.</i> In <i>S.C. Op. Att’y Gen. No. 596 (March 11, 1976)</i> , the South Carolina Attorney General, interpreting <i>S.C. Code Ann. § 20-7-290 (see General Medical Care)</i> , stated that a health care provider may give family planning services, not involving an operation, to a minor under age 16 without the parent or guardian's consent if, in the judgment of the provider, the services are necessary to maintain the well-being of that minor. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See General Medical Care and Abortion.</i>
Abortion	<i>S.C. Code Ann. §§ 44-41-10(m) and (n), 44-41-30 through 44-41-37</i> provide that an abortion may not be performed on unmarried, unemancipated minor under age 17 without the informed written consent of one minor and of one parent, a legal guardian, a grandparent, or a person standing <i>in loco parentis</i> for more than 60 days. The law includes a judicial bypass and medical emergency and incest exceptions. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i>
STD/VD Care	No specific legal provision was found expressly authorizing minors to consent for care for sexually transmitted diseases. <i>See General Medical Care and Confidentiality & Disclosure.</i>
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases <i>See General Medical Care.</i>
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. <i>See General Medical Care and Confidentiality & Disclosure.</i>
Drug/Alcohol Care	No specific legal provision was found expressly authorizing minors to consent for outpatient care for drug or alcohol problems. <i>See General Medical Care. S.C. Code Ann. § 44-53-760</i> provides that minors who have been declared emancipated by the court may consent to admission to a methadone maintenance program, and parental consent is not necessary.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. <i>See General Medical Care.</i>

Confidentiality & Disclosure⁵

Disclosure to Others	<i>S.C. Code Ann. § 44-29-135</i> provides that all information and records held by the Department of Health and Environmental Control and its agents relating to a known or suspected case of a sexually transmitted disease are strictly confidential except in cases involving a minor. The name of the minor and medical information concerning the minor must be reported to appropriate agents if a report is required by the Child Protection Act of 1977. No further information is required to be released by the department. If a minor has Acquired Immunodeficiency Syndrome (AIDS) or is infected with Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and is attending the public schools, the superintendent of the school district and the nurse or other health professional assigned to the school the minor attends must be notified.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/south-carolina/>.

Overview of South Dakota Laws

The age of majority in South Dakota is 18. However, South Dakota law authorizes minors to consent for health care in several situations. Emancipated minors and married minors are allowed to consent for their own care and minors serving in the military are deemed emancipated. Although South Dakota does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or when the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although South Dakota does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Minors are allowed to consent for care for venereal disease and for drug or alcohol abuse. Notification of one parent is required for a minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. South Dakota law explicitly provides that notification of parents is not required when care is provided to emancipated or married minors or when care for venereal disease is provided at a county or state health department at the minor's request. South Dakota law also provides that when emancipated or married minors receive care without parental knowledge, the parents are relieved of financial responsibility for the care.

Checklist of South Dakota Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		S.D. Codified Laws § 26-1-1
Emancipated Minor	✓	✓	S.D. Codified Laws §§ 25-5-19 through 25-5-22, 25-5-24 through 25-5-27, 25-5-25
Minor Living Apart			See Introduction.
Married Minor	✓	✓	S.D. Codified Laws §§ 25-5-24, 25-5-25
Pregnant Minor			See Introduction.
Minor Parent			See Introduction.
Type of Care			
Emergency Care	✓	✓	S.D. Codified Laws § 20-9-4.2
General Medical Care			See Introduction.
Family Planning & Contraceptive Care			See Introduction.
Pregnancy Related Care			See Introduction.
Abortion	✓		S.D. Codified Laws §§ 34-23A-1, 34-23A-7, 34-23A-7.1, 34-23A-10.2, 34-23A-22, 26-1-1 Parental notification required; law includes judicial bypass and emergency exception.
STD/VD Care	✓	✓	S.D. Codified Laws §§ 34-23-16, 34-23-17
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care			See Introduction and STD/VD Care.
Drug/Alcohol Care	✓	✓	S.D. Codified Laws § 34-20A-50
Outpatient Mental Health Services			See Introduction.
Confidentiality & Disclosure³			
Disclosure to Parents	✓		S.D. Codified Laws §§ 25-5-24, 25-5-25, 34-23-17
Other			
Blood Donation	✓	✓	S.D. Codified Laws § 26-2-7
Financial Responsibility	✓		S.D. Codified Laws §§ 25-5-24 and 25-5-25
Minor in the Military	✓	✓	S.D. Codified Laws § 25-5-24

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/south-dakota/>.

Summary of South Dakota Laws⁴

Minor Status

Age of Majority	<i>S.D. Codified Laws § 26-1-1</i> provides that the age of majority is 18.
Emancipated Minor	<i>S.D. Codified Laws § 25-5-25</i> provides that an emancipated minor may consent for medical, chiropractic, optometric, dental, or psychiatric care, without parental consent, knowledge, or liability. For the criteria and procedures for emancipation of minors see <i>S.D. Codified Laws §§ 25-5-19 and 25-5-24 through 25-5-27</i> . See <i>Married Minor</i> and <i>Minor in the Military</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine see <i>Introduction</i> .
Married Minor	<i>S.D. Codified Laws § 25-5-24</i> provides that a minor is emancipated by marriage. <i>S.D. Codified Laws § 25-5-25</i> provides that an emancipated minor may consent for medical, chiropractic, optometric, dental, or psychiatric care, without parental consent, knowledge, or liability.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, see <i>Introduction</i> . See <i>Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, see <i>Introduction</i> .

Type of Care

Emergency Care	<i>S.D. Codified Laws § 20-9-4.2</i> provides that a minor may be treated by a licensed physician before the parents or guardian's consent is obtained if the parent or guardian is not immediately available and if, in the opinion of the treating physician, the attempt to secure consent would result in delay of treatment which would threaten the minor's life or health. The section does not apply to an elective abortion or to sterilization or to any device or medication for birth control.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, see <i>Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, see <i>Introduction</i> . See <i>Abortion</i> .
Abortion	<i>S.D. Codified Laws §§ 34-23A-1, 34-23A-7, 34-23A-7.1, 34-23A-10.2, 34-23A-22, 26-1-1</i> provide that an abortion may not be performed on an unemancipated minor under age 18 until written notice has been given to one parent. The law includes a judicial bypass and an emergency exception. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>S.D. Codified Laws § 34-23-16</i> provides that any licensed physician may, with the minor's consent, make a diagnostic examination for venereal disease and prescribe for and treat a minor for venereal disease, including prophylactic treatment for exposure to venereal disease whenever such person is suspected of having a venereal disease or contact with anyone having a venereal disease. <i>S.D. Codified Laws § 34-23-17</i> provides that treatment of a minor for venereal disease by county or state health departments shall be offered to a minor at the minor's request and without the necessity of consent of or notification to the parents. <i>See Confidentiality & Disclosure.</i>
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care.</i>
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction. See STD/VD Care.</i>
Drug/Alcohol Care	<i>S.D. Codified Laws § 34-20A-50</i> provides that a minor suffering from alcohol or drug abuse, or his or her parent or guardian, may apply to an accredited facility for voluntary treatment.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>S.D. Codified Laws §§ 25-5-24 and 25-5-25</i> provide that a married minor or an emancipated minor may receive medical, chiropractic, dental, or psychiatric care without parental knowledge. <i>S.D. Codified Laws § 34-23-17</i> provides that treatment of a minor for venereal disease by county or state health departments shall be offered to a minor at the minor's request without the necessity of consent of or notification to the parents.
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Other

Blood Donation	<i>S.D. Codified Laws § 26-2-7</i> provides that any person 17 years of age or over is eligible to donate blood without the necessity of obtaining parental permission or authorization, provided that the parent of the minor does not specifically request that the donation be prohibited. Any person 16 years of age or over is eligible to donate blood with the written consent of a parent or guardian.
Financial Responsibility	<i>S.D. Codified Laws §§ 25-5-24 and 25-5-25</i> provide that when a married minor or an emancipated minor receives medical, chiropractic, dental, or psychiatric care without parental knowledge the parents are not financially responsible for the care.
Minor in the Military	<i>S.D. Codified Laws § 25-5-24</i> provides that a minor is emancipated upon joining the armed forces. <i>See Emancipated Minor.</i>

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/south-dakota/>.

Overview of Tennessee Laws

The age of majority in Tennessee is 18. However, Tennessee law authorizes minors to consent for health care in numerous situations. Tennessee law, contained in an Attorney General's opinion and a court decision, presumes that minors between the ages of 14 and 18 have the capacity to consent for medical treatment. This would allow minors to consent for their own health care in a wide variety of situations even in the absence of an explicit statute allowing them to do so. In addition to adopting the mature minor rule, Tennessee explicitly allows minor parents to consent for health care for their children. Minors are also allowed to consent for contraceptive services and prenatal care. The written consent of a parent or legal guardian is required for a minor to obtain an abortion. The law includes a judicial bypass and exceptions for medical emergencies and for incest. Minors are allowed to consent for diagnosis and treatment of STDs, as well as for diagnosis and treatment of drug and alcohol problems. Tennessee law also provides that minors age 16 or older have the same rights as an adult with respect to outpatient mental health treatment. Tennessee law includes a variety of provisions related to confidentiality and disclosure of information to parents when minors have consented for care. It also provides that minors who have received medical services independently of a parent may authorize access to his or her own medical records.

Checklist of Tennessee Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Tenn. Code Ann. § 1-3-105
Emancipated Minor	✓	✓	Tenn. Code Ann. §§ 29-31-101 through 29-31-105 See Introduction and General Medical Care
Minor Living Apart		✓	See Introduction and General Medical Care
Married Minor	✓	✓	Tenn. Code Ann. § 68-34-107
Pregnant Minor	✓	✓	Tenn. Code Ann. §§ 63-6-223, 68-34-107
Minor Parent	✓	✓	Tenn. Code Ann. §§ 63-6-229, 68-34-107 Authorizes minor parent to consent for child; for minor parent's consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	Tenn. Code Ann. § 63-6-222
General Medical Care	✓	✓	Tenn. Op. Att'y Gen. No. 03-087 (July 10, 2003), 2003 AG LEXIS 104 Cardwell v. Bechtol, 724 S.W.2d 739 (Tenn. 1987)
Family Planning & Contraceptive Care	✓	✓	Tenn. Code Ann. § 68-34-107
Pregnancy Related Care	✓	✓	Tenn. Code Ann. § 63-6-223
Abortion	✓		Tenn. Code Ann. §§ 37-10-301 through 37-10-307 Memphis Planned Parenthood, Inc. v. Sunquist, 175 F.3d 456 (6 th Cir. 1999) Parental consent required; law includes a judicial bypass and other exceptions
STD/VD Care	✓	✓	Tenn. Code Ann. § 68-10-104
Reportable Disease Care		✓	See General Medical Care and STD/VD Care
HIV/AIDS Care		✓	See Introduction, General Medical Care, and STD/VD Care
Drug/Alcohol Care	✓	✓	Tenn. Code Ann. § 63-6-220
Outpatient Mental Health Services	✓	✓	Tenn. Code Ann. §§ 33-8-104, 33-8-202
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Tenn. Code Ann. §§ 33-8-202, 63-6-220, 63-6-223, 68-10-104
Medical Records	✓		27-8 Tenn. Admin. Reg. 77(5) 27-10 Tenn. Admin. Reg. 85(5)
Other			
Sterilization	✓	✓	Tenn. Code Ann. § 68-34-108
Minor in the Military			Glover v. Glover, 319 S.W.2d 238, 244 (1958) See Introduction and General Medical Care

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/tennessee/>.

Summary of Tennessee Laws⁴

Minor Status

Age of Majority	<i>Tenn. Code Ann. § 1-3-105</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For the criteria and procedures for emancipation of minors, <i>see Tenn. Code Ann. §§ 29-31-101 through 29-31-105. See Married Minor, General Medical Care, and Minor in the Military.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For a discussion of the mature minor doctrine, <i>see Introduction. See General Medical Care.</i>
Married Minor	<i>Tenn. Code Ann. § 68-34-107</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is married. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction. Tenn. Op. Att’y Gen. No. 02-100 (September 16, 2002), 2002 AG LEXIS 104</i> stated that marriage of a minor child, either with or without consent of the parents, fully emancipates the child from parental authority, citing <i>Going v. Going</i> , 8 <i>Tenn. App.</i> 690, 698 (1928); <i>Holman v. Holman</i> , 244 <i>S.W.2d</i> 618, 620.
Pregnant Minor	<i>Tenn. Code Ann. § 68-34-107</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is pregnant. <i>Tenn. Code Ann. § 63-6-223</i> provides that any person licensed to practice medicine may, for the purpose of providing prenatal care, examine, diagnose, and treat a minor without the knowledge or consent of the parents or guardian. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	<i>Tenn. Code Ann. § 68-34-107</i> provides that contraceptive supplies and information may be furnished by physicians to any minor who is a parent. <i>Tenn. Code Ann. § 63-6-229</i> provides that, in the absence or unavailability of a spouse, any minor is authorized and empowered to consent for such minor’s child, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed or directed by a duly licensed physician.

Type of Care

Emergency Care	<i>Tenn. Code Ann. § 63-6-222</i> provides that a physician may perform emergency medical or surgical treatment on a minor, despite the absence of parental consent or court order, where such physician believes in good faith that delay in rendering emergency care would, to a reasonable degree of medical certainty, result in a serious threat to the life of the minor or a serious worsening of the minor’s medical condition, and that emergency treatment is necessary to save the minor’s life or prevent further deterioration of the minor’s condition. Such treatment shall be started only after a reasonable effort is made to notify the minor’s parent or guardian, if known or readily ascertainable.
General Medical Care	<i>Tenn. Op. Att’y Gen. No. 03-087 (July 10, 2003), 2003 AG LEXIS 104</i> states that minors between the ages of 14 and 18 are presumed to have capacity to consent to medical treatment without their parents’ approval, citing <i>Cardwell v. Bechtol</i> , 724 <i>S.W.2d</i> 739 (<i>Tenn.</i> 1987) for authority.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

**Family Planning
& Contraceptive Care**

Tenn. Code Ann. § 68-34-107 provides that contraceptive supplies and information may be furnished by physicians to any minor who has the consent of the parent or guardian, who has been referred for such service by another physician, a clergyman, a family planning clinic, a school or institution of higher learning, or any agency of the state, or who requests and is in need of birth control procedures, supplies, or information. The statute was declared constitutional in *Decker v. Carroll Academy*, 1999 *Tenn. App. No 02A01-9709-CV-00242* when a mother of a minor child to whom birth control was distributed brought suit against the school.

Pregnancy Related Care

Tenn. Code Ann. § 63-6-223 provides that any person licensed to practice medicine may, for the purpose of providing prenatal care, examine, diagnose, and treat a minor without the knowledge or consent of the parents or guardian. See *Abortion and Confidentiality & Disclosure*.

Abortion

Tenn. Code Ann. §§ 37-10-301 through 37-10-307 provide that an abortion may not be performed on an unmarried, unemancipated minor under age 18 without the written consent of one parent or legal guardian of the minor. If a criminal charge of incest is pending against a parent of such minor pursuant to § 39-15-302, the written consent of such parent is not required. The law also includes a judicial bypass and a medical emergency exception.

As a result of a court decision in *Memphis Planned Parenthood, Inc. v. Sunquist*, 175 F.3d 456 (6th Cir. 1999), a preliminary injunction was lifted and the law is in effect. In *Roddy v. Volunteer Medical Clinic*, 926 S.W.2d 572 (1996) a 15 year old consented to her own abortion, and the medical malpractice suit was unsuccessful in part because plaintiffs failed to rebut presumption that patient was a mature minor with the capacity to consent to the procedure. For sources of additional information regarding the legal requirements for minors to obtain abortions, see *Appendix D*.

STD/VD Care

Tenn. Code Ann. § 68-10-104 provides that any state, district, county, or municipal health officer or any physician may examine, diagnose, and treat minors infected with sexually transmitted diseases without parental knowledge or consent. See *Confidentiality & Disclosure*.

Reportable Disease Care

No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. See *General Medical Care and STD/VD Care*.

HIV/AIDS Care

No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, see *Introduction*. See *General Medical Care and STD/VD Care*.

Drug/Alcohol Care

Tenn. Code Ann. § 63-6-220 provides that physicians may treat juvenile drug abusers who are minors without prior parental consent. See *Confidentiality & Disclosure*.

**Outpatient Mental
Health Services**

Tenn. Code Ann. § 33-8-104 provides that minors who are emancipated by marriage, court order, or in any other way recognized by law in the state, have all the rights and responsibilities of adults with respect to mental health and developmental disabilities services, unless those rights are restricted by court order.

Tenn. Code Ann. § 33-8-202 provides that if a minor with serious emotional disturbance or mental illness is age 16 or older, the minor has the same rights as an adult with respect to outpatient mental health treatment, medication decisions, confidential information, and participation in conflict resolution procedures, subject to certain exceptions and that an outpatient facility or professional may provide treatment and rehabilitation without obtaining the consent of the child's parent, legal guardian, or legal custodian.

Confidentiality & Disclosure⁵

Disclosure to Parents

Tenn. Code Ann. § 63-6-223 provides that a minor may receive prenatal care without the knowledge of her parents or guardian. *See Pregnancy Related Care.*

Tenn. Code Ann. § 68-10-104 provides that a minor may receive care for sexually transmitted diseases without parental knowledge. *See STD/VD Care.*

Tenn. Code Ann. § 63-6-220 provides that if a physician treats a minor drug abuser without prior parental consent, the physician may use the physician's own discretion in determining whether to notify the minor's parents of such treatment. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction. See Drug/Alcohol Care.*

Tenn. Code Ann. § 33-8-202 provides that if a minor with serious emotional disturbance or mental illness who is age 16 or older consents for outpatient mental health treatment, the child has the same rights as an adult with respect to confidential information, subject to certain exceptions. *See Outpatient Mental Health Services.*

Medical Records

27-8 Tenn. Admin. Reg. 77(5) and *27-10 Tenn. Admin. Reg. 85(5)* provide that a minor who has sought and received medical services independently of a parent or legal guardian may authorize access to his or her medical records.

Other

Sterilization

Tenn. Code Ann. § 68-34-108 provides that it is lawful for a physician or surgeon to perform a surgical interruption of the vas deferens or fallopian tubes, when so requested in writing by any person age 18 or older, or less than age 18 if legally married, provided a full and reasonable medical explanation is given by such physician or surgeon to such person as to the meaning and consequence of such operation.

Minor in the Military

The court in *Glover v. Glover*, 319 S.W.2d 238, 244 (1958) stated that a minor is emancipated by enlisting in military service. For discussion of the right of an emancipated minor generally to act as an adult, *see Introduction.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/tennessee/>.

Overview of Texas Laws

The age of majority in Texas is 18. However, Texas law authorizes minors to consent for health care in numerous situations. Emancipated minors, minors age 16 or older who are living apart from their parents and managing their own financial affairs, married minors, minors in the military, and incarcerated minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for care for their children. Texas laws contain limitations on the provision of family planning and contraceptive care to minors without parental consent, with parental consent explicitly required for state funded services. Minors are allowed to receive family planning services funded by Title X or Medicaid without parental consent, and minors who are allowed to consent for care generally can consent for family planning services. Minors are allowed to consent for pregnancy-related care, other than abortion. Notice to one parent is required for a minor to obtain an abortion. The law includes a judicial bypass and an emergency exception. Minors are also allowed to consent to care for reportable diseases, including STDs and HIV/AIDS, treatment for chemical addiction or dependency or use, and counseling for suicide prevention and sexual, physical, or emotional abuse. Texas relieves parents of financial responsibility for care in most situations when a minor has given consent. Health care professionals are entitled to rely on the written statement of minors of the basis on which they have capacity to consent. Information about the care for which minors have given consent generally may be disclosed to parents in the discretion of the healthcare professional. Texas law also contains provisions pertaining to a parent's access to a minor's mental health records, granting access only if the parent is acting "in behalf of" the minor.

Checklist of Texas Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Tex. Civ. Pract. & Rem. Code Ann. § 129.001
Emancipated Minor	✓	✓	Tex. Fam. Code Ann. §§ 31.001 through 31.007, 31.006
Minor Living Apart	✓	✓	Tex. Fam. Code Ann. § 32.003
Married Minor	✓	✓	Tex. Fam. Code Ann. § 101.003
Pregnant Minor	✓	✓	Tex. Fam. Code Ann. § 32.003
Minor Parent	✓	✓	Tex. Fam. Code Ann. § 32.003 Allows minor parent to consent for child; for consent for self see Introduction
Type of Care			
Emergency Care	✓	✓	Tex. Health & Safety Code Ann. § 773.008
General Medical Care			See Introduction, Emancipated Minor, Minor Living Apart, and Married Minor
Family Planning & Contraceptive Care	✓	✓	25 Tex. Admin. Code § 56.13 See Minor Living Apart, Married Minor, Minor in the Military, and Incarcerated Minor
Pregnancy Related Care	✓	✓	Tex. Fam. Code Ann. § 32.003 See Introduction
Abortion	✓		Tex. Fam. Code Ann. §§ 33.001 through 33.011 Parental notification required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	25 Tex. Admin. Code § 97.3; Tex. Fam. Code Ann. § 32.003
Reportable Disease Care	✓	✓	25 Tex Admin. Code § 97.3; Tex. Fam. Code Ann. § 32.003
HIV/AIDS Care	✓	✓	Tex. Health & Safety Code Ann. §§ 81.041, 81.105
Drug/Alcohol Care	✓	✓	Tex. Fam. Code Ann. §§ 32.003, 32.004
Outpatient Mental Health Services	✓	✓	Tex. Fam. Code Ann. § 32.004
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Tex. Fam. Code Ann. §§ 32.003, 32.004
Medical Records	✓		Tex. Health & Safety Code Ann. §§ 611.004, 611.0045
Other			
Blood Donation	✓	✓	Tex. Health & Safety Code Ann. § 162.015
Incarcerated Minor	✓	✓	Tex. Fam. Code Ann. § 32.003
Minor In the Military	✓	✓	Tex. Fam. Code Ann. § 32.003
Sexual Assault Care	✓	✓	Tex. Fam. Code Ann. § 32.004
Financial Responsibility	✓		Tex. Fam. Code Ann. § 32.004
Good Faith Reliance	✓		Tex. Fam. Code Ann. §§ 32.003, 32.004

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though explicit no legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/texas/>.

Summary of Texas Laws⁴

Minor Status

Age of Majority	<i>Tex. Civ. Pract. & Rem. Code Ann. § 129.001</i> provides that the age of majority is 18.
Emancipated Minor	<i>Tex. Fam. Code § 31.006</i> provides that an emancipated minor has the capacity of an adult. For the criteria and procedures for a Texas court to “remove the disabilities of minority” see <i>Tex. Fam. Code Ann. §§ 31.001 through 31.007</i> .
Minor Living Apart	<i>Tex. Fam. Code Ann. § 32.003</i> provides that a minor age 16 or older who resides separate and apart from his or her parents or guardian, with or without their consent and regardless of the duration of separate residence, and who is managing his or her own financial affairs, may consent for medical, psychological, surgical, and dental care and consent of the parents or guardian is not necessary. See <i>Confidentiality & Disclosure</i> and <i>Good Faith Reliance</i> .
Married Minor	<i>Tex. Fam. Code Ann. § 101.003</i> provides that a person under age 18 who is married is an adult.
Pregnant Minor	<i>Tex. Fam. Code Ann. § 32.003</i> provides that an unmarried pregnant minor may consent for hospital, medical, surgical, and dental treatment, other than abortion, related to her pregnancy and consent of a parent or guardian is not necessary. See <i>Abortion, Confidentiality & Disclosure</i> , and <i>Good Faith Reliance</i> .
Minor Parent	<i>Tex. Fam. Code Ann. § 32.003</i> provides that a minor who is unmarried and has actual custody of the minor’s biological child may consent for medical, dental, psychological, or surgical treatment for the child. Consent of the minor’s parents or guardian is not necessary to authorize this care. For discussion of the ability of minor parents to consent for their own care, see <i>Introduction</i> . See <i>Confidentiality & Disclosure</i> and <i>Good Faith Reliance</i> .

Type of Care

Emergency Care	<i>Tex. Health & Safety Code Ann. § 773.008</i> provides that consent for emergency care of a minor is not required if the minor is suffering from what reasonably appears to be a life-threatening injury or illness and a parent, managing or possessory conservator, or guardian of the minor is not present.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> . See <i>Emancipated Minor, Minor Living Apart</i> , and <i>Married Minor</i> .
Family Planning & Contraceptive Care	<i>25 Tex. Admin. Code § 56.13</i> provides that health care providers may provide family planning services, including prescription drugs, without the consent of the minor’s parent, managing conservator, or guardian only as authorized by <i>Tex. Fam. Code ch. 32</i> , or by federal law or regulations. <i>25 Tex. Admin. Code § 56.13</i> provides that a provider may not require consent for family planning services from the spouse of a married client. For discussion of a minor’s constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, see <i>Introduction</i> .
Pregnancy Related Care	<i>Tex. Fam. Code Ann. § 32.003</i> provides that an unmarried pregnant minor may consent for hospital, medical, surgical, and dental treatment, other than abortion, related to her pregnancy and consent of a parent or guardian is not necessary. See <i>Abortion, Confidentiality & Disclosure</i> , and <i>Good Faith Reliance</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<p><i>Tex. Fam. Code Ann. §§ 33.001 through 33.011</i> provide that an abortion may not be performed on an unmarried unemancipated minor without prior notice to one parent, guardian, or managing conservator. The law includes a judicial bypass and an emergency exception. The law is in effect. Additionally, <i>Tex. Occ. Code § 164.052(19)</i> and <i>22 Texas Admin. Code § 165.6</i> require the written consent of a parent, guardian, or managing conservator for an abortion to be performed on a minor. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i>.</p>
STD/VD Care	<p><i>Tex. Fam. Code Ann. § 32.003</i> provides that a minor may consent for medical, dental, psychological, and surgical treatment by a physician or dentist for the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, and the consent of a parent or guardian is not necessary. <i>25 Tex. Admin. Code § 97.3</i> provides that sexually transmitted diseases such as chancroid, chlamydia trachomatis infection, gonorrhea, hepatitis acute viral, hepatitis B, and syphilis are reportable. See <i>Confidentiality & Disclosure</i> and <i>Good Faith Reliance</i>.</p>
Reportable Disease Care	<p><i>Tex. Fam. Code Ann. § 32.003</i> provides that a minor may consent for medical, dental, psychological, and surgical treatment by a physician or dentist for the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported to a local health officer or the Texas Department of Health, and the consent of a parent or guardian is not necessary. See <i>25 Tex. Admin. Code § 97.3</i> for a list of reportable diseases. See <i>Confidentiality & Disclosure</i> and <i>Good Faith Reliance</i>.</p>
HIV/AIDS Care	<p><i>Tex. Health & Safety Code Ann. § 81.041</i> provides that AIDS and HIV are reportable diseases. <i>Tex. Health & Safety Code Ann. § 81.105</i> provides that, subject to certain exceptions, a person may not perform an HIV test without first obtaining the informed consent of the test subject. See <i>Reportable Disease Care</i>, <i>Confidentiality & Disclosure</i>, and <i>Good Faith Reliance</i>.</p>
Drug/Alcohol Care	<p><i>Tex. Fam. Code Ann. § 32.003</i> provides that a minor may consent for medical, surgical, psychological, and dental treatment related to chemical addiction, chemical dependency, or any other condition directly related to chemical use and consent of a parent or guardian is not necessary. <i>Tex. Fam. Code Ann. § 32.004</i> provides that a minor may consent for counseling for chemical addiction or dependency and the consent of a parent or guardian is not necessary. <i>Tex. Health & Safety Code Ann. § 462.022</i> provides that a minor at least 16 years of age may consent to his or her own admission to a treatment and rehabilitation facility and parental consent is not necessary. See <i>Confidentiality & Disclosure</i>, <i>Good Faith Reliance</i>, and <i>Financial Responsibility</i>.</p>
Outpatient Mental Health Services	<p><i>Tex. Fam. Code Ann. § 32.004</i> provides that a minor may consent for counseling for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse and the consent of a parent or guardian is not necessary. See <i>Drug/Alcohol Care</i>, <i>Confidentiality & Disclosure</i>, <i>Good Faith Reliance</i>, and <i>Financial Responsibility</i>.</p>

Confidentiality & Disclosure⁵**Disclosure to Parents**

Tex. Fam. Code Ann. § 32.003 provides that when a minor consents for care under § 32.003, the physician, dentist, or psychologist, with or without the consent of the minor, may advise the parent or guardian of the treatment given to or needed by the minor. *See Minor Living Apart, Pregnant Minor, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, and Drug/Alcohol Care.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Tex. Fam. Code Ann. § 32.004 provides that when a minor consents for counseling for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse, the physician, psychologist, counselor, or social worker, with or without the consent of the minor who is a client, may advise the child's parents or managing conservator or guardian of the treatment given to or needed by the minor. *See Outpatient Mental Health Services.* For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction.*

Medical Records

Tex. Health & Safety Code Ann. §§611.004 and 611.0045 provide that a minor's confidential mental health records are available to a parent who is acting on the patient's behalf. The court in *Abrams v. Jones*, 35 S.W.3d 620 found that a mental health professional is not required to provide access to such records if a parent who requests them is not acting on behalf of the child, e.g. counseling for minor's parents' divorce or sexual assault by a parent.

Other

Blood Donation

Tex. Health & Safety Code Ann. § 162.015 provides that a person who is 17 years of age may consent to the donation of his or her blood or blood components, but such minor may not receive compensation from a blood bank for a donation.

Incarcerated Minor

Tex. Fam. Code Ann. § 32.003 provides that a minor serving a term of confinement in a facility operated by or under contract with the Texas Department of Criminal Justice may consent to medical, dental, psychological, and surgical treatment for the child by a licensed physician or dentist, with the exception of a prohibited abortion (prohibited under *Tex. Occ. Code § 164.052(a)(19)*).

Minor in the Military

Tex. Fam. Code Ann. § 32.003 provides that a minor on active duty with the armed services may consent for hospital, medical, surgical, and dental care.

Sexual Assault Care

Tex. Fam. Code Ann. § 32.004 provides that a minor may consent for counseling for sexual, physical, or emotional abuse and the consent of a parent or guardian is not necessary. *See Confidentiality & Disclosure, Good Faith Reliance, and Financial Responsibility.*

Financial Responsibility

Tex. Fam. Code Ann. § 32.004 provides that a parent or managing conservator or guardian, who has not consented for counseling treatment of a minor is not obligated to compensate a physician, psychologist, counselor, or social worker for counseling services rendered. *See Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care.*

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/texas/>.

Other

Good Faith Reliance

Tex. Fam. Code Ann. § 32.003 provides that a physician, dentist, psychologist, hospital, or medical facility may rely on the written statement of a minor containing the grounds on which the minor has capacity to consent for his or her medical treatment under *Tex. Fam. Code Ann. § 32.003*. See *Minor Living Apart, Minor Parent, Pregnant Minor, Pregnancy Related Care, STD/VD Care, Reportable Disease Care, HIV/AIDS Care, and Drug/Alcohol Care*.

Tex. Fam. Code Ann. § 32.004 provides that a physician, psychologist, counselor, or social worker may rely on the written statement of the minor containing the grounds on which the minor has capacity to consent for the minor's own treatment. See *Drug/Alcohol Care, Outpatient Mental Health Services, and Sexual Assault Care*.

Overview of Utah Laws

The age of majority in Utah is 18. However, Utah law authorizes minors to consent for health care in several situations. Emancipated minors are allowed to consent for their own health care. Married minors are considered emancipated. Minor parents are allowed to consent for health care for their children. Utah law prohibits the use of state funds for contraceptive services provided without parental consent to unemancipated minors not in the military. Minors can receive family planning services without parental consent in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings not using state funds. Minors are allowed to consent for care related to pregnancy and childbirth other than abortion. Parental notice and the consent of one parent is required for a minor to obtain an abortion. The law includes a judicial bypass, a medical emergency exception, and special provisions for abuse or incest. Minors are allowed to consent for diagnosis and treatment of STDs and for HIV testing.

Checklist of Utah Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Utah Code Ann. § 15-2-1
Emancipated Minor	✓	✓	Utah Code Ann. § 78A-6-805 State v. C.R., 797 P.2d 459 (Utah Ct. App. 1990)
Minor Living Apart			See Introduction
Married Minor	✓	✓	Utah Code Ann. § 15-2-1
Pregnant Minor	✓	✓	Utah Code Ann. § 78B-3-406(6)
Minor Parent	✓	✓	Utah Code Ann. § 78B-3-406(6) Authorizes minor parent to consent for child; for minor parent consent for self, See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction
Family Planning & Contraceptive Care	✓		Utah Code Ann. § 76-7-322 T H v. Jones, 425 F. Supp. 873 (1975), aff'd 425 U.S. 986 See Introduction
Pregnancy Related Care	✓	✓	Utah Code Ann. § 78B-3-406(6)
Abortion	✓		Utah Code Ann. §§ 76-7-303 through 76-7-305 H.L. v. Matheson, 450 U.S. 398 (1981) Parental notification required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Utah Code Ann. § 26-6-18
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Utah Code Ann. §§ 26-6-2, 76-5-503 See Introduction and STD/VD Care
Drug/Alcohol Care			See Introduction
Outpatient Mental Health Services			See Introduction
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Utah Code Ann. § 76-7-325 Planned Parenthood Association of Utah v. Matheson, 582 F. Supp. 1001 (D.C. Utah 1983)
Other			
Family Planning Funding	✓		Utah Code Ann. §§ 76-7-321 through 76-7-324
Sterilization	✓		Utah Code Ann. § 62A-6-103

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/utah/>.

Summary of Utah Laws⁴

Minor Status

Age of Majority	<i>Utah Code Ann. § 15-2-1</i> provides that the age of majority is 18.
Emancipated Minor	<i>Utah Code Ann. § 78A-6-805</i> provides that an emancipated minor may obtain healthcare without parental consent. For discussion of the doctrine of emancipation in Utah, see <i>State v. C.R.</i> , 797 P.2d 459 (<i>Utah Ct. App.</i> 1990), in which the court concludes that the common law of emancipation is part of the law of Utah. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, see <i>Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine see <i>Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. <i>Utah Code Ann. § 15-2-1</i> provides that all minors obtain their majority by marriage. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, see <i>Introduction</i> .
Pregnant Minor	<i>Utah Code Ann. § 78B-3-406(6)</i> provides that any female, regardless of age or marital status, may consent for any health care not prohibited by law, when given in connection with her pregnancy or childbirth. See <i>Abortion</i> .
Minor Parent	<i>Utah Code Ann. § 78B-3-406(6)</i> provides that any parent, whether an adult or a minor, may consent for any health care not prohibited by law for his or her minor child.

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, see <i>Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, see <i>Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services and contraceptive care. <i>Utah Code Ann. §§ 76-7-321 and 76-7-322</i> prohibit the use of state funds for contraceptive services provided to unmarried, unemancipated minors not in the U.S. Armed Forces without prior parental consent. The court in <i>T H v. Jones</i> , 425 F. Supp. 873 (1975), <i>aff'd</i> 425 U.S. 986, held that state regulations prohibiting a minor from obtaining family planning assistance without parental consent violated federal law and violated the minor's constitutional right to privacy. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, see <i>Introduction</i> .
Pregnancy Related Care	<i>Utah Code Ann. § 78B-3-406</i> provides that any female, regardless of age or marital status, may consent for any health care not prohibited by law, when given in connection with her pregnancy or childbirth. See <i>Abortion</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<i>Utah Code Ann. §§ 76-7-303 through 76-7-305</i> provide that an abortion may not be performed on an unmarried, unemancipated minor without notice given to her parents at least 24 hours prior. <i>Utah Code Ann. §76-7-304.5</i> also provides that the written consent of a parent or guardian is required. The law includes a judicial bypass, a medical emergency exception, and provisions for abuse or incest. In <i>H.L. v. Matheson, 450 U.S. 398 (1981)</i> , the U.S. Supreme Court ruled that the parental notification requirement was constitutional with respect to unemancipated and immature minors and the law is in effect. For sources of additional information regarding the legal requirements for minors to obtain abortions, see <i>Appendix D</i> .
STD/VD Care	<i>Utah Code Ann. § 26-6-18</i> provides that a minor who is or professes to be afflicted with a sexually transmitted disease may consent for medical care or services by a hospital, public clinic, or physician and the consent of no other person is necessary. This section also applies to minors who profess to be in need of care and services for suspected sexually transmitted diseases even if they are later determined not to have a sexually transmitted diseases.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Utah Admin. Code R 512-32-3(2)</i> provides that a minor may seek HIV testing without parental consent. <i>Utah Code Ann. § 26-6-2(14)</i> provides that a “sexually transmitted disease” is a disease transmitted through sexual intercourse or any other sexual contact. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, see <i>Introduction</i> . See <i>STD/VD Care</i> . <i>Utah Code Ann. § 76-5-503</i> provides that a minor victim of a sexual offense may request a test for the HIV infection.
Drug/Alcohol Care	No specific legal provision was found expressly authorizing minors to consent for care for drug or alcohol problems. For discussion of the mature minor doctrine see <i>Introduction</i> .
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services. For discussion of the mature minor doctrine see <i>Introduction</i> .

Confidentiality & Disclosure ⁵

Disclosure to Parents	<i>Utah Code Ann. § 76-7-325</i> provides that any person before providing contraceptives to a minor shall notify, whenever possible, the minor’s parents or guardian of the service requested to be provided to such minor. This law was held invalid in <i>Planned Parenthood Association of Utah v. Matheson, 582 F. Supp 1001 (D.C. Utah 1983)</i> .
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Other

Sterilization	<i>Utah Code Ann. § 62A-6-103</i> provides that it is unlawful for a physician to sterilize a person who is under age 18 unless the person is married or otherwise emancipated and the physician ensures that the person is capable of giving informed consent or a court order authorizes the sterilization.
Family Planning Funding	<i>Utah Code Ann. §§ 76-7-321 through 76-7-324</i> provide that no state or local funds may be used for contraceptive services for unmarried, unemancipated minors not in the U.S. Armed Forces without prior written consent of the minor’s parent or guardian. See <i>Family Planning & Contraceptive Care</i> .

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/utah/>.

Overview of Vermont Laws

The age of majority in Vermont is 18. However, Vermont law authorizes minors to consent for health care in several situations. Vermont laws do not specifically authorize any groups of minors to consent for health care based on their status. However, minors emancipated by court order are recognized as adults for all purposes and would be able to consent for their own health care. Married minors and minors in the military are considered emancipated. Vermont does not have a law allowing minors to consent for general health care, but they should be able to do so based on the mature minor doctrine. Although Vermont does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Vermont does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Vermont has not enacted a law requiring parental notification or consent for a minor to obtain an abortion, so minors should be able to consent for themselves. Minors age 12 or older are allowed to consent for diagnosis and treatment of STDs (“venereal disease”) and for medical treatment or hospitalization related to drug or alcohol dependency. Notice to parents is required if a minor is hospitalized for venereal disease or drug or alcohol dependency, subject to federal confidentiality rules for drug and alcohol programs.

Checklist of Vermont Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Vt. Stat. Ann. tit. 1, § 173
Emancipated Minor	✓	✓	Vt. Stat. Ann. tit. 12, §§ 7151, 7156
Minor Living Apart			See Introduction
Married Minor	✓	✓	Vt. Stat. Ann. tit. 12, § 7151
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction, Emancipated Minor, Married Minor, and Minor in the Military
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion		✓	See Introduction
STD/VD Care	✓	✓	Vt. Stat. Ann. tit. 18, § 4226
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care			See Introduction and STD/VD Care
Drug/Alcohol Care	✓	✓	Vt. Stat. Ann. tit. 18, § 4226
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Vt. Stat. Ann. tit. 18, § 4226
Other			
Blood Donation	✓	✓	Vt. Stat. Ann. tit. 18, § 9
Minor in the Military	✓	✓	Vt. Stat. Ann. tit. 12, § 7151

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/vermont/>.

Summary of Vermont Laws⁴

Minor Status

Age of Majority	<i>Vt. Stat. Ann. tit. 1, § 173</i> provides that the age of majority is 18.
Emancipated Minor	<i>Vt. Stat. Ann. tit. 12, § 7156</i> provides that a court order of emancipation shall recognize a minor as an adult for all purposes that result from reaching the age of majority. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . For the criteria and procedures for a minor to become emancipated, <i>see Vt. Stat. Ann. tit. 12, § 7151</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	<i>Vt. Stat. Ann. tit. 12, § 7151</i> provides that a minor who has entered into a valid marriage, whether or not such marriage was terminated by dissolution, is an emancipated minor. <i>See Emancipated Minor</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor and Married Minor</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion</i> .
Abortion	Vermont has not enacted a law requiring parental consent or notification for a minor to obtain an abortion. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>Vt. Stat. Ann. tit. 18, § 4226</i> provides that if a minor age 12 or older is suspected of having a venereal disease, and the disease is verified by a physician, the minor may consent for medical treatment and hospitalization. The consent of a parent or guardian is not necessary. <i>See Confidentiality & Disclosure.</i>
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care.</i>
HIV/AIDS Care	No specific legal provision was found expressly authorizing minors to consent for care for HIV or AIDS. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction. See STD/VD Care.</i>
Drug/Alcohol Care	<i>Vt. Stat. Ann. tit. 18, § 4226</i> provides that if a minor age 12 or older is suspected to be dependent upon regulated drugs or to be an alcoholic, and this dependency or alcoholism is verified by a physician, the minor may consent for medical treatment and hospitalization. Furthermore, the minor may receive non-medical inpatient or outpatient treatment at an approved program, if deemed necessary by the examining physician for diagnosis or treatment of the dependency. The consent of the parent or guardian is not necessary.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Vt. Stat. Ann. tit. 18, § 4226</i> provides that if a minor has consented for treatment of venereal disease or drug or alcohol dependency, the physician shall notify the parents or guardian if the minor requires immediate hospitalization for drug usage, alcoholism, or the treatment of a venereal disease. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction.</i>
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Other

Blood Donation	<i>Vt. Stat. Ann. tit. 18, § 9</i> provides that a person who is 17 years of age or over has the legal capacity, without consent or authorization of his parents or guardian, to donate blood to any voluntary blood donation program under which no compensation is paid or received.
Minor in the Military	<i>Vt. Stat. Ann. tit. 12, § 7151</i> provides that a minor on active duty in the U.S. Armed Forces is considered emancipated. <i>See Emancipated Minor.</i>

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/vermont/>.

Overview of Virginia Laws

The age of majority in Virginia is 18. However, Virginia law authorizes minors to consent for health care in numerous situations. Emancipated minors and married minors are generally allowed to consent for their own health care. Minor parents are allowed to consent for health care for their children. Minors are allowed to consent for birth control and family planning, for pregnancy-related care, diagnosis and treatment for STDs (“venereal disease”) and reportable diseases, including HIV and AIDS, treatment for substance abuse, and outpatient mental health services. An unemancipated minor who is not serving in the military and is not living apart from her parents with parental consent or acquiescence may not obtain an abortion without the consent of a parent, guardian, custodian, or person *in loco parentis* (e.g. grandparent or adult sibling with whom the minor resides). The law includes a judicial bypass, a medical emergency exception, and an exception for reported cases of abuse and neglect. Virginia law contains varied provisions related to disclosure of information to parents about services for which a minor has consented. When a minor has consented to his or her own treatment, the minor’s written authorization is required to release the records.

Checklist of Virginia Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Va. Code Ann. § 1-204
Emancipated Minor	✓	✓	Va. Code Ann. §§ 16.1-331, 16.1-333, 16.1-334
Minor Living Apart			See Introduction and Emancipated Minor
Married Minor	✓	✓	Va. Code Ann. § 54.1-2969(F)
Pregnant Minor	✓	✓	Va. Code Ann. § 54.1-2969(E), (G)
Minor Parent	✓	✓	Va. Code Ann. § 54.1-2969(G) Authorizes minor parent to consent for child; for minor parent's consent for self, see Introduction
Type of Care			
Emergency Care	✓	✓	Va. Code Ann. § 54.1-2969(C)
General Medical Care			See Introduction
Family Planning & Contraceptive Care	✓	✓	Va. Code Ann. § 54.1-2969(E)
Pregnancy Related Care	✓	✓	Va. Code Ann. § 54.1-2969(E)
Abortion	✓		Va. Code Ann. §§ 16.1-241, 16.1-241(V), 54.1-2969(J) Consent of parent or person in loco parentis required; law includes judicial bypass and other exceptions
STD/VD Care	✓	✓	Va. Code Ann. § 54.1-2969(E)
Reportable Disease Care	✓	✓	Va. Code Ann. §§ 32.1-116.3, 54.1-2969(E)
HIV/AIDS Care	✓	✓	Va. Code Ann. §§ 32.1-36, 32.1-37.2, 32.1-116.3, 54.1-2969(E)
Drug/Alcohol Care	✓	✓	Va. Code Ann. §§ 37.1-203, 54.1-2969(E)
Outpatient Mental Health Services	✓	✓	Va. Code Ann. § 54.1-2969(E)
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Va. Code Ann. §§ 16.1-334, 32.1-36.1, 54.1-2969
Medical Records	✓		
Other			
Blood Donation	✓	✓	Va. Code Ann. § 54.1-2969(H)
Minors in State Custody	✓		1996 Op. Att'y Gen. Va. 191 Va. Code Ann. § 54.1-2969
Financial Responsibility	✓		Va. Code Ann. § 16.1-334

¹ A "✓" indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a "✓" indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A "✓" means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state's law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized; it does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/virginia/>.

Summary of Virginia Laws⁴

Minor Status

Age of Majority	<i>Va. Code Ann. § 1-204</i> provides that for the purpose of all laws of the Commonwealth, including common law, case law, and the acts of the General Assembly, unless an exception is specifically provided in this Code, a person is an adult and has reached the age of majority when he or she becomes 18 years of age.
Emancipated Minor	<i>Va. Code Ann. § 16.1-334</i> provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent or knowledge or liability. For the criteria and procedures for emancipation of a minor, see <i>Va. Code Ann. §§ 16.1-331 and 16.1-333</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine see <i>Introduction. See Emancipated Minor</i> .
Married Minor	<i>Va. Code Ann. § 54.1-2969(F)</i> provides that, except for the purposes of sexual sterilization, any minor who is or has been married may consent for surgical and medical treatment.
Pregnant Minor	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services required in case of pregnancy. <i>Va. Code Ann. § 54.1-2969(G)</i> provides that a pregnant minor shall be deemed an adult for the sole purpose of giving consent for herself and her child to surgical and medical treatment relating to the delivery of her child when such surgical or medical treatment is provided during the delivery of the child or the duration of the hospital admission for such delivery; thereafter, the minor mother of such child shall also be deemed an adult for the purpose of giving consent for surgical and medical treatment for her child. See <i>Abortion</i> .
Minor Parent	<i>Va. Code Ann. § 54.1-2969(G)</i> provides that a minor mother of a child shall be deemed an adult for the purpose of giving consent for surgical and medical treatment for her child.

Type of Care

Emergency Care	<i>Va. Code Ann. § 54.1-2969(C)</i> provides that whenever delay in providing medical or surgical treatment to a minor may adversely affect such minor's recovery and no person authorized in this section to consent for such treatment for such minor is available within a reasonable time under the circumstances, no liability shall be imposed upon qualified emergency medical services personnel at the scene of an accident, fire, or other emergency, a licensed health professional, or a licensed hospital by reason of lack of consent for such medical or surgical treatment. In the case of a minor age 14 or older who is physically capable of giving consent, such consent shall be obtained first.
	<i>Va. Admin. Code tit. 18, §§ 85-20-28, 85-40-87, and 85-50-178</i> provide that parental consent is not required prior to performance of surgery or invasive procedure by, in order of statute: (i) an osteopathic practitioner, podiatrist, or chiropractor; (ii) a respiratory care practitioner; or (iii) a physician assistant if in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient. <i>Va. Admin. Code tit. 18, §§ 85-20-28, 85-40-87, and 85-50-178</i> define invasive procedure to mean any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care or for which the usual practice within the health care entity is to document specific informed consent from the patient prior to proceeding.

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i>
Family Planning & Contraceptive Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services required for birth control or family planning, except for sterilization.
Pregnancy Related Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services required in case of pregnancy, excluding sterilization. <i>See Abortion.</i>
Abortion	<i>Va. Code Ann. § 54.1-2969(J)</i> provides that a minor may not consent for an abortion except through <i>Va. Code Ann. § 16.1-241</i> . <i>Va. Code Ann. § 16.1-241(V)</i> provides that an abortion may not be performed on an unmarried, unemancipated minor who is not serving in the military and is not living apart from her parents with parental consent or acquiescence without the consent of a parent, guardian, custodian, or person <i>in loco parentis</i> (e.g. grandparent or adult sibling with whom the minor resides). The law includes a judicial bypass, a medical emergency exception, and an exception for reported cases of abuse and neglect. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D.</i>
STD/VD Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services needed to determine the presence of or to treat venereal disease or any infectious or contagious disease which the State Board of Health requires to be reported.
Reportable Disease Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services needed to determine the presence of or to treat any infectious or contagious disease which the State Board of Health requires to be reported. <i>Va. Code Ann. § 32.1-116.3</i> defines reportable communicable disease as any airborne infection or disease and provides a partial list.
HIV/AIDS Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services to determine the presence of or to treat venereal disease or any infectious or contagious disease which the State Board of Health requires to be reported. <i>Va. Code Ann. § 32.1-36</i> provides that HIV must be reported to the local health department. <i>Va. Code Ann. § 32.1-116.3</i> provides that HIV is a communicable disease. <i>Va. Code Ann. § 32.1-37.2</i> provides that prior to performing any test to determine HIV infection, the informed consent of the test subject must be obtained. Every person with a confirmed positive result shall be afforded the opportunity for appropriate counseling.
Drug/Alcohol Care	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services for outpatient care, treatment, or rehabilitation for substance abuse, as defined in <i>Va. Code Ann. § 37.2-100</i> , which provides that “substance abuse” means the use, without compelling medical reason, of alcohol and other drugs which results in psychological or physiological dependency or danger to self or others as a function of continued use in such a manner as to induce mental, emotional, or physical impairment and cause socially dysfunctional or socially disordering behavior.
Outpatient Mental Health Services	<i>Va. Code Ann. § 54.1-2969(E)</i> provides that a minor may consent for medical or health services for outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.

Confidentiality & Disclosure⁵**Disclosure to Parents**

Va. Code Ann. § 16.1-334 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental knowledge. *See Emancipated Minor.*

Va. Code Ann. § 54.1-2969(K) provides that *Va. Code Ann. § 54.1-2969* (which allows a minor to consent for care, treatment, or rehabilitation for substance abuse) does not prevent a parent, legal guardian, or person standing *in loco parentis* from obtaining the results of a minor's nondiagnostic drug test when the minor is not receiving care, treatment, or rehabilitation for substance abuse, or from obtaining the minor's other health records, except when the minor's treating physician or clinical psychologist has determined, in the exercise of professional judgment, that the disclosure of health records would be reasonably likely to cause substantial harm to the minor or another person. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction. See Drug/Alcohol Care.*

Va. Code Ann. § 32.1-36.1 provides that results of an HIV test may be released to the parents or other legal guardian if the test subject is a minor. *See HIV/AIDS Care.*

Medical Records

Va. Code Ann. § 32.1-127.1:03(D) provides that when a minor has consented for his or her own treatment pursuant to *Va. Code Ann. § 54.1-2969* then the health care entity must obtain the minor's written authorization to disclose health records.

Other**Financial Responsibility**

Va. Code Ann. § 16.1-334 provides that an emancipated minor may consent for medical, dental, or psychiatric care without parental consent or knowledge or liability.

Blood Donation

Va. Code Ann. § 54.1-2969(H) provides that any minor 16 years of age or older may donate blood with the consent of a parent or legal guardian. *Va. Code Ann. § 54.1-2969* provides that parental consent is not required for any 17 year old to donate blood to a nonprofit, voluntary organization.

Minors in State Custody

1996 Op. Att'y Gen. Va. 191 states that the sheriff or the judge of the court that has legal custody over an incarcerated juvenile may consent to surgical or medical treatment as is necessary for the juvenile under *Va. Code Ann. § 54.1-2969*.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/virginia/>.

Overview of Washington Laws

The age of majority in Washington is 18. However, Washington law authorizes minors to consent for health care in numerous situations. Emancipated minors are allowed to consent for their own health care. Married minors are considered adults for all purposes and also may consent for their own care. Although Washington does not have specific statutes authorizing minors to consent for contraception or pregnancy-related care, including abortion, a state court decision based on the constitutional right of privacy enables them to do so. Minors are allowed to consent for care for STDs (age 14), including HIV and AIDS, treatment for chemical dependency (age 13), and outpatient mental health services (age 13). Washington law contains specific provisions granting minors the authority to control access to and disclosure of information about care for which a minor has consented. Washington law also contains specific provision related to the confidentiality of information pertaining to STD care, substance abuse treatment, and mental health services. Parents are not liable for payment for STD treatment for which the minor has consented or for treatment for chemical dependency unless the parent has joined in the consent. Both the minor, the parent, and “responsible others” are financially liable for costs related to mental health treatment.

Checklist of Washington Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Wash. Rev. Code § 26.28.010
Emancipated Minor	✓	✓	Wash. Rev. Code § 13.64.060 Wash. Rev. Code §§13.64.010 through 13.64.080
Minor Living Apart			See Introduction
Married Minor	✓		Wash. Rev. Code § 26.28.020 See Introduction
Pregnant Minor	✓	✓	State v. Koome, 530 P.2d 260 (1975) See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	Wash. Rev. Code § 18.71.220
General Medical Care			See Introduction
Family Planning & Contraceptive Care	✓	✓	Wash. Rev. Code § 9.02.100 State v. Koome, 530 P.2d 260 (1975)
Pregnancy Related Care	✓	✓	State v. Koome, 530 P.2d 260 (1975)
Abortion	✓	✓	State v. Koome, 530 P.2d 260 (1975)
STD/VD Care	✓	✓	Wash. Rev. Code §§ 70.24.017, 70.24.110
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Wash. Rev. Code §§ 70.24.017, 70.24.330
Drug/Alcohol Care	✓	✓	Wash. Rev. Code §§ 70-96A.095, 70-96A.235
Outpatient Mental Health Services	✓	✓	Wash. Rev. Code § 71.34.030(1)
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Wash. Rev. Code §§ 70.24.105(2), 70.96A.230 Wash. Admin. Code § 246-924-363(4)
Medical Records	✓		Wash. Admin. Code § 284-04-510 Wash. Rev. Code §§70.02.005 through 70.02.904, 70.02.130
Other			
Financial Responsibility	✓		Wash. Rev. Code §§ 70.24.110, 71.34.405

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/washington/>.

Summary of Washington Laws⁴

Minor Status

Age of Majority	<i>Wash. Rev. Code</i> § 26.28.010 provides that the age of majority is 18.
Emancipated Minor	<i>Wash. Rev. Code</i> § 13.64.060 provides that an emancipated minor may consent for health care services. For the criteria and procedures for emancipation of minors, <i>see Wash. Rev. Code</i> §§ 13.64.010 through 13.64.080. <i>See Medical Records.</i>
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction.</i>
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction.</i> <i>Wash. Rev. Code</i> § 26.28.020 provides that a minor who is married to an adult is considered to be an adult.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction.</i> In <i>State v. Koome</i> , 530 P.2d 260 (1975), the Washington Supreme Court held that a minor's privacy right to pregnancy care cannot be subjected to an absolute parental veto. <i>See Abortion</i> and <i>Medical Records.</i>
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction.</i>

Type of Care

Emergency Care	<i>Wash. Rev. Code</i> § 18.71.220 provides that a physician or hospital shall not be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent for the providing of such care, provided that such physician or hospital has acted in good faith and without knowledge of facts negating consent.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction.</i>
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction.</i> In <i>State v. Koome</i> , 530 P.2d 260 (1975), the Washington Supreme Court held that a minor's privacy right to contraception cannot be subjected to an absolute parental veto. <i>Wash. Rev. Code</i> § 9.02.100 Provides that every individual has the fundamental right to choose or refuse birth control. <i>See Medical Records.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . In <i>State v. Koome</i> , 530 P.2d 260 (1975), the Washington Supreme Court held that a minor's privacy right to pregnancy care cannot be subjected to an absolute parental veto. <i>See Abortion and Medical Records</i> .
Abortion	Washington has not enacted a law requiring parental consent or notification for a minor to obtain an abortion. In <i>State v. Koome</i> , 530 P.2d 260 (1975), the Washington Supreme Court held that a minor's privacy right to pregnancy care cannot be subjected to an absolute parental veto. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .
STD/VD Care	<i>Wash. Rev. Code § 70.24.110</i> provides that a minor age 14 or older who may have come in contact with any sexually transmitted disease may consent for hospital, medical, and surgical care related to the diagnosis or treatment of sexually transmitted diseases. The consent of the parents or guardian is not necessary. Parents shall not be liable for payment for services rendered under this section. <i>Wash. Rev. Code § 70.24.017</i> defines sexually transmitted diseases. <i>See Confidentiality & Disclosure, Financial Responsibility, and Medical Records</i> .
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases. <i>See STD/VD Care</i> .
HIV/AIDS Care	<i>Wash. Rev. Code § 70.24.017</i> provides that HIV infection and AIDS are sexually transmitted diseases. <i>See STD/VD Care</i> . <i>Wash. Rev. Code § 70.24.330</i> provides that no person may undergo HIV testing without the person's consent. <i>See Confidentiality & Disclosure and Medical Records</i> .
Drug/Alcohol Care	<i>Wash. Rev. Code § 70.96A.095</i> provides that any person age 13 or older may give consent for himself or herself for outpatient treatment for chemical dependency. <i>Wash. Rev. Code § 70.96A.235</i> provides that parental consent is required for inpatient chemical dependency treatment of a minor unless the child meets the definition of a child in need of services in <i>Wash. Rev. Code § 13.32A.030(4)(c)</i> as determined by the department, provided that parental consent is required for any treatment of a minor under 13 years of age. <i>See Disclosure to Parents, Medical Records, and Financial Responsibility</i> .
Outpatient Mental Health Services	<i>Wash. Rev. Code § 71.34.530</i> provides that any minor age 13 or older may request and receive outpatient mental health treatment without the consent of the minor's parent. <i>See Disclosure to Parents, Medical Records, and Financial Responsibility</i> .

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Wash. Rev. Code § 70.24.105(2)</i> provides that, with limited exceptions, no person may disclose the identity of any person upon whom an HIV test or sexually transmitted disease test is performed, or the results of these tests. The subject, or the subject's legal representative for healthcare decisions, may receive information pertaining to the test, with the exception of such a representative of a minor child over age 14 and otherwise competent.
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/washington/>.

Confidentiality & Disclosure⁶

Disclosure to Parents

Wash. Rev. Code § 70.96A.230 provides that a provider of outpatient substance abuse treatment who provides services to a minor 13 years of age or older must provide notice of the minor's request for treatment to the minor's parents if the minor provides written consent to the disclosure or if the treatment program director determines that the minor lacks capacity to make a rational choice regarding consenting to disclosure. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, see *Introduction*.

Wash. Admin. Code § 246-924-363(4) provides that a psychologist, for clients thirteen to eighteen, shall clarify limits to confidentiality between the minor and legal guardian at the beginning of any service. *Wash. Admin. Code § 246-924-363(4)* provides that a psychologist will act in the minor client's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

Medical Records

Wash. Rev. Code § 70.02.130 provides that a person authorized to consent for health care for another may exercise the rights of that person with respect to health care information access and disclosure. If the patient is a minor and is authorized to consent for health care without parental consent under federal and state law, only the minor may exercise the rights of a patient under the Uniform Health Care Information Act to information pertaining to health care to which the minor lawfully consented. In cases where parental consent is required, a health care provider may rely, without incurring any civil or criminal liability for such reliance, on the representation of a parent that he or she is authorized to consent for health care for the minor patient. *Wash. Rev. Code §§ 70.02.005 through 70.02.904*.

Wash. Admin. Code § 284-04-510 provides that a minor who may obtain health care without the consent of a parent or legal guardian under state or federal law may exclusively exercise the rights to limit disclosure of health information. These rights include the right to request that disclosure not be made to specific individuals and that information about certain services (reproductive health, sexually transmitted disease, chemical dependency, and mental health) not be disclosed including through appointment notices, appointment confirmation calls, bills, and explanations of benefits.

See Emancipated Minor, Pregnant Minor, Family Planning & Contraceptive Care, Pregnancy Related Care, STD/VD Care, HIV/AIDS Care, Drug/Alcohol Care, and Outpatient Mental Health Services.

Other

Financial Responsibility

Wash. Rev. Code § 70.24.110 provides that a parent is not liable for payment for sexually transmitted disease services for which a minor has given consent.

Wash. Rev. Code § 70.96A.240 provides that a parent is not liable for payment for chemical dependency treatment unless the parent has joined in the consent to the treatment.

Wash. Rev. Code § 71.34.405 provides that minors receiving treatment under the provisions of Chapter 71.34 (Mental Health Services for Minors) and responsible others shall be liable for the costs related to treatment and care. *Wash. Rev. Code. §71.34.355* defines responsible other to mean the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/washington/>.

WEST VIRGINIA

Overview of West Virginia Laws

The age of majority in West Virginia is 18. However, West Virginia law authorizes minors to consent for health care in several situations. West Virginia laws do not specifically authorize any groups of minors to consent for health care based on their status. However, minors are emancipated by marriage and are recognized as adults for all purposes and would be able to consent for their own health care.

West Virginia does not have a law allowing minors to consent for general health care, but they should be able to do so based on the mature minor doctrine. Although West Virginia does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although West Virginia does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. Notice to one parent is required for an unmarried, unemancipated minor who has not graduated from high school to obtain an abortion. The law contains a judicial bypass, a physician bypass on the basis of the minor's maturity or best interest (on the basis of which minors can give their own consent), and an emergency exception. Minors are allowed to consent for diagnosis and treatment of STDs ("venereal disease"), including HIV, and for diagnosis, counseling, or treatment related to dependency on alcohol or a controlled substance. Health care providers are not required to disclose information related to diagnosis, treatment or health care services for birth control, prenatal care, venereal disease, or dependency on alcohol or other drugs to a parent without the written consent of the minor.

Checklist of West Virginia Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		W. Va. Code § 2-3-1
Emancipated Minor	✓	✓	W. Va. Code § 49-7-27 See Introduction
Minor Living Apart			See Introduction
Married Minor	✓	✓	W. Va. Code § 49-7-27
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care	✓		W. Va. Code § 16-11-1 See Introduction
Abortion	✓	✓	W. Va. Code §§ 16-2F-1 through 16-2F-9 Parental notification required; law includes judicial bypass, physician bypass based on maturity or best interests, and other exceptions
STD/VD Care	✓	✓	W. Va. Code § 16-4-10
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	W. Va. Code § 16-3C-2 W. Va. Code of State Rules § 64-64-11
Drug/Alcohol Care	✓	✓	W. Va. Code §§ 60-6-23, 60A-5-504
Outpatient Mental Health Services			
Confidentiality & Disclosure³			
Medical Records	✓		W. Va. Code § 16-29-1
Other			
Blood Donation	✓	✓	W. Va. Code § 16-21-1
Incarcerated Minors	✓		W. Va. Code of State Rules § 95-2-14.44

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/west-virginia/>.

Summary of West Virginia Laws⁴

Minor Status

Age of Majority	<i>W. Va. Code § 2-3-1</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> . <i>W. Va. Code § 49-7-27</i> specifies the criteria and procedures for a minor to be declared emancipated and provides that an emancipated minor has all of the privileges, rights, and duties of an adult.
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For discussion of the mature minor doctrine <i>see Introduction</i> .
Married Minor	<i>W. Va. Code § 49-7-27</i> provides that a minor over age 16 who marries is emancipated as a matter of law and that an emancipated minor has all of the privileges, rights, and duties of an adult.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction</i> . <i>See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Confidentiality & Disclosure</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> . <i>See Abortion</i> . <i>W. Va. Code § 16-11-1</i> provides that it shall not be lawful for any physician duly licensed by the State to perform a sterilization procedure upon a minor. <i>See Confidentiality & Disclosure</i> .
Abortion	<i>W. Va. Code §§ 16-2F-1 through 16-2F-9</i> provide that an abortion may not be performed on an unmarried, unemancipated minor who has not graduated from high school until notice has been given to one parent or legal guardian of the minor. The law includes a judicial bypass, a physician bypass on the basis of the minor's maturity or best interests, and an emergency exception. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>W. Va. Code § 16-4-10</i> provides that a physician may examine, diagnose, or treat any minor at the minor's consent for any venereal disease without the knowledge or consent of the minor's parent or guardian.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>W. Va. Code of State Rules § 64-64-11</i> provides that minors shall be treated for AIDS-related medical testing as established under <i>W. Va. Code § 16-4-10</i> . See <i>STD/VD Care</i> . <i>W. Va. Code § 16-3C-2</i> provides that HIV testing may be requested by a physician or dentist when a person voluntarily consents to the test.
Drug/Alcohol Care	<i>W. Va. Code § 60-6-23</i> provides that a physician may examine, counsel, diagnose, and treat any minor at the minor's request for any addiction to or dependency upon alcohol, without the knowledge or consent of the minor's parent or guardian. <i>W. Va. Code § 60A-5-504</i> provides that a physician or competent medically trained person under his or her direction may examine, diagnose, and treat any minor at his or her request for any addiction to or dependency upon the use of a controlled substance without the knowledge or consent of the minor's parent or guardian.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Medical Records	<i>W. Va. Code § 16-29-1</i> provides that any health care provider must, at the written request of a patient, furnish a copy of all or a portion of the patient's records within a reasonable time. This does not require a health care provider responsible for diagnosis, treatment, or administering health care services to minors for birth control, prenatal care, venereal disease, or dependency on alcohol or other drugs, to release patient records of this type of treatment to a parent or guardian without the written consent of the minor patient.
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Other

Blood Donation	<i>W. Va. Code § 16-21-1</i> provides that notwithstanding any other provision of law to the contrary, any person 17 years of age or older may donate blood without the permission or authorization of a parent or guardian, and any person 16 years of age may donate blood with the permission of a parent or legal guardian, provided that no compensation is given to the minor and that no parent or guardian shall be liable for any medical expense which may occur as a result of the minor donating blood under the provisions of this section.
Incarcerated Minors	<i>W. Va. Code of State Rules § 95-2-14.44</i> provides that when an inmate is a minor, the informed consent of a parent, guardian or legal custodian must be obtained when required by law, except where allowable by law, e.g. emergency situation, public health matters.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/west-virginia/>.

Overview of Wisconsin Laws

The age of majority in Wisconsin is 18. However, Wisconsin law authorizes minors to consent for health care in several situations. Wisconsin laws do not specifically authorize any groups of minors to consent for health care based on their status. Wisconsin does not have a law allowing minors to consent for general health care, but they should be able to do so based on the mature minor doctrine. Although Wisconsin does not have a specific law allowing minors to consent for family planning services or contraceptive care, they can do so in sites receiving federal Title X funds or if the services are funded by Medicaid, and also should be able to do so based on the constitutional right of privacy in other settings. Similarly, although Wisconsin does not have a specific law allowing minors to consent for pregnancy related care, they should be able to do so based on the constitutional right of privacy. The informed written consent of the minor and one parent or grandparent, aunt, uncle, or sibling age 25 or older is required for an unmarried, unemancipated minor under age 18 to obtain an abortion. The law contains a judicial bypass, a medical or psychological emergency exception, and an exception for cases of reported sexual abuse and incest. Minors are allowed to consent for diagnosis and treatment of STDs and for treatment for abuse of alcohol or other drugs. The informed consent of a minor age 14 or older is required for an HIV test. Outpatient mental health services require the consent of a parent and a minor age 14 or older, and refusal of one party to consent is subject to review by a mental health officer. Specific provisions control the disclosure of information related to treatment for abuse of alcohol or other drugs with and without the consent of the minor.

Checklist of Wisconsin Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Wis. Stat. Ann. § 990.01(3)
Emancipated Minor			See Introduction
Minor Living Apart			See Introduction
Married Minor			See Introduction
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care			See Introduction
General Medical Care			See Introduction
Family Planning & Contraceptive Care			See Introduction
Pregnancy Related Care			See Introduction
Abortion	✓		Wis. Stat. Ann. § 48.375 Consent of a parent or other relative required; law includes a judicial bypass and other exceptions
STD/VD Care	✓	✓	Wis. Stat. Ann. § 252.11
Reportable Disease Care			See STD/VD Care
HIV/AIDS Care	✓	✓	Wis. Stat. Ann. § 252.15(2)
Drug/Alcohol Care	✓	✓	Wis. Stat. Ann. §§ 51.45(2m), 51.47
Outpatient Mental Health Services	✓	✓	Wis. Stat. Ann. §§ 51.14, 51.61(6)
Confidentiality & Disclosure³			
Disclosure to Parents	✓		Wis. Stat. Ann. § 51.47 Wis. Op. Att’y Gen. No. 42-88 (August 26, 1988)
Medical Records	✓		Wis. Stat. Ann. § 51.30(5)
Other			
Blood Donation	✓	✓	Wis. Stat. Ann. § 146.33
Minors in State Custody	✓		Wis. Stat. Ann. § 48.373

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, *see Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/wisconsin/>.

Summary of Wisconsin Laws⁴

Minor Status

Age of Majority	<i>Wis. Stat. Ann. § 990.01(3)</i> provides that the age of majority is 18.
Emancipated Minor	No specific legal provision was found expressly authorizing emancipated minors to consent for health care. For discussion of the traditional criteria for emancipation and the right of an emancipated minor generally to act as an adult, <i>see Introduction</i> .
Minor Living Apart	No specific legal provision was found expressly authorizing minors who are living apart from their parents to consent for health care. For a discussion of the mature minor doctrine, <i>see Introduction</i> .
Married Minor	No specific legal provision was found expressly authorizing married minors to consent for health care. For discussion of marriage as a traditional criterion for emancipation and the right of emancipated minors generally to act as adults, <i>see Introduction</i> .
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion</i> .
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction</i> .

Type of Care

Emergency Care	No specific legal provision was found expressly authorizing minors to consent for emergency care. For discussion of implied consent in cases of emergency, <i>see Introduction</i> .
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction</i> .
Family Planning & Contraceptive Care	No specific legal provision was found expressly authorizing minors to consent for family planning services or contraceptive care. For discussion of a minor's constitutional right to consent for contraceptive services and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction</i> .
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion</i> .
Abortion	<i>Wis. Stat. Ann. § 48.375</i> provides that an abortion may not be performed on an unmarried, unemancipated minor under age 18 without the informed written consent of the minor and one parent or grandparent, aunt, uncle, or sibling age 25 or older. The law includes a judicial bypass, a medical or psychological emergency exception, and an exception for cases of reported sexual abuse and incest. <i>Wis. Stat. Ann. § 253.10</i> provides that any woman seeking an abortion must undergo a 24-hour waiting period and lists the information she must receive in order for her consent to be considered informed and voluntary. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

STD/VD Care	<i>Wis. Stat. Ann. § 252.11</i> and <i>Wis. Admin. Code DHS § 145.21</i> provide that a physician may treat a minor infected with a sexually transmitted disease or examine and diagnose a minor for the presence of a sexually transmitted disease without the consent of the parent or guardian.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Wis. Stat. Ann. § 252.15(2)</i> provides that a health care provider may not subject a person to an HIV test without the informed consent of the test subject. However, a health care provider may subject a person under age 14 to an HIV test without obtaining the consent of the test subject if the provider obtains the consent for the test from the minor's parent or guardian. For discussion of allowing minors to consent for HIV or AIDS diagnosis or treatment on the basis that HIV is a sexually transmitted disease, <i>see Introduction</i> .
Drug/Alcohol Care	<i>Wis. Stat. Ann. § 51.45(2m)</i> provides that a minor may consent for treatment for alcohol abuse, except as otherwise provided in § 51.47. A minor may apply for voluntary treatment directly to an approved facility, but only for outpatient, follow-up, and prevention and intervention services. <i>Wis. Stat. Ann. § 51.47</i> provides that any physician or health care facility may provide preventive, diagnostic, assessment, evaluation, or treatment services for the abuse of alcohol or other drugs to minors age 12 or older without obtaining the consent or notifying the parents or guardian. The physician or facility must obtain parent or guardian consent before performing any surgical procedure on the minor, unless the procedure is essential to preserve the life or health of the minor and parent or guardian consent is not readily obtainable. <i>See Confidentiality & Disclosure</i> .
Outpatient Mental Health Services	<i>Wis. Stat. Ann. § 51.61(6)</i> provides that for a minor to receive outpatient mental health treatment services, the informed consent of a parent and of a minor age 14 or older is required. <i>Wis. Stat. Ann. § 51.14</i> provides that outpatient mental health services include treatment and social services other than psychotropic medications and 24 hour care and custody. Either a minor age 14 or older or the minor's parent or guardian may petition the mental health review officer for a review of a refusal of consent by either party. If the mental health officer finds that informed consent is unreasonably withheld, the minor is in need of treatment, the particular treatment is appropriate and is the least restrictive treatment available, and the proposed treatment is in the best interest of the minor the officer may issue an order waiving the informed consent requirement

Confidentiality & Disclosure⁵

Disclosure to Parents	<i>Wis. Stat. Ann. § 51.47</i> provides that when a physician or health care facility provides preventive, diagnostic, assessment, evaluation, or treatment services for the abuse of alcohol or other drugs to minors age 12 or older without obtaining the consent of the parents or guardian, the health care providers shall notify the parents or guardian of any services rendered as soon as possible. However, in <i>Wis. Op. Att'y Gen. No. 42-88 (August 26, 1988)</i> , the Wisconsin Attorney General has stated that, except for those services for which parental consent is necessary, a physician or health care facility may release outpatient or detoxification services information only with the consent of a minor patient, provided the minor is age 12 or older. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, <i>see Introduction</i> .
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⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/wisconsin/>.

Confidentiality & Disclosure⁶**Medical Records**

Wis. Stat. Ann. § 51.30(5) provides that a minor who is aged 14 or more may consent to the release of confidential information in court or treatment records without the consent of his or her parent, guardian, or person in the place of a parent. *Wis. Stat. Ann. § 51.30(5)* provides that a minor who is aged 14 or more has access to his or her own court and treatment records.

Other**Blood Donation**

Wis. Stat. Ann. § 146.33 provides that any person 17 years old or older may donate blood in any voluntary and noncompensatory blood program; any person who is 16 years of age may donate blood in such a program with consent of a parent or legal guardian.

Minors in State Custody

Wis. Stat. Ann. § 48.373 provides that minors within the jurisdiction of the court may authorize medical services including surgical procedures when needed if the court determines that reasonable cause exists for the services and that the minor consents.

⁶ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/wisconsin/>.

Overview of Wyoming Laws

The age of majority in Wyoming is 18. However, Wyoming law authorizes minors to consent for health care in numerous situations. Emancipated minors, married minors, minors serving in the military, and minors living apart from their parents and managing their own financial affairs are generally allowed to consent for their own health care. Minors are allowed to consent for birth control and family planning, diagnosis and treatment for STDs, including HIV and AIDS, and for sexual assault under specific circumstances. An unemancipated minor who is not serving in the military and is not living apart from her parents while maintaining financial independence for at least six months may not obtain an abortion without the consent of one parent. The law includes a judicial bypass. Wyoming law provides for confidentiality of information and records when an individual consents for treatment of STDs. When a minor has consented to his or her own health care without parental consent, only the minor may exercise the rights of a patient with respect to information pertaining to that care.

Checklist of Wyoming Laws with Citations

	Legal Provision Found ¹	Minor May Consent ²	Citation(s)/Note(s)
Minor Status			
Age of Majority	✓		Wyo. Stat. Ann. § 14-1-101(a)
Emancipated Minor	✓	✓	Wyo. Stat. Ann. §§ 14-1-101(b), 14-1-203(d)
Minor Living Apart	✓	✓	Wyo. Stat. Ann. § 14-1-101(b)
Married Minor	✓	✓	Wyo. Stat. Ann. § 14-1-101(b)
Pregnant Minor			See Introduction
Minor Parent			See Introduction
Type of Care			
Emergency Care	✓	✓	Wyo. Stat. Ann. § 14-1-101(b)
General Medical Care			See Introduction, Emancipated Minor, Minor Living Apart, Married Minor, and Emergency Care
Family Planning & Contraceptive Care	✓	✓	Wyo. Stat. Ann. § 42-5-101
Pregnancy Related Care			See Introduction
Abortion	✓		Wyo. Stat. Ann. §§ 35-6-101, 35-6-1 Parental consent required; law includes a judicial bypass
STD/VD Care	✓	✓	Wyo. Stat. Ann. § 35-4-131
Reportable Disease Care			See Introduction
HIV/AIDS Care	✓	✓	Wyo. Stat. Ann. § 35-4-130
Drug/Alcohol Care			See Introduction
Outpatient Mental Health Services			See Introduction
Confidentiality & Disclosure³			
Medical Records	✓		Wyo. Stat. Ann. §§ 35-2-614, 35-4-132
Other			
Sexual Assault Care	✓	✓	Wyo. Stat. Ann. § 6-2-309(e)
Minor in the Military	✓	✓	Wyo. Stat. Ann. § 14-1-101(b)

¹ A “✓” indicates a legal provision was found, but does not necessarily mean that the provision authorizes a minor to consent. The absence of a “✓” indicates no legal provision was found, but does not necessarily mean that a minor may not consent. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

² A “✓” means that a minor who has that status or is seeking that service can consent, based either on an explicit provision found related to that status or service, or on some other provision in the state’s law that indirectly allows it, as indicated in the note. For discussion of circumstances when minors may consent even though no explicit legal provision was found in state law, see *Introduction*.

³ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, see <http://law.findlaw.com/state-laws/medical-records/wyoming/>.

Summary of Wyoming Laws⁴

Minor Status

Age of Majority	<i>Wyo. Stat. Ann. § 14-1-101(a)</i> provides that the age of majority is 18.
Emancipated Minor	<i>Wyo. Stat. Ann. § 14-1-101(b)</i> provides that an emancipated minor may consent for health care treatment to the same extent as if he or she were an adult. <i>Wyo. Stat. Ann. § 14-1-203(d)</i> sets for the criteria and procedures for a minor to be emancipated by a court.
Minor Living Apart	<i>Wyo. Stat. Ann. § 14-1-101(b)</i> provides that a minor may consent for health care treatment to the same extent as if he or she were an adult when the minor is living apart from his or her parents or guardian and is managing his or her own affairs regardless of the source of income.
Married Minor	<i>Wyo. Stat. Ann. § 14-1-101(b)</i> provides that a minor may consent for health care treatment to the same extent as if he or she were an adult when the minor is or was legally married.
Pregnant Minor	No specific legal provision was found expressly authorizing pregnant minors to consent for health care generally. For discussion of the constitutional right of a minor to consent for reproductive health care, <i>see Introduction. See Abortion.</i>
Minor Parent	No specific legal provision was found expressly authorizing minors who are parents to consent for health care. For discussion of the authority of a minor parent to consent for care in the absence of a statute, <i>see Introduction.</i>

Type of Care

Emergency Care	<i>Wyo. Stat. Ann. § 14-1-101(b)</i> provides that a minor may consent for health care treatment to the same extent as if he or she were an adult if need for treatment is urgent enough to require immediate attention and the parents or guardian cannot be located with reasonable diligence.
General Medical Care	No specific legal provision was found expressly authorizing minors to consent for general medical care. For discussion of the mature minor doctrine, <i>see Introduction. See Emancipated Minor, Minor Living Apart, Married Minor, and Emergency Care.</i>
Family Planning & Contraceptive Care	<i>Wyo. Stat. Ann. § 42-5-101</i> provides that the Department of Health may provide and pay for family planning and birth control services, including referral to a physician for consultation, examination, tests, medical treatment, and prescription and the distribution of rhythm charts, drugs, medical preparation, and contraceptive devices, to any person who may benefit from this information and these services. <i>Code of Wyo. Rules 049-080-005(16)</i> provides that family planning services may be provided to a minor of child bearing age when requested without parental consent.
Pregnancy Related Care	No specific legal provision was found expressly authorizing minors to consent for pregnancy related care. For discussion of a minor's constitutional right to consent for reproductive health care and for provisions of the federal Title X Family Planning Program and Medicaid enabling minors to receive family planning services based on their own consent, <i>see Introduction. See Abortion.</i>

⁴ The information in this summary was verified on LEXIS and Westlaw in August 2009.

Type of Care

Abortion	<i>Wyo. Stat. Ann. §§ 35-6-101 and 35-6-118</i> provide that an abortion may not be performed on an unmarried minor who is not in active military service or has not lived apart from her parents or guardian while maintaining financial independence for at least six months without the consent of one parent. The law includes a judicial bypass. For sources of additional information regarding the legal requirements for minors to obtain abortions, <i>see Appendix D</i> .
STD/VD Care	<i>Wyo. Stat. Ann. § 35-4-131</i> provides that minors may consent for examination and treatment for any sexually transmitted disease. A health care provider shall, for any individual regardless of age: administer, refer for, or recommend appropriate and adequate treatment, if the person is reasonably suspected of being infected with any sexually transmitted disease; and recommend or offer treatment, if the person has been exposed to any sexually transmitted disease.
Reportable Disease Care	No specific legal provision was found expressly authorizing minors to consent for care for reportable diseases.
HIV/AIDS Care	<i>Wyo. Stat. Ann. § 35-4-130</i> provides that AIDS is a sexually transmitted disease. <i>See STD/VD Care</i> .
Drug/Alcohol Care	No specific legal provision was found expressly authorizing minors to consent for care for drug or alcohol problems.
Outpatient Mental Health Services	No specific legal provision was found expressly authorizing minors to consent for outpatient mental health services.

Confidentiality & Disclosure⁵

Medical Records	<i>Wyo. Stat. Ann. § 35-4-132</i> provides that when an individual consents for treatment for sexually transmitted diseases, information and records are confidential and, except as otherwise required by law, shall not be disclosed except under one of the enumerated circumstances, including when the disclosure is made with the written consent of the individual identified in the information or records. <i>Wyo. Stat. Ann. § 35-2-614</i> provides that a person authorized to consent for health care for another may exercise the rights of that person with respect to hospital records and information. If the patient is a minor and is authorized under law to consent for health care without parental consent, only the minor may exclusively exercise the rights of a patient as to information pertaining to health care to which the minor lawfully consented.
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Other

Sexual Assault Care	<i>Wyo. Stat. Ann. § 6-2-309(e)</i> provides that if a minor reports an alleged sexual assault, and the minor's parents cannot be located promptly with diligent effort, the minor may consent for a medical examination. If a parent is alleged to be the perpetrator, he or she shall not be notified.
Minor in the Military	<i>Wyo. Stat. Ann. § 14-1-101(b)</i> provides that a minor in active military service may consent for health care treatment as if he or she were an adult.

⁵ This section includes only confidentiality and disclosure requirements contained in or related to the minor consent laws that are summarized. It does not include requirements related to abortion. It also does not contain information about the wide variety of general medical records and medical privacy laws or about the specific confidentiality requirements (e.g., for HIV testing) that exist in most states. For information about health privacy and confidentiality statutes other than those included in the minor consent laws, *see* <http://law.findlaw.com/state-laws/medical-records/wyoming/>.

APPENDICES

Appendix A: Minor Consent for Health Care: A Chart of State Laws *

State	Emancipated Minor ¹	Minor Living Apart ²	Married Minor ³	Pregnant Minor ⁴	Minor Parent (for Self)	Minor Parent (for Child)	General Medical Care ⁵
Alabama	✓	✓ ¹¹	✓	✓	✓	✓	✓ ¹³
Alaska	✓	✓	✓	✓	✓	✓	✓ ¹⁴
Arizona	✓	✓	✓				
Arkansas	✓	✓ ¹⁵	✓	✓	✓ ¹⁵	✓	✓ ¹⁵
California	✓	✓	✓	✓			
Colorado		✓	✓	✓		✓	
Connecticut	✓		✓			✓	
Delaware			✓	✓		✓	
District of Columbia	✓	✓ ¹⁶	✓ ¹⁶	✓		✓	
Florida	✓		✓	✓		✓	
Georgia	✓		✓	✓	✓ ¹⁷	✓	
Hawaii	✓	✓ ¹⁸	✓	✓			✓ ¹⁸
Idaho	✓ ¹⁹	✓ ¹⁹	✓ ¹⁹	✓ ¹⁹	✓ ¹⁹	✓	✓ ¹⁹
Illinois	✓ ²⁰	✓ ²⁰	✓	✓	✓	✓	✓ ²⁰
Indiana	✓	✓	✓				
Iowa			✓				
Kansas	✓ ²¹	✓ ²¹	✓ ²¹	✓	✓ ²¹	✓	✓ ²¹
Kentucky	✓		✓	✓	✓	✓	
Louisiana	✓	✓ ²²	✓	✓	✓ ²²	✓	✓ ²²
Maine	✓	✓	✓		✓ ²³		
Maryland	✓ ²⁴	✓ ²⁴	✓	✓	✓	✓	✓ ²⁴
Massachusetts	✓	✓	✓	✓	✓	✓	✓ ²⁵
Michigan	✓		✓	✓		✓	
Minnesota		✓	✓	✓	✓	✓	
Mississippi				✓		✓	
Missouri			✓	✓	✓	✓	
Montana	✓	✓	✓	✓	✓	✓	✓ ²⁹
Nebraska							
Nevada	✓	✓	✓	✓ ³⁰	✓	✓	✓ ³⁰
New Hampshire							
New Jersey			✓	✓	✓ ³²	✓ ³²	
New Mexico	✓	✓	✓	✓	✓	✓	
New York	✓ ³³		✓	✓	✓	✓	
North Carolina	✓		✓	✓		✓ ³⁴	
North Dakota							
Ohio						✓	
Oklahoma	✓	✓	✓	✓	✓	✓	
Oregon	✓ ³⁶	✓ ³⁶	✓ ³⁶	✓ ³⁶	✓ ³⁶		✓ ³⁶
Pennsylvania			✓	✓		✓	✓ ³⁷
Rhode Island			✓			✓	
South Carolina	✓ ³⁸	✓ ³⁸	✓	✓ ³⁸	✓ ³⁸	✓	✓ ³⁸
South Dakota	✓		✓				
Tennessee	✓ ³⁹	✓ ³⁹	✓	✓	✓ ³⁹	✓	✓ ³⁹
Texas	✓	✓	✓	✓		✓	
Utah	✓		✓	✓		✓	
Vermont	✓		✓				
Virginia	✓		✓	✓		✓	
Washington	✓			✓			
West Virginia	✓		✓				
Wisconsin							
Wyoming	✓	✓	✓				
TOTALS	37	26	44	36	23	35	16

* This table indicates for each state the general circumstances in which minors may consent for their own care. In all columns, states with laws that allow minors to receive care without prior parental consent or allow minors to consent for general medical care are included and marked with a "✓." Specific limitations based on age, provider, type of service, number of visits, or disclosure of information are not included in this table but are contained in the specific summaries of each state's laws. This table does not include information about abortion. This table should not be relied on in lieu of the complete summaries of state laws.

Appendix A: Minor Consent for Health Care: A Chart of State Laws *

State	Emergency Care ⁶	Fam. Planning/Contraceptive Care ⁷	Pregnancy Related Care ⁸	STD/VD Care ⁹	Reportable Disease Care	HIV/AIDS Care ¹⁰	Drug/Alcohol Care ¹¹	Outpatient Mental Health Services ¹²
Alabama	✓	✓ ¹³	✓	✓	✓	✓	✓	✓
Alaska	✓	✓	✓	✓	✓ ¹⁴	✓ ¹⁴	✓ ¹⁴	✓ ¹⁴
Arizona	✓	✓		✓		✓	✓	
Arkansas	✓	✓	✓	✓	✓ ¹⁵	✓ ¹⁵	✓ ¹⁵	✓ ¹⁵
California	✓	✓	✓	✓	✓	✓	✓	✓
Colorado		✓	✓	✓		✓	✓	✓
Connecticut				✓		✓	✓	✓
Delaware	✓	✓	✓	✓	✓	✓	✓	
District of Columbia	✓	✓	✓	✓			✓	✓
Florida	✓	✓	✓	✓		✓	✓	✓
Georgia	✓	✓	✓	✓		✓	✓	
Hawaii		✓	✓	✓		✓	✓	
Idaho	✓	✓	✓ ¹⁹	✓	✓	✓	✓	✓ ¹⁹
Illinois	✓	✓	✓	✓		✓	✓	✓
Indiana				✓		✓	✓	
Iowa		✓		✓		✓	✓	
Kansas	✓	✓	✓	✓	✓ ²¹	✓ ²¹	✓	✓
Kentucky	✓	✓	✓	✓		✓	✓	✓
Louisiana	✓		✓	✓	✓ ²²	✓	✓	✓
Maine		✓		✓		✓	✓	✓
Maryland	✓	✓	✓	✓	✓ ²⁴	✓	✓	✓
Massachusetts	✓	✓	✓	✓	✓	✓	✓	✓
Michigan			✓	✓		✓	✓	✓
Minnesota	✓	✓	✓	✓			✓	✓ ²⁶
Mississippi	✓	✓	✓	✓		✓ ²⁷	✓	✓ ²⁸
Missouri	✓		✓	✓			✓	
Montana	✓	✓	✓	✓	✓	✓	✓	✓
Nebraska				✓		✓	✓	
Nevada	✓	✓ ³⁰	✓ ³⁰	✓	✓ ³⁰	✓	✓	✓ ³⁰
New Hampshire	✓			✓		✓	✓	✓ ³¹
New Jersey			✓	✓		✓	✓	
New Mexico	✓	✓	✓	✓		✓	✓	✓
New York	✓	✓	✓	✓		✓	✓	✓
North Carolina	✓	✓	✓	✓	✓	✓	✓	✓
North Dakota	✓			✓		✓	✓	
Ohio				✓		✓	✓	✓
Oklahoma	✓	✓ ³⁵	✓	✓	✓	✓	✓	
Oregon	✓ ³⁶	✓	✓ ³⁶	✓	✓ ³⁶	✓	✓	✓
Pennsylvania	✓	✓ ³⁷	✓	✓	✓	✓	✓	✓
Rhode Island	✓			✓	✓	✓	✓	
South Carolina	✓	✓ ³⁸	✓ ³⁸	✓ ³⁸	✓ ³⁸	✓ ³⁸	✓ ³⁸	✓ ³⁸
South Dakota	✓			✓			✓	
Tennessee	✓	✓	✓	✓	✓ ³⁹	✓ ³⁹	✓	✓
Texas	✓	✓ ⁴⁰	✓	✓	✓	✓	✓	✓
Utah			✓	✓		✓		
Vermont				✓			✓	
Virginia	✓	✓	✓	✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓		✓	✓	✓
West Virginia				✓		✓	✓	
Wisconsin				✓		✓	✓	✓
Wyoming	✓	✓		✓		✓		
TOTALS	37	35	36	51	21	46	49	34

* This table indicates for each state the general circumstances in which minors may consent for their own care. In all columns, states with laws that allow minors to receive care without prior parental consent or allow minors to consent for general medical care are included and marked with an "X." Specific limitations based on age, provider, type of service, number of visits, or disclosure of information are not included in this table but are contained in the specific summaries of each state's laws. This table does not include information about abortion. This table should not be relied on in lieu of the complete summaries of state laws.

Notes to Appendix A: Minor Consent for Health Care: A Chart of State Laws

- ¹ Includes states that expressly allow emancipated minors to consent for health care or specify that emancipated minors have adult status.
- ² Includes states that expressly allow minors who are living apart from their parents to consent for health care and states that allow minors to consent for general medical care.
- ³ Includes states that expressly allow married minors to consent for health care or specify that married minors are emancipated or have adult status.
- ⁴ Includes states that expressly allow pregnant minors to consent for all care *or* for pregnancy related care. For other bases on which minors may be able to consent for pregnancy related care, *see Introduction*. Does not include abortion information.
- ⁵ Includes states that expressly allow minors to consent for health care based on their age, high school graduation, or specific criteria of maturity, parental availability, or health-related need; does not include states that allow minors to consent for their own care because they are emancipated minors, minors living apart, married minors, pregnant minors, or minor parents.
- ⁶ Includes states that expressly allow minors to consent for emergency care or to receive emergency care without prior parental permission.
- ⁷ Includes states that expressly allow minors to consent for contraceptive services, family planning services, or services to prevent pregnancy; also includes states that enable minors to receive family planning services without parental permission by allowing them to consent for general medical care.
- ⁸ Includes states that expressly allow pregnant minors to consent for all care or expressly allow minors to consent for pregnancy related care. Does not include abortion information.
- ⁹ Includes states that expressly allow minors to consent for prevention, diagnosis, and/or treatment of sexually transmitted or venereal diseases.
- ¹⁰ Includes states that expressly allow minors to consent for HIV or AIDS testing and/or treatment, and states that expressly allow minors to do so based on the classification of HIV or AIDS as a sexually transmitted or reportable disease.
- ¹¹ Includes states that expressly allow minors to consent for care related to the use of drugs and/or alcohol, substance abuse, or chemical dependence, and states that allow minors to receive care without parental consent.
- ¹² Includes states that expressly allow minors to consent for outpatient mental health services, regardless of whether there is an exclusion for psychotropic medications or other limitations related to number of visits.
- ¹³ Alabama allows minors age 14 or older and high school graduates to consent for their own care.
- ¹⁴ Alaska allows minors to consent for their own care if a parent or legal guardian cannot be contacted or is unwilling to grant or withhold consent.
- ¹⁵ Arkansas allows minors to consent for their own care if they have sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures.
- ¹⁶ The definition of emancipated minor includes minors who are living apart from parents and married minors.
- ¹⁷ Georgia allows minor parents to consent for family planning services.
- ¹⁸ Hawaii allows minors “without support” to consent for their own care.
- ¹⁹ Idaho allows minors with sufficient intelligence and awareness to comprehend the need for and risks of care to give their own consent.
- ²⁰ Illinois has recognized the mature minor doctrine by court decision.
- ²¹ Kansas allows minors age 16 or older to give consent for care where no parent or guardian is immediately available and recognizes the right of mature minors to consent for their own care.
- ²² Louisiana allows minors to consent for their own care for an illness or disease.
- ²³ Maine allows minor parents to consent for family planning services.
- ²⁴ Maryland allows minors to consent for care if delaying to obtain another’s consent would adversely affect the life or health of the minor.
- ²⁵ Massachusetts has recognized the mature minor doctrine by court decision.
- ²⁶ Minnesota allows minors to consent for mental health services related to pregnancy, venereal disease, alcohol and other drug abuse.
- ²⁷ Mississippi allows HIV testing without consent if necessary for diagnosis or to provide appropriate care and treatment.
- ²⁸ Mississippi allows minors to consent for mental health services related to drug or alcohol problems.
- ²⁹ Montana allows non-emergency services to be provided for conditions that will endanger the life or health of the minor if services would be delayed by obtaining parental consent.
- ³⁰ Nevada allows minors who are in danger of suffering a serious health hazard if services are not provided to consent for their own care.
- ³¹ New Hampshire allows minors to apply to an approved community mental health program to receive services.
- ³² New Jersey allows pregnant or married minors to consent for health care for self or child.
- ³³ New York allows emancipated minors to consent for mental health services and treatment for chemical dependence.
- ³⁴ North Carolina allows emancipated minors to consent for health care for their child.
- ³⁵ Oklahoma allows minors who are or have been pregnant to consent for services for the prevention of pregnancy.
- ³⁶ Oregon allow minors age 15 and older to consent for their own care.
- ³⁷ Pennsylvania allows high school graduates (as well as married minors and minors who have been pregnant) to consent for their own care.
- ³⁸ South Carolina allows minors who are age 16 or older to consent for their own care, other than operations.
- ³⁹ Tennessee allows minors between the ages of 14 and 18 to consent for their own medical treatment.
- ⁴⁰ Texas allows minors living apart from their parents, married minors, minors in the military, and incarcerated minors to consent for family planning services.

Appendix B: Selected Resources on Consent & Confidentiality

Books and Monographs

Holder AR. *Legal Issues in Pediatric and Adolescent Medicine*. 2nd Edition. New Haven: Yale University Press, 1985.
This book reviews the major legal issues in pediatric and adolescent medicine including consent for health care by minors.

Morreale MC, Stinnett AJ, Dowling EC. eds. *Policy Compendium on Confidential Health Services for Adolescents*. Second Edition. Chapel Hill, NC: Center for Adolescent Health & the Law (2005). Available at:
<http://www.cahl.org/web/index.php/policy-compendium-2005>.

This monograph contains selected verbatim text from the official policies endorsed by a wide range of professional medical and health care organizations involved in the care of adolescents and tables analyzing the content of the policies.

Rosovsky FA. *Consent to Treatment: A Practical Guide*. 4th Edition. New York: Aspen Publishers, Inc, 2009 (Supp.).
This book discusses the full range of consent issues involved in the delivery of medical and health care services, including services for minors.

Websites

Alan Guttmacher Institute. State Center. <http://www.guttmacher.org/statecenter/adolescents.html>.
This website contains issue briefs and charts of state policies affecting adolescents' access to sexual and reproductive health services.

Center for Adolescent Health & the Law. <http://www.cahl.org/web/index.php/publications/consent-confidentiality-protection>.

This website contains a complete listing of the consent and confidentiality publications of the Center for Adolescent Health & the Law.

Physicians for Reproductive Choice and Health. Minors Access Cards. <http://back.prch.org/resources-minors-access-cards>.

This website contains Minors' Access Cards summarizing the laws surrounding the provision of reproductive health services to minors in 12 states.

Articles

Brindis CD, English A. Measuring Public Costs Associated With Loss of Confidentiality for Adolescents Seeking Confidential Reproductive Health Care: How High the Costs? How Heavy the Burden? *Archives of Pediatrics and Adolescent Medicine*. 2004;158:1182-1184.

Bravender T, Price N, English A. Primary Care Providers' Willingness to See Unaccompanied Adolescents. *Journal of Adolescent Health*. 2004;1:30-36.

Cheng T, Savageau J, Sattler A, DeWitt T. Confidentiality in health care: a survey of knowledge, perceptions, and attitudes among high school students. *JAMA*. 1993;269:1404-1407.

English A. Sexual and Reproductive Health Care for Adolescents: Legal Rights and Policy Challenges, *Adolescent Medicine: State of the Art Reviews* 2007;18:571.

English A, Shaw FE, Fishbein DB. Legal Basis of Consent for Health Care and Vaccination for Adolescents. *Pediatrics*. 2008;121:585.

English A, Ford CA. More Evidence Supports the Need to Protect Confidentiality in Adolescent Health Care. *Journal of Adolescent Health*. 2007;40:199. (Editorial)

English A, Ford CA. The HIPAA Privacy Rule and adolescents: Legal questions and clinical challenges. *Perspectives on Sexual and Reproductive Health*. 2004;36:80-86

Ford C, Bearman P, Moody J. Foregone health care among adolescents. *JAMA* 1999;282:2227-2234.

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Ford CA, Best DB, Miller WC. Confidentiality and adolescents' willingness to consent to STD testing. *Arch Pediatr Adolesc Med.* 2001;155: 1072-73.

Ford CA, English A. Limiting confidentiality of adolescent health services: What are the risks? *JAMA.* 2002;288(6):752-753.

Ford C, Millstein S, Halpern-Felsher B, Irwin C. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. *JAMA.* 1997;278:1029-1034.

Jones RK, Purcell A, Singh S, et al. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to parental notification for prescription contraception. *JAMA.* 2005;293(3):340-348.

Klein J, Wilson K, McNulty M, Kappahn C, Collins K. Access to medical care for adolescents: results from the 1997 Commonwealth Fund Survey of the Health of Adolescent Girls. *J Adolesc Health.* 1999;25:120-130.

Lehrer JA, Pantell R, Tebb K, Shafer MA. Forgone health care among U.S. adolescents: association between risk characteristics and confidentiality concern. *J Adolesc Health.* 2007;40:199-200.

Marks A, Malizio J, Hoch J, Brody R, Fisher M. Assessment of health needs and willingness to utilize health care resources of adolescents in a suburban population. *J Pediatr.* 1983;102:456-460.

Meehan TM, Hansen H, Klein WC. The impact of parental consent on the HIV testing of minors. *AJPH* 1997;97:1338-1341.

Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA.* 2002;288(6):710-714.

Society for Adolescent Medicine. Confidential health care for adolescents: position paper. *J Adolesc Health.* 2004;35:160-167.

Teare C, English A. Nursing Practice and Statutory Rape: Effects of Reporting and Enforcement on Access to Care for Adolescents. *Nursing Clinics of North America: Adolescent Health* 2002;37:393-404.

Thrall J, McCloskey L, Ettner S et al. Confidentiality and adolescents' use of providers for health information and for pelvic exams. *Arch Pediatr Adolesc Med* 2000;154:885-892.

Zabin L, Stark H, Emerson M. Reasons for delay in contraceptive clinic utilization: adolescent clinic and nonclinic populations compared. *J Adolesc Health* 1991;12:225-232.

State Specific Resources

ARIZONA

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in: Arizona.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/AZ_MinorConsentConfidentiality.pdf.

CALIFORNIA

Adolescent Health Working Group. Understanding Confidentiality and Minor Consent in California: An Adolescent Provider Toolkit. Available at: http://www.ahwg.net/assets/library/101_minorconsentandconfidentiality.pdf.

National Center for Youth Law. Teen Health Rights. (website) www.teenhealthrights.org.

CONNECTICUT

Center for Children's Advocacy. Adolescent Health Care: The Legal Rights of Teens, 3rd Ed. Hartford, CT: Center for Children's Advocacy, University of Connecticut School of Law, 2008.

HAWAII

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in Hawaii.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/HI_MinorConsentConfidentiality-8-05.pdf

ILLINOIS

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in Illinois.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/IL_MinorConsentConfidentiality-1-04-07.pdf

MINNESOTA

Consent & Confidentiality: Providing Medical and Mental Health Care Services to Minors in Minnesota – Legal Guidelines for Professionals, Minneapolis, MN: Hennepin County Medical Center, 2002.

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in Minnesota.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/MN_MinorConsentConfidentiality-4-24-07.pdf.

NEW MEXICO

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in New Mexico.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/NM_MinorConsentConfidentiality-1-12-07.pdf.

NORTH CAROLINA

Dellinger A, Davis AM. Health Care for Pregnant Adolescents: A Legal Guide. Chapel Hill, NC: UNC Institute of Government, 2001. <http://www.sog.unc.edu/programs/app/pdf/HCP91901.pdf>.

NEW YORK

Feierman J, Lieberman D, Chu Y. Teenagers, Health Care & the Law: A Guide to the Law on Minor’s Rights in New York. New York: NYCLU Reproductive Rights Project, 2002, available at <http://www.nyclu.org/files/thl.pdf>, and 2008 Update to Teenagers, Health Care, & the Law, available at <http://www.nyclu.org/thlupdate>.

PENNSYLVANIA

Rosado LM. Consent to Treatment and Confidentiality Provisions Affecting Minors in Pennsylvania, 2nd Ed. Philadelphia, PA: Juvenile Law Center, 2006. Available at: <http://www.jlc.org/files/publications/consent2ndedition.pdf>.

TEXAS

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in Texas.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/TX_MinorConsentConfidentiality-7-04-08.pdf.

WISCONSIN

National Center for Youth Law. Minor Consent, Confidentiality, and Child Sexual Abuse Reporting: A Guide for Title X Family Planning Providers in Wisconsin.

http://www.teenhealthrights.org/fileadmin/teenhealth/teenhealthrights/other_states/WI_MinorConsentConfidentiality-1-04-07.pdf.

Appendix C: Selected Resources on the HIPAA Privacy Rule

Regulations

Standards for Privacy of Individually Identifiable Health Information. 45 C.F.R. Parts 160 and 164. Available at: <http://www.gpoaccess.gov/cfr/index.html>

This is the official codified version of the HIPAA Privacy Rule, including both the final rule issued in December 2000 and the final modifications issued in August 2002.

Standards for Privacy of Individually Identifiable Health Information. Final Rule, 65 Federal Register 82461 (Dec. 28, 2000). Available at: <http://www.gpoaccess.gov/fr/index.html>

This is the final rule issued in December 2000, including the extensive commentary from the Department of Health & Human Services that accompanied the rule itself.

Standards for Privacy of Individually Identifiable Health Information. Final Rule, 67 Federal Register 53182 (Aug. 14, 2002). Available at: <http://www.gpoaccess.gov/fr/index.html>

This is the final rule issued in August 2002 that contains the modifications to the December 2000 version, including the extensive commentary from the Department of Health & Human Services that accompanied the rule itself.

U.S. Department of Health and Human Services, Office for Civil Rights. *Regulation Text*. (45 CFR Parts 160, 162, and 164) (Unofficial Version as amended through February 16, 2006). Available at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/adminsimpleregtext.pdf>.

This is the unofficial merged version of the HIPAA General Administrative Requirements and Privacy and Security provisions that have been officially codified in Title 45 of the Code of Federal Regulations, Parts 160, 162, and 164.

Websites

Office for Civil Rights, U.S. Department of Health and Human Services. HIPAA: Medical Privacy - National Standards to Protect the Privacy of Personal Health Information. Available at: <http://www.hhs.gov/ocr/hipaa/>.

This website contains extensive resources from the federal agency charged with oversight of the HIPAA Privacy Rule. The website includes a summary of the HIPAA Privacy Rule, answers to more than 200 frequently asked questions, a link to a decision tool for determining who is a covered entity required to comply with the Rule, fact sheets, and other resources.

Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. CDC/ATSDR Privacy Rule Homepage. Available at: <http://www.cdc.gov/privacyrule/Guidance/Content.htm>.

This website contains Privacy Rule information, guidelines and procedures, particularly as they relate to public health practice.

National Institutes of Health, U.S. Department of Health and Human Services. HIPAA Privacy Rule: Information for Researchers. Available at: <http://privacyruleandresearch.nih.gov/>.

This website contains Privacy Rule information related to human subjects research.

Summaries

Office for Civil Rights, U.S. Department of Health and Human Services. OCR Privacy Brief: Summary of the HIPAA Privacy Rule. Available at: <http://www.hhs.gov/ocr/privacysummary.pdf>.

This document contains a detailed summary of the Rule.

Appendix C: Selected Resources on the HIPAA Privacy Rule

Monographs and Articles

English A, Ford CA. The HIPAA Privacy Rule and Adolescents: Legal Questions and Clinical Challenges. *Perspectives on Sexual and Reproductive Health*. 2004;36:80-86. Available at:

http://findarticles.com/p/articles/mi_m0NNR/is_2_36/ai_n6069101/pg_10/?tag=content;col1

This article provides an overview of the provisions of the HIPAA Privacy Rule that affect adolescents and explores the challenges facing clinicians with respect to HIPAA compliance when delivering health care to adolescents.

Weiss C, Dalven J. *Protecting Minors' Health Information under the Federal Medical Privacy Regulations*. New York: ACLU Reproductive Freedom Project, 2003. Available at: http://www.aclu.org/FilesPDFs/med_privacy_guide.pdf

This document provides an overview of the provisions of the HIPAA Privacy Rule that affect minors and provides answers to common questions about case scenarios.

Appendix D: Selected Resources on Minors and Abortion

Guttmacher Institute. State Policies in Brief: Parental Involvement in Minors' Abortions. Available at: http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf.

This policy brief includes a background discussion and charts that document the state laws that require parental consent versus those that require parental notification, including information about those that are and are not in effect, and the states that do not have a law.

NARAL Pro-Choice America Foundation. Who Decides: A State-by-State Review of Abortion and Reproductive Rights. Twelfth Edition. Washington, DC: NARAL Pro-Choice America Foundation, 2003. Available at:

http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/introduction/whodecides2009.pdf.

This monograph summarizes laws on abortion and reproductive rights in all 50 states and the District of Columbia, including information on minors' access.

Planned Parenthood Federation of America. Fact Sheet: Laws Requiring Parental Consent or Notification for Minors' Abortions. Available at: <http://www.plannedparenthood.org/teen-talk/teen-pregnancy/parental-consent/parental-consent-notification-laws25268.htm>.

This fact sheet includes information and charts about the state laws that require parental consent or notification for minors seeking abortion. The charts include information about states with laws that are in effect, states with laws that are not in effect, and states with no laws.

About the Center for Adolescent Health & the Law

The Center for Adolescent Health & the Law works exclusively to promote the health of adolescents and young adults and their access to comprehensive health care. The Center's work addresses a broad range of cross-cutting issues influencing the financing, delivery, and utilization of comprehensive health services for young people, including laws and policies related to consent for health care and confidentiality of health information. The Center provides information and analysis, publications, consultation, and training to health professionals, policy makers, researchers and advocates who are working to protect the health of adolescents and young adults. Established in 1999, the Center is a national nonprofit organization, located in Chapel Hill, North Carolina.

About the Authors

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