



CALIFORNIA MINOR CONSENT AND CONFIDENTIALITY LAWS[@]

MINORS OF ANY AGE MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p>PREGNANCY</p>	<p>“A minor may consent to medical care¹ related to the prevention or treatment of pregnancy,” except sterilization. (Fam. Code § 6925).</p>	
<p>CONTRACEPTION</p>	<p>A minor may obtain all forms of birth control without parental consent, including long acting reversible contraception and emergency contraception. A minor may not consent to sterilization. (Fam. Code § 6925). In 2022, Article 1, section 1.1 was added to the California Constitution, which states: “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>
<p>ABORTION</p>	<p>A minor may consent to an abortion without parental consent. (Fam. Code § 6925; <i>American Academy of Pediatrics v. Lungren</i>, 16 Cal.4th 307 (1997)). In 2022, Article 1, section 1.1 was added to the California Constitution, which states: “The state shall not deny or interfere with an individual’s reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.”</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (<i>American Academy of Pediatrics v. Lungren</i>, 16 Cal.4th 307 (1997); Health & Safety Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>

MINORS OF ANY AGE MAY CONSENT	<u>LAW/DETAILS</u>	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p>SEXUAL ASSAULT* SERVICES</p> <p>*For the purposes of minor consent health care alone, sexual assault includes acts of oral copulation, sodomy, and other crimes of a sexual nature.</p>	<p>“A minor who [may] have been sexually assaulted may consent to medical care¹ related to the diagnosis, treatment and the collection of medical evidence with regard to the ...assault.” (Fam. Code § 6928).</p>	<p>The health care provider must attempt to contact the minor’s parent/guardian and note in the minor’s record the day and time of the attempted contact and whether it was successful. This provision does not apply if the treating professional reasonably believes that the parent/guardian committed the assault. (Fam. Code § 6928).</p>
<p>RAPE* SERVICES FOR MINORS UNDER 12 YRS**</p> <p>*Rape is defined in Penal Code § 261. **See also “Rape Services for Minors 12 and Over” on page 3 of this chart</p>	<p>A minor under 12 years of age who may have been raped “may consent to medical care¹ related to the diagnosis,...treatment and the collection of medical evidence with regard” to the rape. (Fam. Code § 6928).</p>	<p>Both rape and sexual assault of a minor are considered child abuse under California law, and mandated reporters, including health providers, must report it as such. Providers cannot disclose to parents that they have made this report without the minor’s authorization. However, minor patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made. (See Pen. Code §§ 11165.1, 11165.6, 11166, 11167.)</p>
<p>EMERGENCY MEDICAL SERVICES*</p> <p>*An emergency is “a situation . . . requiring immediate services for alleviation of severe pain or immediate diagnosis of unforeseeable medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death” (Bus. & Prof. § 2397(c)(2)).</p>	<p>A provider shall not be liable for performing a procedure on a minor if the provider “reasonably believed that [the] procedure should be undertaken immediately and that there was insufficient time to obtain [parental] informed consent.” (Bus. & Prof. Code § 2397).</p>	<p>The parent or guardian usually has a right to inspect the minor’s records. (Health & Saf. Code §§ 123110(a); Civ. Code § 56.10. <i>But see exception at endnote (EXC.)</i>).</p>
<p>SKELETAL X-RAY TO DIAGNOSE CHILD ABUSE OR NEGLECT*</p> <p>* This section does not authorize a minor to consent. Instead it clarifies that the provider does not need the minor’s or parent’s consent to perform a procedure under this section.</p>	<p>“A physician and surgeon or dentist or their agents . . . may take skeletal X-rays of the child without the consent of the child’s parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of.” (Penal Code § 11171.2).</p>	<p>Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this law in any court proceeding.</p>

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
INFECTIOUS, CONTAGIOUS COMMUNICABLE DISEASES (DIAGNOSIS, TREATMENT)	“A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care ¹ related to the diagnosis or treatment of the disease, if the disease... is one that is required by law...to be reported....” (Fam. Code § 6926).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).
SEXUALLY TRANSMITTED DISEASES (PREVENTIVE CARE, DIAGNOSIS, TREATMENT)	A minor 12 years of age or older who may have come into contact with a sexually transmitted disease may consent to medical care ¹ related to the diagnosis or treatment of the disease. A minor who is 12 years of age or older may also consent to medical care related to the prevention of a sexually transmitted disease. (Fam. Code § 6926).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).
AIDS/HIV (PREVENTIVE CARE, TESTING, DIAGNOSIS, AND TREATMENT)	A minor 12 and older is competent to give written consent for an HIV test. (Cal. Health and Safety Code § 121020). A minor 12 and older may consent to medical care related to the prevention, diagnosis and treatment of HIV/AIDS. (Fam. Code § 6926). Services currently available include pre- and post- exposure prophylaxis medication to prevent HIV infection (PrEP and PEP).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).
RAPE SERVICES FOR MINORS 12 and OVER	“A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care ¹ related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.” (Fam. Code § 6927).	The health care provider is not permitted to inform a parent or legal guardian without the minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11). Rape of a minor is considered child abuse under California law, and mandated reporters, including health care providers, must report it as

		<p>such. Providers cannot disclose to parents that they have made this report without the minor’s authorization. However, minor patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made. (See Pen. Code §§ 11165.1, 11165.6, 11166, 11167.)</p>
<p style="text-align: center;">INTIMATE PARTNER VIOLENCE*</p> <p>*For the purposes of minor consent health care alone, “intimate partner violence” means an intentional or reckless infliction of bodily harm that is perpetrated by a person with whom the minor has or has had a sexual, dating, or spousal relationship.” If the minor is seeking services as a result of a rape or sexual assault, minor consent services should be provided under the “sexual assault” or “rape” minor consent laws rather than this law. (Fam. Code § 6930(b)).</p> <p style="text-align: center;">INTIMATE PARTNER VIOLENCE, cont.</p>	<p>“A minor who is 12 years of age or older and who states he or she is injured as a result of intimate partner violence may consent to medical care¹ related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence.” (Fam. Code § 6930).</p>	<p>The health care provider is not permitted to disclose information to a parent or legal guardian without the minor’s authorization. The provider can only share that information with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p> <p>In most cases, intimate partner violence as defined in this statute will meet the definition of child abuse for reporting purposes and mandated reporters must report it as such. Providers cannot disclose to parents that they have made this report without the minor’s authorization. However, minor patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made. (Pen. Code §§ 11165.6, 11166, 11167.).</p> <p>In cases where a child abuse report is not required (e.g., where the injury was caused by a "mutual affray between minors"), a report under Penal Code 11160 (injuries caused by firearms or assaultive or abusive conduct) may be mandated.</p> <p>If a report under Penal Code 11160 is made, the health provider shall do both of the following:</p> <ol style="list-style-type: none"> 1) inform the minor that the report will be made, and 2) attempt to contact the minor’s parent or guardian and inform them of the report. <p>The health practitioner shall note in the minor’s treatment record the date and time of the attempt to contact the parent or guardian, and whether the attempt was successful or unsuccessful. This notification requirement does not apply if the health practitioner reasonably believes that the minor’s parent or guardian inflicted the gunshot or suspicious injury. (Fam. Code § 6930(c)).</p> <p>Note: When an injury appears as if it could be reported under either child abuse reporting law or Penal Code 11160, the reporter must report it as child abuse rather than under Penal Code 11160. (Pen. Code § 11162.7.) Providers should discuss the application and intersection of these reporting laws with their legal counsel.</p>

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<p style="text-align: center;">OUTPATIENT MENTAL HEALTH SERVICES*/ SHELTER SERVICES</p> <p>*This section does not authorize a minor to receive inpatient psychiatric care, convulsive therapy, psychosurgery or psychotropic drugs on their own consent.</p>	<p>Two statutes give minors the right to consent to mental health treatment. If a minor meets the criteria under either statute, the minor may consent to their own treatment. If the minor meets the criteria under both, the provider may decide which statute to apply. There are differences between them. See endnote ^ for more on these differences:</p> <p style="text-align: center;"><u>Family Code § 6924</u></p> <p>“A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis or to residential shelter services, if both of the following requirements are satisfied:</p> <p>(1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. AND</p> <p>(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.” (Fam. Code § 6924.)</p> <p>Starting July 1, 2024, <i>Cal. Fam. Code § 6924</i> is updated to provide 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. There will be no additional criteria.</p> <p style="text-align: center;"><u>Health & Safety Code § 124260</u></p> <p>“[A] minor who is 12 years of age or older may consent to [outpatient] mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.” (Health & Saf. Code § 124260.)</p>	<p style="text-align: center;"><u>MENTAL HEALTH TREATMENT:</u></p> <p style="text-align: center;"><u>Family Code § 6924</u></p> <p>The health care provider is required to involve a parent or guardian in the minor’s treatment unless the health care provider decides that such involvement is inappropriate. This decision and any attempts to contact parents must be documented in the minor’s record.</p> <p>Starting July 1, 2024, the health care provider is required to involve a parent or guardian in the minor’s treatment unless the health care provider decides that such involvement is inappropriate. The provider must consult with the minor before deciding whether to involve parents This decision and any attempts to contact parents must be documented in the minor’s record. (Fam. Code § 6924; 45 C.F.R. 164.502(g)(3)(ii).) <i>See also exception (EXC) at endnote.</i></p> <p style="text-align: center;"><u>Health & Safety Code § 124260</u></p> <p>The health care provider is required to involve a parent or guardian in the minor’s treatment unless the health care provider decides that such involvement is inappropriate. The provider must consult with the minor before deciding whether to involve parents This decision and any attempts to contact parents must be documented in the minor’s record. (Health & Saf. Code § 124260(a).)</p> <p>While this exception allows providers to inform and involve parents in treatment when appropriate, it does not give providers a right to disclose medical records to parents without the minor’s authorization. The provider can only share the minor’s medical records with parents with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11, 56.30; Welf. & Inst. Code § 5328.) <i>See also exception (EXC) at endnote.</i></p> <p style="text-align: center;"><u>SHELTER:</u></p> <p>Although minor may consent to service, the shelter must use its best efforts based on information provided by the minor to notify parent/guardian of the provision of services. (Fam. Code § 6924.)</p>

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<p style="text-align: center;">SUBSTANCE USE DISORDER TREATMENT</p> <p><input type="checkbox"/> “This section does not authorize a minor to receive replacement narcotic abuse treatment without the consent of the minor's parent or guardian” except as described here.</p> <p><input type="checkbox"/> This section does not grant a minor the right to refuse medical care and counseling for a “drug or alcohol related problem” when the minor’s parent or guardian consents for that treatment. (Fam. Code § 6929(f)).</p> <p><input type="checkbox"/> The terms “drug or alcohol” and “counseling” are defined in Fam. Code § 6929(a)(2).</p>	<p>“A minor who is 12 years of age or older may consent to medical care¹ and counseling relating to the diagnosis and treatment of a drug or alcohol related problem.” (Fam. Code §6929(b)).</p> <p>“A minor 16 years of age or older may consent to opioid use disorder treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider acting within the scope of their practice, whether or not the minor also has the consent of their parent or guardian.” (Fam. Code §6929.1).</p> <p>“This section does not authorize a minor to receive replacement narcotic therapy, in a program licensed pursuant to Article 1 (commencing with Section 11839) of Chapter 10 of Part 2 of Division 10.5 of the Health and Safety Code, without the consent of the minor's parent or guardian” except “a minor 16 years of age or older may consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.” (Fam. Code §6929).</p>	<p>There are different confidentiality rules under federal and state law. Providers meeting the criteria listed under ‘federal’ below must follow the federal rule. Providers that don’t meet these criteria follow state law.</p> <p>FEDERAL: Federal confidentiality law applies to any individual, program, or facility that meets the following two criteria:</p> <ol style="list-style-type: none"> 1. The individual, program, or facility is federally assisted. (Federally assisted means authorized, certified, licensed, supported or funded in whole or in part by any department of the federal government. Examples include federal, state or local programs that are: tax exempt; receiving tax-deductible donations; receiving any federal operating funds whether used directly for the substance use disorder program or not; or registered with Medicare)(42 C.F.R. §2.12); AND 2. The individual or program is: <ol style="list-style-type: none"> 1) An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or 2) An identified unit within a general medical facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or 3) Medical personnel or other staff in a general medical facility whose primary function is the provision of substance use disorder diagnosis, treatment, or referral for treatment and who are identified as such providers. (42 C.F.R. §2.11; 42 C.F.R. §2.12). <p>For individuals or programs meeting these criteria, federal law prohibits disclosing any information to parents without a minor’s written consent. There is an exception, however, permitting the communication of relevant facts to the parents if the program director determines that a minor applicant for services 1) lacks capacity because of extreme youth or mental or physical condition to make a rational decision whether to consent to a disclosure to the parents AND 2) there is a substantial threat to the life or physical well-being of the minor applicant or another individual, and the disclosure of relevant facts to the parents may reduce that threat. (42 C.F.R. §2.14).</p> <p>STATE RULE:</p> <p>“When a parent or legal guardian has sought the medical care and counseling for a drug- or alcohol-related problem of a minor child, the physician and surgeon shall disclose medical information concerning the care to the minor's parent or legal guardian upon the parent's or guardian's request, even if the minor child does not consent to disclosure, without liability for the disclosure.” “The treatment plan of a minor authorized by this section shall include</p>

		<p>the involvement of the minor's parent or guardian, if appropriate, as determined by the professional person or treatment facility treating the minor. The professional person providing medical care or counseling to a minor shall state in the minor's treatment record whether and when the professional person attempted to contact the minor's parent or guardian, and whether the attempt to contact the parent or guardian was successful or unsuccessful, or the reason why, in the opinion of the professional person, it would not be appropriate to contact the minor's parent or guardian.” (Fam. Code §6929(c),(g).) <i>See also exception (EXC) at endnote.</i></p>
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MINOR 15 YEARS OF AGE OR OLDER	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p>GENERAL MEDICAL CARE for Minor Living Separate and Apart</p>	<p>“A minor may consent to the minor's medical care¹ vision care², or dental care³ if all of the following conditions are satisfied: (1) The minor is 15 years of age or older. (2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence. (3) The minor is managing the minor's own financial affairs, regardless of the source of the minor's income.” (Fam. Code § 6922(a).)</p>	<p>“A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian.” (Fam. Code § 6922(c).) <i>See also exception (EXC) at endnote.</i></p>
MINOR MUST BE EMANCIPATED (GENERALLY 14 YEARS OF AGE OR OLDER)	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
<p>GENERAL MEDICAL CARE for EMANCIPATED YOUTH</p>	<p>An emancipated minor may consent to medical, dental and psychiatric care. (Fam. Code § 7050(e). <i>See</i> Fam. Code § 7002 for emancipation criteria.)</p>	<p>The health care provider is not permitted to inform a parent or legal guardian without minor’s consent. The provider can only share the minor’s medical information with them with a signed authorization from the minor. (Health & Saf. Code §§ 123110(a), 123115(a)(1); Civ. Code §§ 56.10, 56.11).</p>

1 “Medical care’ means X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act.” Fam. Code § 6902

2 “Vision care’ means the diagnosis, prevention, treatment, and management of disorders, diseases, and dysfunctions of the visual system and the provision of habilitative or rehabilitative optometric services by an optometrist licensed pursuant to [Article 1 \(commencing with Section 3000\)](#) of Chapter 7 of Division 2 of the Business and Professions Code. Fam. Code § 6904.

3 “Dental care’ means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.” Fam. Code § 6902.

@ There are many confidentiality and consent rules. Different rules apply in different contexts. This chart addresses the rules that apply when minors live with their parents or guardians. It does not address the rules that apply when minors are under court jurisdiction or in other special living situations. Further, the confidentiality section focuses on parent and provider access. It does not address when other people or agencies may have a right to access otherwise confidential information. Minors are persons under age 18.

^ In addition to having slightly different eligibility criteria, there are other small differences between Health and Safety Code §124260 and Family Code § 6924. For example, the two laws both allow “professional persons” to deliver minor consent services but the two laws define “professional person” differently. Also, there is a funding restriction that applies to Health and Safety Code §124260 but not to Family Code § 6924. (See Fam. Code § 6924, Health & Saf. Code § 124260 and Welf. & Inst. Code § 14029.8 and look for more information on www.teenhealthlaw.org).

EXC: Providers may refuse to provide parents access to a minor’s medical records, where a parent normally has a right to them, if “the health care provider determines that access to the patient records requested by the [parent or guardian] 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.” Health & Saf. Code § 123115(a)(2). A provider shall not be liable for any good faith decisions concerning access to a minor’s records. *Id.*