

Health Care & Teens

Who makes decisions?

Who pays?

Are parents notified?



Consent & Confidentiality

What Does “Consent” Mean and Why is it Important?

Consent: Consent means permission. Before health care providers (doctors, nurses, therapists, etc.) can give medical care to you, they need your consent. You – the young person saying “yes, it is okay” – must understand the risks and benefits of the health care that you receive.

What is “Confidentiality”?

Confidentiality: Confidentiality is a set of rules about who can and who cannot have information about you and your health care. Confidentiality does not mean total privacy. In health care, there is often someone besides the patient and the doctor who will see a patient’s health records.

Who Can Consent for My Health Care?

In general, in California, a health care provider – like a doctor or nurse – cannot perform any medical treatment or care on a child under the age 18 without the consent of the child’s parent or guardian.

There Are Many Exceptions To This Rule.

In some situations, an adult other than your parent can give permission for your care. For example:

- If you are living with an adult who is your legal guardian.
- If you are living with another adult and your parent signs a document saying this adult can consent to your care.¹
- If you are living with a relative, and he/she has filled out a “Caregiver’s Affidavit” saying that he/she is caring for you with your parent’s consent, or your parents cannot be located, and signs it. (Note, if you need a Caregiver’s Affidavit, there is a black one at the back of this book for you to use or you can access the form online at _____)
- If you are in foster care, your social worker can give consent for your care. <http://www.saccourt.ca.gov/forms/docs/pr-023.pdf>

¹For this document to be valid, the authorization need only be in writing. Cal. Family Code § 6910.

To understand exactly what type of care people other than your parents can consent to for you, look at our Summary of Consent Requirements on pages 6-7 of this booklet.

In some situations, you can consent to all of your own health care:

- If you are legally emancipated by a court.
- If you are married.
- If you are on active duty with the military.
- If you are 15 or older, living apart from your parents and managing your own money.

Finally, there are some special kinds of health care that you can get on your own, **without** your parent's consent. These “minor consent” services include:

- Birth Control
- Abortion
- Pregnancy Test and Prenatal Care
- Treatment for Sexual Assault, including Rape
- If you are over 12, testing and treatment for sexually transmitted diseases, including HIV.
- If you are over 12, alcohol and drug treatment.
- If you are over 12, outpatient mental health treatment.
(Counseling and therapy).

If you get “minor consent” services, there are different rules about whether the provider must tell your parents.

Providers must inform parents or guardians about treatment for sexual assault for a minor who is under the age of 12, unless they believe that the minor's parent or guardian committed the sexual assault.

For mental health, alcohol/drug treatment, and sexual assault, the law says your health care provider should try to involve your parents. Providers can make an exception, if they think this would not be a good idea for you. **If it is important for you to get the care you need without your parents knowing about it, make certain you talk to your doctor.**

What About the Cost of My Health Care?

- If you don't have much income, you can probably get MediCal. MediCal will pay for your health care, including check-ups, doctor's visits when you are sick, dental care, eye exams and glasses, hospital care, and other kinds of health care. MediCal also covers prenatal care, and your baby's health care.
- Once you have a MediCal card, always bring it to the doctor's office, clinic or hospital, so you don't get charged a lot of money for your care!
- If you or your family make too much money to get MediCal, you may still be able to get health insurance under the, Healthy Families program. Healthy Families covers people up to age 19. It is not free, but the cost is fairly low.
- You can apply for MediCal or Healthy Families at a county welfare office, and at some clinics and high schools. You can also call (888) 747-1222 to get an application in the mail or to apply over the phone.
- If you need to get health care without your parents knowing about it, you can apply for MediCal's "Minor Consent Program." This covers the kinds of health care you are allowed to get without your parents' consent. You can apply at many health clinics or at a welfare office. Please review the charts at the end of the booklet.
- You can also get family planning services for free. Call the Family PACT program at (800) 942-1054 to find a clinic or doctor near you.
- You can also get health care at free clinics. Call 211 information about free health clinics in your area.

Can I Get Health Care From A School Clinic or School Nurse?

- Health care services may be available through a school-based clinic at your school or in your neighborhood.
- Clinics have different rules about parent's consent and about confidentiality.
- You might need your parent to sign a permission form for treatment at the clinic.
- Ask the clinic staff about their policies for consent and confidentiality.

What are My Rights to Privacy? Can My Parents See my Health Record?

If your parents were the ones who gave consent for your health care, they can see your health records. But if you consented to your own care because you are emancipated, married, or in the armed forces, your doctor or clinic cannot show your parents your records unless you agree. Also, if you received “minor consent” services (such as birth control, pregnancy care, abortion, STD treatment, mental health care, alcohol/drug treatment, or treatment for sexual assault), your doctor or clinic also should not show your parents your records. But there are exceptions to this rule:

- Clinics can share your records with MediCal or insurance companies in order to get paid for the care.
- Sometimes the clinic or health insurance company will send a billing notice to your parents that shows what kind of health care you received. Talk to the clinic staff about your need for privacy if you want to make sure this does not happen.
- For mental health, alcohol/drug, and sexual assault treatment, the law says providers should involve your parents in your care, unless they think this would not be a good idea for you. Some providers may think this means they should show your records to your parents. If you think it is not a good idea, be sure to tell them.

When else might a doctor or clinic share your information with someone else without your permission?

- If your doctor or clinic thinks you have been abused, they have to make a report to the Child Abuse Hotline.
- If your doctor or clinic thinks you are in danger of hurting yourself

or another person, they may have to make a report to the police.

**Is There Information About My Health Care
or Counseling in My School Records?**

Generally, parents have the right to see all of their child's school records. But confidential communications to a school counselor and confidential medical information should not be in your school record. If there is information in your school record you do not want your parents to see, ask to have it removed. If you are having trouble getting this information removed from a school record, see Public Counsel's School Discipline Brochure online at <http://www.publiccounsel.org/tools/publications/files/schoolDiscipline.pdf>.

**If I Have to Leave School to Get Health Care,
Will My Parents Know?**

If you are in grades 7 to 12, the law allows your school to let you go and get "minor consent" health care, without telling your parents or getting their permission.

**Do I Have A Right to Get An Abortion Without
My Parent's Consent or Knowledge?**

Yes. You have a right to get an abortion without your parent's consent or knowledge. You can also get birth control without their knowledge.

Can My Parents or Anyone Else Force Me to Have an Abortion?

Generally, if you do NOT want to have an abortion and you say so, neither your parent nor anyone else can force you to.

Except in a medical emergency, no abortion may be performed upon a minor without her consent.

Summary:

Who may Consent to Your Medical Treatment?

#	Your Living Situation	Can you Consent?	If No, Who Can Give Consent for You?	May Your Provider Discuss Your Treatment with Your Parent or Guardian?
1	You are not emancipated and not self-sufficient as defined in CA family Code Section 7002. This means that you are not in the military, married, and have not been emancipated by the court.	Generally no. But you may consent to specific types of medical treatment (See chart on the next page).	Your parent(s) or legal guardian.	Generally yes. But for the specific types of medical treatment that you can give consent to, different rules apply.
2	You are living with a caregiver who is a relative (CA Family Code Section 6550)	Generally no,	Caregiver who is a relative (Caregiver must complete a “caregiver” consent form). But your parent may override your caregiver’s medical decisions as long as this does not jeopardize your health or safety.	Generally yes
3	You are living with a caregiver who is NOT a relative (CA family Code Section 6550)	Generally no	Adult caregiver may only consent to school-related care (Caregiver must complete a “caregiver” consent form). Your parent may override your caregiver’s medical decisions as long as this does not jeopardize your health or safety.	Generally yes
4	Your care has been entrusted to another adult (CA Family Code Section 6910)	Generally no	Authorized adult (your parent/ legal guardian/foster parent must authorize this person in writing).	Generally yes
5	You are living in foster care (CA Health and Safety Code Section 1530.6	Generally no	(only for ordinary medical and dental treatment including immunizations, physical exams and X-rays).	Generally yes
6	You have a court-appointed Legal Guardian (CA Probate Code Sections 2353 and 2356).	Generally no	Court-appointed Legal Guardian • But if you’re 14 years or older, no surgery can be performed without both you and your guardian’s consent, unless there is a court order or it is an emergency. • Your guardian may not authorize involuntary commitment in a mental health facility, or experimental drugs.	Generally yes
7	You are emancipated. This means that you are or have been married, you are in the military, or you were emancipated by the court (CA Family Code Sections 7002 and 7050).	Yes	(not applicable)	No

² Health and Safety Code § 123420-123450; *American Academy of Pediatrics v. Lungren*, 16 Cal. 4th 307 (1997).

8	You are 15 or older, living separate from your parents, and managing your own financial affairs (CA Family Code Section 6922).	Yes	(not applicable)	Yes
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Summary:

What Types of Medical Treatment Can You Consent To?

#	Medical Treatment	Can You Consent?	Must Provider Inform Parent or Guardian of Treatment
1	Emergency You request or need emergency treatment and you parent or guardian is not available (CA Business and Professions Code).	Yes, If you are capable	Yes (Unless you are emancipated)
2	Pregnancy You request pregnancy-related care, including birth control, pregnancy testing and prenatal care (CA Family Code Section 6925).	Yes	No
3	Abortion You request abortion services American Academy of Pediatrics v. Lungren, 16 Cal. 4th 307 (1997).	Yes	No
4	Sexually Transmitted Disease(s) If you are at least 12 years old and you request testing or treatment for sexually transmitted disease(s) (including HIV/AIDS) or for any other reportable contagious disease (CA Family Code Section 6926)	Yes	No
5	Mental Health Treatment Counseling or Residential Shelter If you are at least 12 years old, mature enough to participate intelligently in services, and either (1) dangerous to yourself or others or (2) you are a victim of incest or child abuse (CA Family Code Section 6924).	Yes (except for psychotropic drugs)	Yes, unless you are emancipated or the counselor believes that your parent's involvement would be harmful.
7	Sexual Assault (Including Rape) If you are seeking treatment for sexual assault, including rape (CA Family Code Sections 6927 and 6928)	Yes	Generally, yes. No, if: (1) you are emancipated, (2) the provider believes your parent/guardian committed the sexual assault, OR (3) you are at least 12 years old and you have been raped.
8	Drugs and/or Alcohol Abuse If you are at least 12 years old and you are seeking treatment for drug and/or alcohol abuse (CA Family Code Section 6929)	Yes (except for methadone treatment)	Generally yes (unless you are emancipated or your provider decides parental involvement would be harmful).

CHILD CARE AUTHORIZATION

I, _____, am the parent or guardian of the following child(ren), and legally entitled to grant this authorization.

CHILD'S NAME:
DATE OF BIRTH:
CHILD'S NAME:
DATE OF BIRTH:

CHILD'S NAME:
DATE OF BIRTH:
CHILD'S NAME:
DATE OF BIRTH:

I grant authority, limited to the below defined powers, over the above child(ren) to:

NAME OF PERSON GRANTED AUTHORIZATION:
ADDRESS:

NAME OF PERSON GRANTED AUTHORIZATION:
ADDRESS:

The powers granted to _____ are the following (check and initial):

To authorize medical and dental care for the above child(ren), including but not limited to medical examinations, x-rays, tests, anesthetic, surgical operations, hospital care, or other treatments that are needed or useful for my child. Such medical treatment shall only be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States;

To provide food and shelter for the above-named child(ren), and to make decisions regarding their day-to-day activities;

To enroll the child(ren) in school and/or daycare and make educational decisions, including authority to consent to school-related activities and field trips;

To transport the child(ren), including authorization to pick the child up from school or daycare;

Other powers granted (for example if you want the caretaker to have authority to take the child(ren) out of state, write that here):

Check one:

This grant of authority is effective as of _____ and shall remain in effect until terminated by the undersigned parent or guardian.

This grant of authority shall be valid for the following time period:

From _____, 20__ until _____, 20__.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Notary Seal: (OPTIONAL)

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly. The minor named below lives in my home and I am 18 of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - ☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.
 - ☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. If you do not have the information requested in item 6 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

AFIDÁVIT DE AUTORIZACIÓN DEL GUARDIÁN

Uso de este afidávit es autorizado por Parte 1.5 (comenzando con Sección 6550) la División 11 del Código Familiar de California.

Instrucciones: Completar los artículos 1-4 y firmar el afidávit es suficiente para autorizar matriculación del menor en la escuela y autorizar cuidado médico relacionado a la escuela. Adicionalmente se requiere completar los artículos 5-8 para autorizar cualquier otro cuidado médico. Escriba con letras de molde.

El menor nombrado vive en mi casa y yo tengo 18 años o más.

1. Nombre del menor: _____
2. Fecha de nacimiento del menor: _____
3. Mi nombre (adulto que da autorización): _____
4. Mi domicilio: _____

Numero	Calle
_____	_____
_____	_____
_____	_____

Ciudad	Estado	Código Postal
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Soy abuelo/a, tía, tío, o otro pariente capacitado del menor (ver al reverso de esta forma para definición de "pariente calificado").
6. Marqué uno o ambos (por ejemplo, si se le aviso a un padre y no se puede localizar el otro):

Le avise a los padres o otras personas cuales tienen custodia legal del menor de mi intento de autorizar cuidado médico, y no he recibido ningún inconveniente.

Al presente no he podido ponerme en contacto con los padres o otras personas cuales tienen custodia legal del menor, para notificarles de mi intención de dar autorización.

7. Mi fecha de nacimiento: _____
8. Mi numero de licencia para manejar en California o tarjeta de identificación: _____

ADVERTENCIA: No firme esta forma si las declaraciones no son correctas, o usted estará cometiendo un crimen castigable con una multa, encarcelamiento, o ambos.

Declaro bajo pena de perjurio bajo las leyes del Estado de California que lo anteriormente mencionado es cierto y correcto.

Fecha: _____ Firma: _____

Avisos:

1. Esta declaración no afecta los derechos de los padres o tutores legales del menor sobre el cuidado, custodia, y control del menor, y no quiere decir que el guardián tiene custodia legal del menor.

2. La persona quien se depende de este affidavit no tiene obligación de mas investigación o investigación.
3. Este affidavit no vale por más de un año después de la fecha que fue ejecutado.

PARA GUARDIANES

1. "Pariente calificado", para el propósito de artículo 5, quiere decir cónyuge, padre, padrastro, hermano, hermana, hermanastro, hermanastra, medio hermano, media hermana, tío, tía, sobrino, primo hermano o otra persona que sea abuelo/a, bisabuelo/a, tatarabuelo/a, o el cónyuge de cualquiera de las personas especificadas en esta definición, aunque el matrimonio ha sido terminado por muerte o disolución.
2. La ley requiere que usted, si no es pariente o un padre de crianza con licencia actual, que obtenga un licencia para cuidado de crianza en su hogar para poder cuidar al menor. Si tiene preguntas, por favor póngase en contacto con su departamento de servicios sociales.
3. Si el menor deja de vivir con usted, se requiere que usted le notifique a la escuela, proveedor de servicios de salud, o el plan de servicios de salud a quienes usted ha entregado este affidavit.
4. Si no tiene la información requerida en el artículo 8, (Licencia de manejar en California o I.D.), necesita proveer otra forma de identificación tal como su numero de seguro social o numero de Medi-cal.

PARA OFICIALES DE LA ESCUELA

1. Sección 48204 del Código de Educación provee que este affidavit constituye suficiente base para determinación de residencia del menor, sin el requisito de tutela o otra orden de custodia, a menos que el distrito escolar determine basado en hechos que el menor no vive con el guardián.
2. Puede ser que el distrito escolar necesite más evidencia que el guardián vive en el domicilio proveído en el artículo 4.

PARA PROVEEDORES DE SALUD Y PLANES DE SERVICIO DE SALUD

1. Ninguna persona que actúa en buena fe confianza por el affidavit de autorización para proveer cuidado médico o dental, sin el conocimiento de hechos contrarios a los declarados en este affidavit, será sujeto a obligación criminal o obligación civil a Ninguna persona, o es sujeto a acción disciplinaria, por tal confianza si las secciones aplicables están completas.
2. Este affidavit no confiere dependencia para propósitos de protección.

Si tiene preguntas, por favor póngase en contacto con El Proyecto de los Derechos de Niños de Public Counsel al 213/385-2977.

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While this publication is designed to provide accurate and current information about the law, readers should contact an attorney or other expert for advice in particular cases, and should also consult the relevant statutes and court decisions when relying on cited materials.

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