



N C Y L

CALIFORNIA MINOR CONSENT AND CONFIDENTIALITY LAWS: Minor Consent Services and Parents Access Rules*

MINORS OF ANY AGE MAY CONSENT	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS
PREGNANCY	<p>“A minor may consent to medical care related to the prevention or treatment of pregnancy,” except sterilization. (Cal. Family Code § 6925).</p> <p>A minor may receive birth control without parental consent. (Cal. Family Code § 6925).</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 parents with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
CONTRACEPTION	<p>A minor may consent to an abortion without parental consent. (Cal. Family Code § 6925; <i>American Academy of Pediatrics v. Lungren</i>, 16 Cal.4th 307 (1997)).</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 parents with a signed authorization from the minor. (<i>American Academy of Pediatrics v. Lungren</i> , 16 Cal.4 th 307 (1997); Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
SEXUAL ASSAULT¹ SERVICES	<p>“A minor who [may] have been sexually assaulted may consent to medical care related to the diagnosis, . . . treatment and the collection of medical evidence with regard to the . . . assault.” (Cal. Family Code § 6928).</p> <p>A minor under 12 years of age who may have been raped “may consent to medical care related to the diagnosis, . . . treatment and the collection of medical evidence with regard” to the rape. (Cal. Family Code § 6928).</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. (Cal. Family Code § 6928). Both rape and sexual assault of a minor are considered child abuse under California law and must be reported as such by mandated reporters. Health care providers are mandated reporters. The child abuse authorities investigating a child abuse report legally may disclose to parents that a report was made. See Cal. Penal § 11167 and 11167.5.
RAPE² SERVICES FOR MINORS UNDER 12 YRS³	<p>¹For the purposes of minor consent alone, sexual assault includes acts of oral copulation, sodomy, and other crimes of a sexual nature.</p> <p>²Rape requires an act of non-consensual sexual intercourse.</p> <p>³See also “Rape Services for Minors 12 and Over” on page 2 of this chart</p>	

<p>MINORS OF ANY AGE MAY CONSENT</p>	<p>LAW</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</p>
<p>EMERGENCY MEDICAL SERVICES*</p> <p><i>*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" (Cal. Code Bus. & Prof. § 2397(c)(2)).</i></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." (Cal. Bus. & Prof. Code § 2397).</p>	<p>The parent or guardian usually has a right to inspect the minor's records. (Cal. Health & Safety Code §§ 123110(a); Cal. 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><i>* The provider does not need the minor's or her parent's consent to perform a procedure under this section.</i></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." (Cal. 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>
<p>MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT</p>	<p>LAW</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</p>
<p>DIAGNOSIS AND/OR TREATMENT FOR INFECTIOUS, CONTAGIOUS COMMUNICABLE DISEASES</p>	<p>"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 related to the diagnosis or treatment of the disease, if the disease . . . is one that is required by law . . . to be reported . . ." (Cal. Family Code § 6926).</p>	<p><u>RAPE and COMMUNICABLE DISEASES</u></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 parents with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).</p>
<p>RAPE SERVICES FOR MINORS 12 and OVER</p>	<p>"A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape." (Cal. Family Code 6927).</p>	<p><u>RAPE</u></p> <p>Rape of a minor is considered child abuse under California law and mandated reporters, including health care providers, must report it as such. Providers cannot disclose to parents that they have made this report without the adolescent's authorization. However, adolescent patients should be advised that the child abuse authorities investigating the report legally may disclose to parents that a report was made.</p>

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS
<p style="text-align: center;">OUTPATIENT MENTAL HEALTH SERVICES⁴/ SHELTER SERVICES</p> <p>⁴This section does not authorize a minor to receive convulsive therapy, psychosurgery or psychotropic drugs without the consent of a parent or guardian.</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 his or her 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.”</p> <p style="text-align: center;">Cal. Family Code § 6924.</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.”</p> <p style="text-align: center;">Health & Saf. Code § 124260.</p>	<p style="text-align: center;"><u>MENTAL HEALTH TREATMENT:</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. Cal. Fam. Code § 6924; 45 C.F.R. 164.502(g)(3)(ii). For services provided under Health and Safety Code § 124260, providers must consult with the minor before deciding whether to involve parents. 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 consent. The provider can only share the minor’s medical records with parents with a signed authorization from the minor. (Cal. Health & Saf. Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11, 56.30; Cal. Welf. & Inst. Code § 5328. See also <i>endnote</i>^{EXC}).</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 shelter services.</p>

<p>MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT</p>	<p>LAW</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</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 or funded in whole or in part by any department of the federal government. Examples include programs that are: tax exempt; receiving tax-deductible donations; receiving any federal operating funds; or registered with Medicare.)(42 C.F.R. §2.12); AND 2. The individual or program: <ol style="list-style-type: none"> 1) Is an individual or program that holds itself out as providing alcohol or drug abuse diagnosis, treatment, or referral; OR 2) Is a staff member at a general medical facility whose primary function is, and who is identified as, a provider of alcohol or drug abuse diagnosis, treatment or referral; OR 3) Is a unit at a general medical facility that holds itself out as providing alcohol or drug abuse diagnosis, treatment or referral. (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. One exception, however, is that an individual or program may share with parents if the individual or program director determines the following three conditions are met: (1) that the minor’s situation poses a substantial threat to the life or physical well-being of the minor or another; (2) that this threat may be reduced by communicating relevant facts to the minor’s parents; and (3) that the minor lacks the capacity because of extreme youth or a mental or physical condition to make a rational decision on whether to disclose to her parents. (42 C.F.R. §2.14). STATE RULE: Cal. Family Code §6929(c). Parallels confidentiality rule described under “Mental Health Treatment” <i>supra</i> at page 2. See <i>also exception at endnote (EXC).</i></p>
<p>DRUG AND ALCOHOL ABUSE TREATMENT</p> <ul style="list-style-type: none"> • This section does not authorize a minor to receive replacement narcotic abuse treatment without the consent of the minor’s parent or guardian. • 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. (Cal. Family Code § 6929(f)). 	<p>LAW</p> <p>“A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem.”(Cal. Family Code §6929(b)).</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</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 parents with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).</p>
<p>MINOR 12 YEARS OF AGE OR OLDER MAY CONSENT</p>	<p>LAW</p> <p>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 diagnosis and treatment of HIV/AIDS. (Cal. Family Code § 6926).</p> <p>A minor 12 years of age or older who may have come into contact with a sexually transmitted disease may consent to medical care related to the diagnosis or treatment of the disease. (Cal. Family Code § 6926).</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</p>
<p>MINOR 12 YEARS OF AGE OR OLDER MAY CONSENT</p>	<p>LAW</p> <p>AIDS/HIV TESTING AND TREATMENT</p> <p>DIAGNOSIS AND/OR TREATMENT FOR SEXUALLY TRANSMITTED DISEASES</p>	<p>CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</p>

MINOR 15 YEARS OF AGE OR OLDER	LAW	CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS
<p style="text-align: center;">GENERAL MEDICAL CARE</p>	<p>“A minor may consent to the minor’s medical care or dental care 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.” (Cal. Family 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.” (Cal. Family Code § 6922(c). See <i>also exception at endnote (EXC)</i>).</p>
<p style="text-align: center;">MINOR MUST BE EMANCIPATED (GENERALLY 14 YEARS OF AGE OR OLDER)</p>	<p style="text-align: center;">LAW</p>	<p style="text-align: center;">CONFIDENTIALITY AND/OR INFORMING OBLIGATION OF THE HEALTH CARE PROVIDER IN RELATION TO PARENTS</p>
<p style="text-align: center;">GENERAL MEDICAL CARE for EMANCIPATED YOUTH</p>	<p>An emancipated minor may consent to medical, dental and psychiatric care. (Cal. Family Code § 7050(e)). See Cal. Family 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 parents with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).</p>

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Endnotes:

* 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.

** 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 Cal. Family 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.” Cal. Health & Safety Code § 123115(a)(2). A provider shall not be liable for any good faith decisions concerning access to a minor’s records. *Id.*

GENERAL CONSENT TO TREAT – ADULT

Definitions: Every competent adult has the fundamental right of self-determination over his/her body and property.

A **competent** adult has the ability to understand the nature and consequences of proposed health care, including its significant benefits, risks, and alternatives, and to make and communicate a health care decision.

California law imposes a duty on the patient's physician to secure the patient's informed consent for a complex procedure.*

Informed consent is not required for the performance of “simple and common” procedures where the related risks are commonly understood.

Purpose: To insure that an adult with capacity has the right to make his/her own decisions. (Probate Code Section 4670)

Individuals (incompetent adults) who are unable to exercise this right have the right to be represented by another (legal representative) who will protect their interest and preserve their basic rights.

Procedure:

1. A General Consent to Treat an Adult may be obtained at the discretion of the physician.
2. The General Consent to Treat an Adult is to be signed at the initial encounter by the patient or his/her legal representative.
3. The signed General Consent to Treat an Adult form is to be placed in the patient's medical record.
4. It is recommended that the General Consent to Treat an Adult be witnessed. All witnesses shall be 21 years of age or older. The witness shall be present when the patient/legal representative signs the form. The witness shall indicate that he/she witnessed the signing by placing his/her signature in the designated space on the form.
5. If the patient or the patient's legal representative has validly exercised his/her right to refuse to sign a General Consent to Treat form, the patient's wishes are to be respected. Treatment of the patient is performed at the discretion of the physician.
6. In the case of medical emergency, treatment may proceed without the patient's (legal representative) consent if no evidence exists to indicate that the patient or legal representative would refuse treatment.

*Cobbs v. Grant, 8 Cal.3d229 (1972)

(Physician's Name)

(Address)

(Address)

Patient Name: _____

DOB: _____

Medical Record #: _____

INFORMED CONSENT

I, _____ authorize Dr. _____
(Print name of patient) (Print name of physician / surgeon)

to perform the surgery/procedure described as _____.

I have been informed of the nature of the above surgery/procedure, the discomforts, risks and benefits associated with it.

Signed: _____
(Patient's Signature)

Date: _____

Witness: _____
(Print name of Witness)

Date: _____

Signed: _____
(Witness Signature)

Date: _____

SECTION	Approval date:	
Personnel	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Informed Consent	Revision date:	

POLICY:

Site personnel receive training and/or information on member rights that include informed consent, human sterilization consent.

PROCEDURE:

- I. Written Member Rights should be available at the office site. Staff should be able to locate the written Member Rights list and explain how to use the information.
- II. Staff trainings regarding member rights may be part of office staff education documented in:
 - Informal or formal in-services
 - New staff orientation
 - External training courses

III. Informed Consent

Patients shall be informed about any proposed treatment or procedure that includes medically significant risks, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment. Documentation of this discussion and the signed consent shall be written and included in the member's medical record.

Note: Patient rights incorporate the requirements of the Joint Commission, Title 22, California Code of Regulations, Section 70707 and Medicare Conditions of Participation.

Requirements include but are not limited to:

- Conducted by physician or physician designee
- Offered booklet published by the DHCS and copy of consent form must be given to the member
- Provided answers to any question the member may have
- Inform the member they may withdraw or withhold consent to procedure at any time before the sterilization
- Describe fully the available alternatives of family planning and birth control
- Advise that the sterilization procedure is considered irreversible
- Explain fully the description of discomforts and risks and benefits of the procedure
- Utilize the PM330 human sterilization consent form. Forms may be ordered directly from the DHCS by placing a request to:

**Department of Health Care Services Warehouse
1037 North Market Blvd., Suite 9
Sacramento, CA 95834
Fax: 916-928-1328**

NOTE: Department of Health Care Services COB Letter 87-1 revision 2 and Title 22 code or regulations Sections 51163 and 501305.1-513-5.7 define Medi-Cal Sterilization and Hysterectomy Regulations and Procedures.

Sensitive Services

“Sensitive services” means those services that are defined as services related to sexual assault, substance or alcohol abuse, pregnancy, family planning, and sexually transmitted diseases for members 12 years of age and older.

Members 12 years of age and older may sign an Authorization for Treatment form for any sensitive services [without parental consent]. Parental or guardian consent is required for members under 12 years of age who seek substance or alcohol abuse treatment services, or for treatment of sexually transmitted diseases.

The member’s PCP should encourage members to use in-plan services to enhance coordination of care. However, members may access sensitive services [through out-of-network] without prior authorization.

“Family Planning [Sensitive] Services shall include, but not be limited to:

- Medical treatment and procedures defined as family planning services under current Medi-Cal scope of benefits.
- Medical contraceptive services including diagnosis, treatment, supplies, and follow-up.
- Informational and education services.

In compliance with Federal regulations, members have free access to confidential family planning services from any family planning provider or agency without obtaining prior authorization for these services. Access to sensitive services will be timely. Services to treat sexually transmitted diseases or referrals to substance and alcohol treatment are confidential.

EXAMPLES OF COVERED SERVICES:

1. Routine pregnancy testing
2. Elective therapeutic abortions
3. Birth control pills
4. “Morning after pill” to avoid pregnancy is approved by the FDA for emergency treatment only. Examples of emergency are rape and incest.
5. Depo-provera as routine birth control
6. Norplant, including device, insertion and removal
7. Intra-uterine device (IUD) including device, insertion and removal
8. Diaphragm
9. Contraceptive foam, male and female condoms, cervical caps, sponges, etc.
10. Elective tubal ligation
11. Elective vasectomy
12. Office visits for education and instruction for birth control, including Symptom-Thermal method, billings procedure, and rhythm method, and instruction and education regarding the methods and devices listed above.
13. STD screening, testing, diagnosis, education, and referrals for treatment
14. HIV screening, testing, diagnosis, education and referrals for treatment

SECTION	Approval date:	
Office Management	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Minor's Rights and Sensitive Services	Revision date:	

POLICY:

Site personnel receive training and/or information on member rights that include minors' rights to sensitive services.

PROCEDURE:

- I. Written Member Rights shall be available at the office site. Staff shall be able to locate the written Member Rights list and explain how to use the information.
- II. Staff trainings regarding member rights shall be part of office staff education documented in:
 - Informal or formal in-services
 - New staff orientation
 - External training courses
- III. Minors' Rights and Sensitive Services
 - A. A minor may consent to the minors' medical care or dental care if all of the following conditions are satisfied:
 1. The minor is 15 years of age or older
 2. The minor is living separately 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
 - B. A physician, 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.
 - C. 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 related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.
 - D. A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape.
 - E. A minor who is alleged to have been sexually assaulted may consent to medical care related to the diagnosis and treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault. The professional person providing medical treatment shall attempt to contact the minor's parent or guardian and shall note in the minor's treatment record the date and time the professional person attempted to contact the parent or guardian and whether the attempt was successful or unsuccessful. This does not apply if the professional person reasonably believes that the minor's parent or guardian committed the sexual assault on the minor.
 - F. A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem.

- G. A minor who is 12 years of age or older and who states that the minor is injured as a result of intimate partner violence may consent to medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence.
- H. Special precautions must be taken to ensure that communications (written, verbal or electronic communications) regarding the medical information of a minor related to sensitive services is protected and shall NOT be directed to the home without the minor's authorization.
1. Communications are directly to minor's designated alternative mailing address, email address, or telephone number; OR,
 2. In the absence of a designated alternative mailing address, email address, or telephone number: to the address or telephone number on file in the name of the minor.
 3. Communications regarding a protected minor's receipt of sensitive services shall include:
 - Bills and attempts to collect payment.
 - A notice of adverse benefits determinations.
 - An explanation of benefits notice.
 - A plan's request for additional information regarding a claim.
 - A notice of a contested claim.
 - The name and address of a provider, description of services provided, and other information related to a visit.
 - Any written, oral, or electronic communication from a plan that contains protected health information.
- I. The minors' parents or guardian are not liable for payment for medical care provided pursuant to this section.

RESOURCES: [California Law Family Code Section 6920-6930](#)
[Civil Code Section 56 et seq.](#)

ATTACHMENT: [California Minor Consent and Confidentiality Laws](#)